College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

College Connector

Volume 6 | No. 4 (July/August 2018)

In this issue:

Registrar's message—Revised Referral-Consultation Process guideline aims to keep patients out of the dark 2

#RealityCheckup: register now to save a spot in one of the exciting Education Day workshops 4

Prescribing methadone is complex and requires appropriate training 6

Starting and stopping treatment safely: a patient's story 7

Updates made to five accreditation standards 8

Website design error may lead to incorrect toric calculations 9

Be aware of drug shortages in Canada 10

PPEP launches Performance Review and Action Plan reports 11

Revitalized multi-source feedback tool for physicians comes to BC 12

Ear syringes for community-based physician offices and medical reprocessing requirements 13

Lexi-Interact drug interaction checker in RxTx 14

CPD events: mark your calendars 15

The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Registrar's message—Revised Referral-Consultation Process guideline aims to keep patients out of the dark

Many of us have come to depend on electronic map applications on our smartphones when travelling. We take comfort in the ability to pinpoint our location, plan a route to our destination, get traffic updates, and ultimately know our estimated time of arrival.

When navigating through the health-care system, patients are not afforded that same privilege. They often feel vulnerable and lost in transition when a family physician refers them to a specialist for a consultation. Waiting for an appointment with a specialist can be nerve-wracking, especially when waiting in the dark.

As physicians, we have an obligation to help patients find their way. In 2017, the College began consulting with the profession and the public to identify gaps in the then-named guideline *Expectations of the Relationship between the Primary Care/Consulting Physician and Consultant Physician*. Patients told us that they weren't clear on how long they were expected to wait before hearing back about an appointment, or who was responsible for maintaining continuity of care. Physicians also felt that the guideline wasn't sufficient in terms of outlining their duties in the referral-consultation process.

Following initial results, revisions were made by the College's Patient Relations, Professional Standards and Ethics Committee and an externally selected advisory group consisting of two specialists and two family physicians. The proposed revisions to the document were sent out for consultation this past May, revised again based on responses, and then sent out once more in July.

Now that the consultation process has concluded, the College is pleased to provide the profession with the final version of the guideline, now titled *Referral-Consultation Proces*s.

The most important revisions made to this final version include:

- acknowledging that the consulting physician is most often best suited to contact the patient with the appointment date and time; flexible language was purposefully used, as there may be circumstances where the referring physician is best suited to contact the patient
- stating that a response from a consultant to a referral should be prompt (ideally two weeks) as opposed to four weeks
- stating that an appropriate time for a consultant to provide a follow-up report to the referring physician after seeing the patient is two weeks to align with the MSP fee code

The College recognizes that there is a high degree of variability across the province in how referring physicians and consulting physicians engage in the referral-consultation process, including how a referral is first initiated and how information is subsequently transferred between physicians. As such,

the document was intentionally kept as a guideline rather than a standard to allow flexibility in instances where the referral-consultation process is currently working well.

Additionally, proposed time frames for responding to referrals and providing follow-up reports have been included as a reference, and best practice. Clearly there will always be circumstances where time frames may need to be adjusted to accommodate urgent cases or to triage cases appropriately.

The guideline also addresses other concerns that were identified through feedback, such as the practice of sending the same referral letter to multiple specialists concurrently, which is not effective and can lead to obvious frustration. It also includes template examples of appropriate referral request, receipt and response letters.

There are many complex system issues that exist currently, which impact the referral-consultation process. Most of these issues are outside of the College's regulatory mandate. This guideline provides principles for a referral-consultation process that focuses on the best interest of the patient, and assumes that both referring and consulting physicians have an important role to play.

The main message is that physicians should provide clear, timely and reciprocal communication with colleagues, and engage with each other in a manner that ensures patients are informed along the way, and remain firmly at the centre of the referral-consultation process.

The guideline was approved by the Executive Committee on August 7, 2018. It can be found here.

Thank you to everyone who actively participated in this revision process.

H.M. Oetter, MD
Registrar

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.

Back to table of contents »

#RealityCheckup: register now to save a spot in one of the exciting Education Day workshops

Register now for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre on Friday, September 14, 2018.

With guidance and insight from experienced, engaging experts, this year's theme aims to address a selection of complex topics, from the importance of cultural humility to combating anti-science myths. Join colleagues to explore these and other confounding issues facing physicians today.

The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience and an opportunity for deep reflection on these ongoing challenges.

Workshops

Harnessing the electronic medical record to enhance patient experience

Join Dr. Bill Clifford to examine the impact of the EMR on patient experiences. Dr. Clifford is a family physician and chief medical information officer for Northern Health with a long-standing interest in eHealth tools. In this session, he will discuss tips for optimizing the benefits of electronic tools in the clinic and challenge physicians to see the EMR as a patient engagement tool, rather than an obstacle.

Privacy obligations for practising physicians: emerging legal challenges and how to manage them

Mr. Daniel Reid is an associate at Harper Grey LLP who focuses on defamation and privacy, insurance litigation, and health. In this workshop, he will present on privacy obligations in medical practice today, including risks to privacy that are often unrecognized, and best practices for handling a privacy breach should it occur.

BC providers' perspectives on MAiD

Having set up a MAiD referral service and provided MAiD for eligible patients since June 2016, Dr. Jonathan Reggler and Dr. Tanya Daws are uniquely suited to provide a BC perspective on medical assistance in dying. Dr. Reggler and Dr. Daws are both currently practising in the Comox Valley and work with Dying With Dignity Canada to help improve access to MAiD. In this workshop, they will share MAiD case studies, resources, and personal reflections.

Standards, guidelines, conventions and collaborative decision-making—reconciling competing obligations in medical practice

Dr. Steven Bellemare, senior physician advisor for the Canadian Medical Protective Association, has delivered over 250 risk management presentations to medical audiences across the country. His workshop will address the challenges physicians face when standards and policies seem to conflict with

what the patient needs or wants. Using clinical vignettes, Dr. Bellemare will discuss navigating the often-complicated world of medical policies and procedures while providing the best possible patient care.

Registration for these sessions is on a first-come, first-served basis according to room capacity. Register now to ensure a seat in your top choices.

For more information, see the event page and the program.

CPD credits

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This event is an Accredited **Group Learning Activity (Section 1)** as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD. You may claim a maximum of **5.0 hours** (credits are automatically calculated). This Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to **5.0 Mainpro+ credits**. Each physician should claim only those credits he/she actually spent in the activity.

Back to table of contents »

Prescribing methadone is complex and requires appropriate training

Prescribing methadone to a patient is very complex and as such, registrants who do so must familiarize themselves with the *Prescribing Methadone* standard, which was developed by the College with experts in the field. Registrants must have appropriate education and training to provide methadone prescriptions.

A consultation on the *Prescribing Methadone* standard is planned for September 2018. This consultation will help the College assess the new standard's utility in practice.

For more information on methadone, visit the methadone page on the College website.

Back to table of contents »

Starting and stopping treatment safely: a patient's story

A female patient was prescribed hydromorphone for a herniated disk, after Tylenol No. 3 failed to control her pain. She took the medication for three weeks, at which point she tried to stop, and ended up in the ER with symptoms of withdrawal. Her pharmacist advised that strong opioids should be tapered, and suggested she revisit her doctor to discuss how to do this. Unfortunately, the earliest appointment was five weeks away. In the meantime, the patient was struggling with the discomfort of withdrawal: myalgia, nausea, restlessness, anxiety and weight loss.

The patient felt that the pain of withdrawal was worse than the pain from her herniated disc. A visit to a walk-in clinic ended in refusal to provide a bridging prescription to mitigate the withdrawal. The physician who initially prescribed the hydromorphone was leaving for vacation, which gave the patient a heightened sense of urgency. After four calls to the office, the physician issued a prescription for more hydromorphone, as well as for gabapentin (at the suggestion of the patient's physiotherapist).

Unfortunately, the patient's initiating physician had not discussed with her hydromorphone's classification as a strong opioid, the risks associated with addiction, or the potential symptoms of withdrawal when stopping. Standards 2, 3 and 4 of *Safe Prescribing of Opioids and Sedatives* address the rationale for prescribing, discussing the treatment options and plan, and mitigating risk. The patient found a new physician who was able to institute a taper off the hydromorphone. Tapering medication should be done in a way to minimize discomfort to the patient. In this case, the tapering took 14 weeks, and required frequent follow-up and support from the health-care professionals involved, as well as her family. Eventually the patient was able to manage her pain without opioids, using other medications and treatment modalities.

The key message for physicians is to have a conversation with the patient to set expectations and address the risks versus the benefits of opioid treatment. Discuss potential complications, mitigate them from the start, and have a plan in place for if they happen. Opioids still have a role for treating pain. If they are the best option for the patient, the first priority is to prescribe safely when starting and stopping, and to have a plan in place for continuity of care during the process of weaning these medications.

Back to table of contents »

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Updates made to five accreditation standards

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHSMFAP) Committee is pleased to announce publication of the following updated accreditation standards. These updates ensure that the NHMSFAP standards remain current with provincial, national and international regulations and standards.

Facilities accredited by the NHMSFAP Committee are assessed to these standards and as such medical directors of these facilities are strongly encouraged to review these updates and ensure that their facility is compliant.

The updated standards include:

- Equipment Management
- Medication Management
- Point-of-Care Testing
- Single-use Devices and Multi-dose Vials
- Specimen Handling

The NHMSFAP standards represent the minimum level of performance required to achieve accreditation with the College, reflect relevant legal requirements, and are enforceable under the *Health Professions Act* as set out in section 5-1 of the College Bylaws made under the Act.

NHMSFAP standards are developed using provincial, national and international standards and guidelines, whenever possible, and may include input from expert advisors or an advisory group.

NHMSFAP standards are then circulated for stakeholder consultation. Stakeholders may include, but are not limited to, non-hospital facilities, other provincial non-hospital accreditation programs, and the BC Patient Safety & Quality Council.

At the closing of the consultation period, the feedback is reviewed and incorporated where appropriate before the standard is approved by the NHMSFAP Committee.

Thank you to those who participated in the updating of these standards.

To access these and other NHMSFAP accreditation standards, click here.

Back to table of contents »

Website design error may lead to incorrect toric calculations

The Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel recently reviewed a patient safety incident involving an incorrect printout of toric lens calculations that resulted in the patient requiring a second procedure to reposition the lens.

The errors noted in the printout were reproducible on the company toric calculator website by using the back and forward buttons. This website design error was brought to the attention of the company which indicated that if the **Confirm Inputs** and **Calculate Lens** buttons are used, the error does not occur. The use of the back button to return to the inputs page is expected and correct. The error occurs when the browser forward button is used to return to the results page. The company recommends that until the error is corrected, the browser forward button should not be used and the **Calculate Lens** button should be used instead. The company has informed their sales force to notify customers of this potential issue.

This case highlights the importance of review of the surgical plan prior to the day of surgery to double check calculations and avoid input errors.

Facilities with further questions or concerns should contact their respective sales representative.

Back to table of contents »

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Be aware of drug shortages in Canada

NHMSFAP Update

Medical directors of non-hospital facilities are reminded that it is their responsibility to ensure necessary medications such as dantrolene are available in the required quantity at all times.

In accordance with the Regulations on Mandatory Drug Shortage and Discontinuation Reporting, manufacturers and importers must post notification of all shortages and/or discontinuations, both current and anticipated. Notification must be posted no less than six months in advance of an anticipated shortage or discontinuation, if possible, or otherwise within five days of becoming aware of its real or anticipated occurrence.

Visit the Drug Shortages Canada website for more information including how to set up an account to receive notification on shortages and discontinuations and how to search for current shortages and discontinuations

Back to table of contents »

PPEP launches Performance Review and Action Plan reports

The Physician Practice Enhancement Program (PPEP) has redesigned the physician assessment report to an enhanced Performance Review and Action Plan, intended to provide physicians assessed through PPEP with more comprehensive feedback. The report includes recommendations from a PPEP medical advisor, tools for self-reflections and self-directed improvement, and an action plan template that can aid in implementing changes to practice. The goals are to encourage physicians to invest in a cycle of improvement and increase ease of use by providing the information in one complete document.

The new Performance Review and Action Plan reports are now being distributed via password-protected USB keys to ensure confidentiality. The electronic format also includes links to learning tools that are accessible online and PDF fillable forms that can be reused. Family physicians will also receive a separate BC Guidelines USB with additional resources to help them stay current with clinical practice guidelines. The program recognizes the demands that are placed on physicians' time, and aims to provide tools that facilitate more efficient self-learning.

For more information on PPEP or Performance Review and Action Plan reports, contact peerassessments@cpsbc.ca.

Back to table of contents »

Revitalized multi-source feedback tool for physicians comes to BC

PPEP Update

This fall, a select group of physicians in BC will participate in a new multi-source feedback program of the Medical Council of Canada (MCC).

The MCC 360 was launched with the goal of making a significant impact on continuing professional development and in-practice assessment in medicine. Leveraging their expertise in assessment, and building on the Physician Achievement Review tool which was first developed by the College of Physicians and Surgeons of Alberta with the University of Calgary, the MCC aims to mobilize a national movement toward improving medicine and patient care.

Commonly used to evaluate executives and professionals in areas other than medicine, multi-source feedback involves looking at performance with a 360-degree perspective. At the core of MCC 360 is a set of surveys taken by a statistically significant cohort of physician colleagues, health professional co-workers, and patients, as well as a self-assessment completed by the physician around his or her performance as a communicator, collaborator and professional. The responses are collated and analyzed to yield a report that also contains narrative, open-text feedback from their raters, including patients. Physicians have indicated that those free-text comments are especially valuable in terms of identifying opportunities to improve.

Facilitated by the College, a feedback session will help physicians understand the report and act on their results.

The program also features a robust research agenda to guide continual investment and improvement in the evaluation tool.

BC physicians will join a larger cohort of Alberta physicians who are part of the regular program. The MCC is also exploring how physicians can self-select even if they are not participating through a college, with the opportunity to earn continuing professional development credits.

The MCC is looking to offer the program through regional health authorities and hospitals.

For more information on MCC 360, click here.

Back to table of contents »

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Ear syringes for community-based physician offices and medical reprocessing requirements

POMDRA Update

There are two types of ear syringes commonly used in community-based physician offices: reusable and disposable ear syringes.

According to Spaulding's classification for medical devices, reusable ear syringes are considered to be semi-critical medical devices as they come in contact with mucous membranes. As with all reusable semi-critical medical devices, reusable ear syringes have specific reprocessing requirements to make them safe for use on patients. However reusable ear syringes are also available in two different materials: metal and plastic.

Reusable **metal** ear syringes must be reprocessed by steam sterilization, packaged prior to sterilization, and meet all the required steam sterilization parameters. See the POMDRA Assessment Tool for Steam Sterilization for more information. Reusable metal ear syringes **must not** be reprocessed by soaking in a chemical soaking solution; simple washing is insufficient for these semi-critical medical devices.

Although the procedure for ear syringing is not considered to be sterile, reusable metal ear equipment must be sterilized after use to fully remove any microorganisms such as human papillomavirus (HPV) from the device. Physicians should review the manufacturer's instructions for use to confirm that the reusable metal ear syringe being used can withstand steam sterilization. If the device is not validated for steam sterilization it must be replaced with a disposable or plastic reusable equivalent.

Reusable **plastic** ear syringe systems are where the tips are single-use disposable, but the bottle is reusable and can be cleaned and low level disinfected. Physicians should review and follow the manufacturer's instructions for use. These disposable tip ear syringe systems are not required to be sterile prior to use because they have not been exposed to another patient.

As a final option, there are disposable ear syringes where the entire ear syringe/bulb is single-use disposable and discarded after use on a patient. For this type of ear syringe, no part of the device is reprocessed or reused.

Back to table of contents »

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Lexi-Interact drug interaction checker in RxTx

College LIBRARY

One of the top categories of information that physicians seek is drug therapy.[1] Drug interactions are an important aspect within this topic. Any tool for analyzing potential drug interactions should be accurate, comprehensive, easy to use, and explicit in the evidence base for risk assessment.

RxTx is a drug information resource comprised the Lexi-Interact drug interaction checker, drug monographs (the CPS), and therapeutic decision-making support (Therapeutic Choices). Lexi-Interact is notable for its detailed and nuanced interaction information and is superior to other popular interaction checkers for accuracy and comprehensiveness.[2]

For each analysis of drug-drug or drug-food combinations, Lexi-Interact succinctly reports the presence or absence of a known interaction along with a risk rating for action (no action needed, monitor therapy, avoid combination, etc.). Furthermore, a detailed monograph for each interaction includes dependencies (subtleties such as variation in risk according to dose of the interacting drugs), reliability of the risk rating, discussion of evidence for the interaction, recommendations for patient management, and references to supporting literature.

College registrants are welcome to use Lexi-Interact and the other RxTx components through the RxTx link on the library's Point of Care and Drug Tools page.

For further assistance regarding library services such as literature searching, delivery of articles, books and other material, training in literature searching skills, and access to electronic clinical information resources, please contact the library or explore the library's online and mobile resources.

Back to table of contents »

[1] Davies K, Harrison J. The information-seeking behaviour of doctors: a review of the evidence. Health Info Libr J. 2007 Jun;24(2):78-94.

[2] Kheshti R, Aalipour M, Namazi S. A comparison of five common drug-drug interaction software programs regarding accuracy and comprehensiveness. J Res Pharm Pract. 2016 Oct-Dec;5(4):257-263.

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

CPD events: mark your calendars

Medical Record Keeping For Physicians
September 5, 2018 – Vancouver
Learn more

Education Day and Annual General Meeting 2018
September 14, 2018 – Vancouver
Learn more

Prescribers Course
September 28, 2018 – Vancouver
Learn more

Medical Record Keeping for Physicians
Wednesday, October 10, 2018 – Vancouver
Learn more

Medical Record Keeping for Physicians
Wednesday, October 24, 2018 – Vancouver
Learn more

Professionalism in Medical Practice: Avoiding the Pitfalls
November 2, 2018 to November 3, 2018 – Vancouver
Learn more

Back to table of contents »