



College of Physicians and Surgeons of British Columbia

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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.



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Registrar's message: health worker experiences of discrimination in the health-care system



Mary Ellen Turpel-Lafond has assembled a team, established terms of reference, and initiated two surveys to collect and assess the experiences of Indigenous people in accessing health-care services in the province, and health-care professionals who work in the system. The health-care workers' survey asks respondents about the impact of discriminatory behaviours or actions on Indigenous patients and their family members, as well as whether (and in what ways) health-care workers are affected by these matters personally in the workplace.

The investigation will include an examination of racism at both the individual and systemic level. Regulatory frameworks and practices within the health-care sector will also be reviewed to see if through acts or omissions they have contributed to systemic racism towards Indigenous people in BC.

The College has extended its full support to Ms. Turpel-Lafond and is committed to reviewing and responding to the terms of reference and will act on any recommendations directed towards regulators in her report.

While we would be deeply disappointed and concerned if any of our registrants are identified as participants in the "game," as Ms. Turpel-Lafond has said, this is not about naming and shaming but about truth-telling and healing. We view this as a time for reflection on processes and practices, and our own unconscious and systemic biases.

On March 1, 2017, registrars of all of BC's health regulators signed the [Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia](#). The signing ceremony formalized our commitment to integrating cultural safety and humility into our operations and practices. Our commitment followed the landmark commitment to cultural safety and humility made by the First Nations Health Authority, the BC Ministry of Health, and the six other health authorities in 2015. The recently published [three-year report](#) provides an overview of some of our activities since signing the declaration.

While the College has made a public declaration to enhancing its cultural competency skills and practices, we fully acknowledge that we have lots to learn on this important journey. There is no doubt that Ms. Turpel-Lafond's investigation and findings will reveal new opportunities for us all to grow and discover.

I would personally like to encourage all of you to participate in this process by completing the [health-care workers' survey](#) or by sharing information via email (addressing_racism@gov.bc.ca) or telephone (toll-free 1-888-600-3078). The deadline for responding is August 27, 2020.

More information about the investigation is available on the BC Government's [Addressing Racism website](#).

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.

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Contract medical investigator opportunity



The College is inviting applications from registrants with experience in family medicine to conduct on-site practice investigations on a part-time basis (one to two investigations per week).

Under the direction of the deputy registrar, complaints and practice investigations, medical investigators carry out the mandate of the complaints and practice investigations department using predefined assessment tools to review physician practices.

The primary role of the investigator is to document deficiencies and provide a report to the Inquiry Committee. It is the Inquiry Committee, not the investigator, that is ultimately responsible for determining whether the subject physician is meeting the expected standard.

Most investigations are completed within a day and are often completed by a single investigator. Training will be provided as part of the orientation process; however, experience in conducting assessments would be beneficial.

Candidates must:

- be in good standing with the College of Physicians and Surgeons of BC
- have certification from the College of Family Physicians of Canada
- work collegially and communicate effectively with College staff and other registrants

Interested candidates should submit a letter of application, with a resume, to the director, complaints and practice investigations by August 28, 2020.

Confidential facsimile: 604-733-3503

Email: dmartinig@cpsbc.ca

All correspondence will be held in strict confidence.

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Patient safety incident review: Updating diabetic management protocols to improve patient safety

NHMSFAP
Update

Newer medications may make diabetic management of patients having procedures in non-hospital facilities more complicated. Diabetic management protocols may need to be updated to ensure patients have appropriate diabetic management pre- and post-operatively.

The following information and recommendations are being shared with all facilities in the spirit of learning and improving patient safety.

The non-hospital medical and surgical facilities patient safety incident review panel recently reviewed a critical incident involving a diabetic patient who required hospital admission for diabetic control following surgery at a non-hospital facility.

The following contributory factors and observations were considered by the panel:

- The patient had complex Type 2 diabetes with multiple medications that can have prolonged effects. Some of the new diabetic medications—sodium-glucose cotransporter 2 (SGLT2) inhibitors—can cause a euglycemic diabetic ketoacidosis (DKA). Without urine testing for ketones and testing serum bicarbonate levels it may be undetectable. This article from the US National Institutes of Health's National Library of Medicine may be useful: [Euglycemic diabetic ketoacidosis caused by dapagliflozin](#).
- Use of dexamethasone for post-operative nausea and vomiting (PONV) prevention. Dexamethasone 8 mg will have effects on blood glucose for 10 to 12 hours after administration. In the non-diabetic patient, it can cause out-of-range blood glucose readings; these are more pronounced in diabetics. Careful consideration must be made when planning PONV strategy in diabetic patients.
- Unrecognized early significant abnormal diuresis in a known diabetic patient dependent upon multiple medications for control.
- The patient was discharged five hours after the unrecognized early warning of a critical event. It was assumed the patient would have the capacity to manage their diabetes despite the need for pain medications.

In reviewing the potential impact of the contributory factors on the patient safety incident the following recommendations should be considered:

- Consultation with an endocrinologist should occur preoperatively for optimal perioperative glucose management in diabetics with complex medications for glucose control (especially the new agents which behave differently), and clear instructions for patients when they are discharged home regarding pain control, management of nausea/vomiting and resuming a regular diet.

- Dexamethasone is a potent steroid that has well documented hyperglycemic effects even in non-diabetic patients when given for prevention of PONV. Consideration must be given to avoiding it in diabetic patients, especially those on multiple medications for diabetic management.
- Recognition of unusual diuresis in the setting of managing diabetic patients should be reviewed with all clinical staff.
- Clear instructions for patients when they are discharged home regarding pain control, management of nausea/vomiting and getting back to a regular diet.
- Follow-up protocols must be developed for patient with complex diabetic management.

To avoid such critical events, new procedures should be developed for managing complex diabetic patients that may require procedures in a non-hospital setting.

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Medical records must provide an accurate account of the care provided

NHMSFAP Update

Medical records document the patient's journey and must provide an accurate and comprehensive account of the care provided.

Recent findings during accreditation assessments and patient safety incident reviews uncovered several deficiencies in medical records documentation including:

- missing current physical exams, medical history, medication history, consent discussion, OSA, VTE and ARO screening
- missing nursing documentation in perioperative records
- missing nursing documentation in post-anesthesia care records
- inappropriate correction of documentation errors

Medical directors are reminded that medical record reviews must be conducted quarterly, include a cross-section of procedures and physicians, utilize an audit tool, be completed by an interdisciplinary team, and include a corrective action plan to address medical record deficiencies.

Online courses on documentation are offered through both the [Canadian Medical Protective Association](#) and [BC College of Nursing Professionals](#) websites.

References:

- [Medical Records and Documentation](#)
- [Principles of Medical Record Keeping](#)
- [Documentation in Nursing Practice](#)

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Implementation of procedural pain management accreditation

NHMSFAP Update

Implementation of the accreditation of procedural pain management (PPM) in the community setting was intended to begin this summer; however, with the COVID-19 global pandemic, the implementation has been delayed until the fall. Implementation will take a phased approach beginning with physician credentialing and privileging.

All physicians performing PPM procedures in the community setting must meet the requirements outlined in the BC Medical Quality Initiative (BCMQUI) privileging dictionary for their specialty and provide evidence confirming their training and current experience. The BCMQUI dictionaries are available [here](#).

Physicians who are currently performing PPM procedures will be notified individually of the process for applying for accreditation.

In the meantime, the PPM accreditation standards have been posted on the College [website](#) so that community-based physician offices, practices and clinics can familiarize themselves with the criteria to which they will be assessed and begin preparing for their accreditation application.

Physicians and facilities with questions about the implementation of the PPM accreditation standards can direct them to nhmsfap@cpsbc.ca.

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The DAP is seeking feedback on its educational and instructional material

DAP Update

The Diagnostic Accreditation Program (DAP) provides accreditation instructional materials and best practice guidance to its diagnostic accreditation clients through the College website. While the DAP does its best to provide clear and complete information to accredited facilities, there is always room for improvement. As such, the DAP has added an [online feedback form](#) to demonstrate where the DAP has been successful in providing online material to support accreditation activities and where it can improve.

All feedback will be delivered directly to a program manager who will evaluate all comments and suggestions.

The feedback form is located [here](#) on the right side of the page.

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Updated exemptions for point-of-care testing

DAP
Update

After an extensive review by subject matter experts and consultation with key stakeholders, the College has released an updated list of select point-of-care laboratory diagnostic tests that do not require accreditation. The updated list was approved by the Diagnostic Accreditation Program (DAP) Committee and the Board. This is the first update of the list since 2009.

The diagnostic tests exempt from accreditation are limited to those that are simple point-of-care procedures requiring minimal technology, training, and have a low rate of erroneous results.

Registrants can only perform the procedures when treating their own patients or treating a patient who has been referred to them by another physician.

Registrants conducting diagnostic services without accreditation are expected to provide any appropriate follow-up testing as indicated. This includes ordering confirmation testing for all positive point-of-care HIV 1/2 results. Confirmation HIV testing is to be performed by the BC Centre for Disease Control.

The list of exempt point-of-care diagnostic tests approved by the DAP Committee and the College Board is available in full on the College website [here](#).

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New and updated PPEP assessment standards



The Physician Practice Enhancement Program (PPEP) has published the following PPEP standards to the College website:

- [Emergency Preparedness for the for Staff and Patients in a Psychiatrist Clinical Office](#) (new)
- [Medical Record for the Psychiatrist in an Outpatient Setting](#) (new)
- [Unified Medical Record for the Family Physician/General Practitioner](#) (updated)

The standards were developed and/or updated after broad consultation, which included input from program assessors, external stakeholders and health partners.

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Remote PPEP assessments



The Physician Practice Enhancement Program (PPEP) suspended all assessments following the provincial health officer's declaration of a public health emergency in March. With the province now entering phase 3 of its reopening plan, PPEP will subsequently re-engage physicians to participate in the program.

To adhere to physical distancing requirements, the program will pivot to remote assessments for completing the various components of the program: peer practice assessment (review of the EMR), and the physician feedback interview. Several safeguards have been established to ensure that confidential patient information is maintained and upheld throughout the process.

Questions can be directed to the program at peerassessment@cpsbc.ca.

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Race and health equity reading list

College
LIBRARY

Health equity is a pressing issue for Canada, but it is often difficult to find resources for understanding this complex topic and applying it in Canadian medical practice. To help registrants who are on their journey to understanding health equity, especially as it relates to race, the College library has selected resources for a [race and health equity reading list](#).

The resources address topics ranging from philosophical underpinnings to direct clinical application and from personal to systemic issues. The list provides information to foster personal growth, direct meaningful change in practice, and have respectful interactions with patients of various races and ethnicities.

Selecting current, relevant, and respectful reading material exposed personal and systemic challenges for the librarians. Foremost, the curator of the list is a white American living in Canada and has personal privilege and perspectives due to that. Similarly, the College library had not prioritized collecting material on the role of racism in health care until recent years when the depth of the inequity of quality health care experienced by Indigenous people historically and presently was so apparent. Attempting to build this resource list made it clear that the library collection is still deficient in this area and it inspired the library to continue expanding its collection of books to support the health of racialized people.

Another challenge that librarians encountered is the dearth of Canadian content. In other health subjects, the abundance of literature from the United Kingdom and the United States is often acceptable to inform Canadian practice. While changes for racial justice need to happen in all three countries, the differences in health-care systems and social context for Black and other racialized peoples in Canada, versus the UK and US, make many of the available resources insufficient for Canadian practice.

Furthermore, Canadian researchers have not adequately gathered data and documented health inequalities according to race. Accordingly, foreign materials are included on the list to fill gaps left in the Canadian literature. Resources with Canadian content have been clearly indicated in the list.

Suggestions for improvements and additions are welcome at medlib@cpsbc.ca.

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CPD events postponed



All College-sponsored continuing professional development events are postponed until further notice.

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Regulatory actions

- [Olszewski, Jeannine – June 18, 2020](#)

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