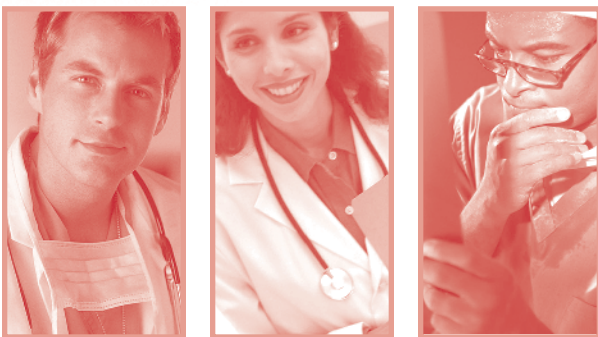


# the Messenger

College of Physicians & Surgeons of Alberta

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# 2007 Council

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**Vice President** - Dr. John Pasternak

**Executive Member-at-large** - Ms. Linda Spencer

Council members are available throughout Alberta to answer questions and discuss current issues. E-mail: [council@cpsa.ab.ca](mailto:council@cpsa.ab.ca)

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## *the Messenger*

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*The College of Physicians & Surgeons of Alberta (CPSA) is responsible for licensing physicians, administering standards of practice and conduct and resolving physician-related complaints. We also provide leadership and direction on issues of importance to the health care system such as access to services, quality improvement, patient safety and privacy.*

# Registrar's Report

## 2007 - A year in review



As this is the final issue of *the Messenger* for 2007, it seemed opportune to reflect on what has been an eventful year for the College, and to look forward to 2008.

Over the last 10 months the College has been involved with the following activities and events:

- Introduction of Bill 41, amendments to the *Health Professions Act* and the *Medical Profession Act*, that threaten professional self-regulation of the health professions
- Infection control breach in a physician's office in Lloydminster
- Move of our office in Edmonton
- A review of accreditation in Alberta's health system, including the accreditation programs run by the College's Quality of Care Department
- Negotiating agreements with the health boards of Alberta to provide accreditation services to diagnostic services in the public system. This fol-

lowing the decision by Alberta Health and Wellness to stop grant funding for the College's diagnostic accreditation programs

- Successful negotiation with Alberta Health and Wellness to continue funding the Triplicate Prescription Program until such time as the Pharmaceutical Information Network can reliably and completely provide the same information
- Discussions with other research ethics boards in Alberta towards mutual recognition of physician-led research projects
- Discussion with the Alberta Medical Association regarding the monitoring of physicians with health problems
- Successful launch of our Online Application and Tracking System for registration in Alberta
- Continuing development of a provincial approach to addressing disruptive physician behavior
- Pandemic planning for physicians (physician issues in Disaster Planning Working Group) and emergency preparedness for the College
- Ongoing work to develop our regulations under the *Health Professions Act* (with the hope the regulations will be accepted and proclaimed by the spring of 2008)
- Planning for the College's requirement for mandatory participation in continuing professional development (with a planned launch in 2009)
- Cooperation with provincial public health officials with regard to roles,

responsibilities and process when public health threats or infection control breaches are identified

- Regional Tour program with medical staff in each of Alberta's health regions
- Council approval to create an Infection Prevention and Control Committee that will advise Council regarding infection control practices in physician offices
- Co-hosting the first tri-professional (nursing, pharmacists and physicians) conference on interprofessional collaboration with the AMA, CARNA, ACP and RxA
- Liaison with many external agencies, organizations and individuals within government, other health professions and the medical profession. This includes participation in the Halifax healthcare safety symposium steering committee and in the legal/regulatory working group and disclosure working groups for the Canadian Patient Safety Institute

While this list is incomplete and does not include our regular work activities, I provide it in part to illustrate the many and diverse activities in which we participate to meet our mission of serving the public and guiding the profession. I also provide it to demonstrate the changing environment in which we work, and the efforts we expend to ensure we are engaged and acting responsibly on behalf of ourselves and our stakeholders.

*Registrar's Report cont'd Pg. 9...*

### ARTICLE HIGHLIGHTS

- We need to understand the needs of our members and the public we serve, and we need to be nimble enough to change when it is advantageous or necessary to do so
- Primary goal for 2008 is to ensure the College is ready to operate under the authority of the *Health Professions Act*

Do you have a question for your Registrar?

Mail your questions and comments to the College office or e-mail:

[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

# Dispensing of Schedule 1 or 2 drugs for a fee by physicians

The College, and thus the medical profession in Alberta, currently operates under regulations set out in the *Medical Profession Act*. In the future, medicine in Alberta will come under omnibus legislation for all health professions called the *Health Professions Act (HPA)*. In preparation for the HPA, the College has begun developing standards of practice - essentially the rules of the profession physicians must follow. Until these standards of practice are in place, physicians are expected to adhere to existing CPSA policies and guidelines.

The following rules around physician dispensing will eventually become a standard of practice. However, until the HPA is in place, the College has introduced the following rules on physician dispensing to guide physicians in their daily practice.

Although these rules do not apply to the dispensing of free samples in the office, we encourage members to employ similar rigor in their handling of free samples and their documentation when giving free samples of drugs to patients.

## Dispensing of Schedule 1 or 2 Drugs for a Fee by Physicians

### General provisions:

1. A physician shall only dispense a Schedule 1 or 2 drug to a patient for a fee when the drug is relevant to the medical consultation or surgical procedure provided to that patient.
2. A physician shall limit fees for the provision of drugs to the cost of the drugs to the physician and reasonable handling costs.\*  
*\*Handling costs may include shipping, containers and containment systems, refrigeration and inventory maintenance costs associated with replacement of expired drugs.*
3. A physician shall maintain a detailed description of the calculation of handling costs for inspection by the College.
4. A physician shall not charge a fee for dispensing a drug or for maintaining required documentation in respect of the inventory control or dispensing of drugs.
5. A physician shall not compound drugs unless specifically approved by the College.
6. A physician shall personally discuss instructions for use of the drug with the patient or guardian.

### Labeling:

7. Any drug dispensed to a patient for a fee shall have a label affixed to the drug container or packaging that is legible and identifies the following:

- a. the name, address and telephone number of the clinic from which the drug is dispensed,
  - b. the name of the patient,
  - c. the name of the prescriber,
  - d. the name(s) of the active ingredient(s), the strength and the manufacturer,
  - e. instructions for use,
  - f. the date the drug was dispensed,
  - g. the quantity dispensed,
  - h. the expiry date, when appropriate.
8. Any drug dispensed to a patient for a fee shall be dispensed in child-proof containers except where inappropriate for a particular patient.

### Documentation:

9. Each time a drug is dispensed, the transaction shall be recorded in the clinical record or in a separate log which identifies the following:
  - a. the name of the patient for whom the drug was dispensed,
  - b. the name of the prescriber,
  - c. the date the drug was dispensed,
  - d. the name, strength and dosage form of the drug dispensed,
  - e. the quantity of the drug dispensed.

### Storage:

10. Drugs in a physician's office shall be stored to ensure their security and integrity.
11. Drugs received by the physician for dispensing to patients shall be visually inspected to ensure there has been no damage or contamination.
12. Drugs in a physician's office shall be stored at appropriate temperatures to ensure their stability.
13. Narcotic and controlled drugs shall be stored in accordance with federal regulations.
14. A dispensing physician shall have an established policy and procedures for the safe and proper disposal of drugs that are unfit to be dispensed (outdated or damaged.)
15. A physician shall not accept the return of any dispensed drug for the purpose of re-use.

For further information, please contact CPSA Assistant Registrar Dr. Bryan Ward at [bward@cpsa.ab.ca](mailto:bward@cpsa.ab.ca).

# Infection prevention and control in the physician's office

**Following government's review of reprocessing practices throughout the healthcare system, Council struck a standing committee on Infection Prevention and Control. This committee will assist in educating physicians and in assuring that cleaning, disinfection and sterilization of reusable critical and semi-critical instruments<sup>1</sup> in physicians' offices meets accepted standards.**

Starting in 2008, the College will be contacting physicians about how they reprocess reusable medical instruments in the office.

The College's current policy on reprocessing<sup>2</sup> will be updated and an audit program and inspection will be implemented. Offices where reprocessing occurs will be identified and advice will be given on a case-by-case basis to ensure compliance with safe practice. Our first priority will be offices where procedures and equipment pose the highest risk of transmission of blood-borne infections between patients.

The College will post the latest reprocessing standard and audit tools on its website so that physicians and their staff know what to expect from the external review. The College will also work to im-

prove access to training programs related to this important aspect of patient and workplace safety.

We recommend that all physicians immediately review their processes for cleaning, disinfecting and sterilizing medical equipment, that they document those processes, and that they ensure personnel who perform those functions are sufficiently trained and supervised.

Questions about this program or the College's standards should be directed to Dr. Bryan Ward, Deputy Registrar at (780) 969-5004, 1-800-320-8624 or by e-mail at [bward@cpsa.ab.ca](mailto:bward@cpsa.ab.ca).

1. Semi-Critical medical equipment are devices that contact intact mucous membranes or non-intact skin, must be cleaned, and either high-level disinfected or sterilized to be free of all vegetative microorganisms with the exception of bacterial spores. Examples include respiratory therapy equipment (mouthpieces, tubing, etc.), laryngoscope blades, flexible endoscopes, and vaginal-, nasal- and otoscope-specula.

Critical medical equipment are devices that puncture the skin

or mucous membranes, enter the vascular system or sterile cavity, or through which runs sterile fluid; and must be cleaned and sterilized to be free of all microorganisms. Some examples include surgical instruments (including suture scissors), uterine sounds, and biopsy forceps.

2. The CPSA's current policy on *Cleaning, Disinfecting and Sterilizing Office Instruments* is available at: [www.cpsa.ab.ca/publicationsresources/policies.asp](http://www.cpsa.ab.ca/publicationsresources/policies.asp).

## Being available for third parties

**Physicians assume many roles and provide many services in fulfilling their ethical responsibility to act in the best interests of their patients. One frequent request is to provide information to a third party such as an insurance company, lawyer, government agency or another physician.**

In the majority of cases, physicians respond quickly and appropriately to such requests. However, from time to time we hear that physicians and their offices are unavailable. The patient or a third party calls and gets nothing more than a telephone message stating the office is closed, and the machine does not take messages.

**We ask physicians to review their office procedures, and consider at least providing an answering machine where messages can be left or a fax number where they can be sent**

For those of us who have been the ones trying to reach a physician or leave a message, this is very frustrating. For

patients whose problems or requests are not being heard because no one is available and no message can be left, this is distressing. For third parties who are trying to assist a patient, this interferes and delays their ability to serve their clients.

Therefore, we ask physicians to review their office procedures, and consider at least providing an answering machine where messages can be left or a fax number where they can be sent. This should be, we hope, a relatively simple action that assists physicians in fulfilling their patient-centric approach to practice.

*Dr. Trevor Theman, Registrar*  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

# New guidelines for communication of prescriptions

The College of Physicians & Surgeons of Alberta (CPSA), Alberta College of Pharmacists (ACP) and the College & Association of Registered Nurses of Alberta (CARNA) are all committed to the delivery of safe, efficient and timely care to Albertans.

To support you and your patients, we have co-authored *Ensuring Safe & Efficient Communication of Medication Prescriptions in Community and Ambulatory Settings*.

The document's guidelines, approved by all three Councils at their fall meetings, will help physicians, pharmacists and nurses prevent medication errors and any resulting harm to patients arising from:

- The use of verbal prescriptions, or
- The communication of prescriptions to a pharmacist through an intermediary.

## ARTICLE HIGHLIGHTS

- The document's guidelines will help prevent medication errors and resulting harm as a result of the use of verbal prescriptions and communicating prescriptions through an intermediary
- Health practitioners are asked to implement these guidelines immediately

## Requests for refills of existing prescriptions must be documented and approved by the physician but may be called into the pharmacy by a third party

The document's appendices also provide a number of best practices for other methods of prescribing.

The CPSA, ACP and CARNA are asking all health practitioners to put these guidelines into practice right away, recognizing that some of you may require a period of transition for implementation. We encourage you to work collaboratively and to consult with your peers and colleagues for advice as we all work toward the safest practice processes.

*Ensuring Safe & Efficient Communication of Medication Prescriptions in Community and Ambulatory Settings* is available on the College's website at [www.cpsa.ab.ca](http://www.cpsa.ab.ca). (Note: Hard copies of this document are also available. Please contact Charlene Hiemstra at (780) 969-4941.)

If you have questions or comments about this document, please contact Dr. Janet L. Wright, Assistant Registrar at (780) 969-4940 or [jlwright@cpsa.ab.ca](mailto:jlwright@cpsa.ab.ca).

## Which fax machines can physicians use to fax prescriptions?

The College's 1999 guideline *Facsimile Transmission of Prescriptions* requires the use of a confidential fax machine in the prescriber's office or a health institution. This new joint document recognizes that physicians may need to fax prescriptions from other secure locations (e.g. their own home). The prescriber must meet the requirements outlined in Appendix B - *Guideline for Facsimile (Fax) Transmission of Prescriptions* – July 2007. This will ensure pharmacies can verify that a faxed prescription is from an authorized prescriber.

# Podiatrists no longer joining CPSA

Alberta Health and Wellness recently advised the College that podiatrists will no longer be considered for inclusion as members of the CPSA under the *Health Professions Act (HPA)*.

The College's history with podiatry goes back as far as 1990, when Council approved a recommendation from an expert working group to allow the incorporation of podiatrists as members. Limited action was taken on this recommendation until 2001 when the HPA was introduced. The HPA as passed includes the profession of podiatry in Schedule 21, the schedule specific to the College of Physicians and Surgeons. Until receipt

of this news, we have been working towards including podiatry in all of our regulation development, and we have had a representative of podiatry, Dr. Alex Mateuchev, sitting on Council as an observer during open meetings of Council.

Following extensive discussions with the CPSA and Alberta Health and Wellness, the Alberta Podiatry Association has requested they be given independent status as a separate health profession, and the government has agreed. Under the HPA, the regulatory body for podiatrists will be required to develop standards of practice similar to those the CPSA has for their members.

# Electronic prescriptions - an update

Although many physicians identify benefits that could accrue from e-prescribing, this use of technology cannot yet be implemented safely and securely in Alberta. Research is underway for secure methods to identify the prescriber and to authenticate electronic prescriptions but no approved alternative currently exists.

Until security and authentication issues are resolved within a clear regulatory framework for e-prescribing, the

## The prescriber's handwritten signature is still required

prescriber's handwritten signature is still required. If a computer-printed prescription has an electronic or scanned signature, the prescription must be hand-initialed by the doctor who is authorizing it.

Prescribing by e-mail is not acceptable

in Alberta at this time. An unsecured e-mail transmission does not provide authentication of the e-mail sender (to confirm he or she is an authorized prescriber) nor protect the information sent in the e-mail. Pharmacists cannot accept e-prescriptions.

Physicians following College guidelines may fax prescriptions to pharmacists. For more information, please see page 6 in this edition of *the Messenger*. The guideline is available at [www.cpsa.ab.ca/publicationsresources/policies.asp](http://www.cpsa.ab.ca/publicationsresources/policies.asp).

# Mark your calendars - Everyone welcome

## 81st annual North/South Doctors' Golf Tournament - July 28, 2008



The CPSA and AMA are pleased to continue co-hosting this event. Please set aside the following date to enjoy networking with your medical colleagues and to help support medical student bursaries.

- **Monday, July 28, 2008 at the Red Deer Golf & Country Club**
- **\$250 per person – includes buffet breakfast and steak luncheon, driving range, power carts, your choice of Stroke Play OR Texas Scramble format, and prizes**

Tournament registration forms will be available early in the New Year – look for details in *the Messenger* or on the CPSA website.

# New TOP initiative - Health Screen in ACT10N

Are you curious as to how reliably you are screening your patients for serious illness? Do you want to learn how to improve the reliability of your screening? Then join other Alberta primary care physicians in the *Health Screen in ACT10N* campaign, a new *Toward Optimized Practice (TOP)* initiative.

The goal of this quality improvement initiative is to demonstrate how the use of a checklist has a positive effect on screening patients. Evidence suggests today's patients are not always receiving complete periodic screening due to many factors. Further evidence indicates using

a checklist can increase completion of screening by 20 per cent.

The *Health Screen in ACT10N* campaign provides a simple checklist of 10 preventative maneuvers and asks physicians to follow this checklist when conducting periodic health exams.

This small change to your practice will improve the early detection of serious illness in your patients.

Campaign involvement is simple:

- Use a checklist during adult periodic health exams

- Review 10 patient charts (at the beginning and midpoint of the campaign) to determine how many of the 10 maneuvers were completed for these patients and submit that data to TOP
- Count the number of checklists used each month and submit that number to TOP
- Participate for one year

To receive more information or to enrol in the campaign, visit the TOP website at [www.topalbertadoctors.org](http://www.topalbertadoctors.org), e-mail [healthscreen@topalbertadoctors.org](mailto:healthscreen@topalbertadoctors.org) or call 1.866.505.3302.

# Dr. Doug Huber new CPSA Senior Medical Advisor (Complaints)

The College is pleased to announce Dr. Doug Huber has been hired as Senior Medical Advisor (Complaints). In this position, Dr. Huber is responsible for investigating complaints related to physicians' clinical performance and/or professional behavior, and working toward the resolution of complaint-related issues. He also provides back-up to the Assistant Registrar for Complaints, Dr. Karen Mazurek.

The position was created in anticipation

of the implementation of the *Health Professions Act* (HPA). The HPA will require significant changes to the College's current complaint resolution policies and procedures. These new processes bring with them an increased workload, and will require additional Complaints Department staff.

Dr. Huber brings to the position a diverse medical background, experience in medical administrative work and medico-legal issues, broad analytical skills and excellent communications skills. He

graduated from the University of Saskatchewan in 1987 and worked locums in the Yukon and Northwest Territories until 1989.

His experience also includes several years in family medicine, working in various Alberta communities including Fort McMurray, Red Deer, Edmonton and Ponoka. Prior to joining the College, Dr. Huber worked for the WCB and the RCMP, providing expert advice on rehabilitation, disability management and occupational medicine.

## Advisory Committee for Privileges

At its June 2007 Council meeting, College Council decided that as of December 31, 2007, the Advisory Committee for Privileges will no longer be a committee of the College of Physicians & Surgeons of Alberta. This committee has served to provide advice on privilege applications to smaller hospitals in Alberta.

Over the years, the use of this committee has decreased. Combined with an increase in the College's need to focus its resources on core functions, the decision was made to disband

this committee. The committee's final meeting and recommendation on privilege requests will be December 14, 2007.

The functions of the CPSA Advisory Committee for Privileges will be assumed by the Physician Privileges Advisory Committee established by the boards of the Alberta Medical Association and the Alberta Rural Physician Action Plan. Information on how to access the services of this new committee can be obtained by contacting Barry Brayshaw at [barry.brayshaw@albertadoctors.org](mailto:barry.brayshaw@albertadoctors.org) or David Kay at [david.kay@rpap.ab.ca](mailto:david.kay@rpap.ab.ca).

## Reminder: Annual licence renewal fees were due December 1, 2007

In October, the CPSA sent information to all physicians regarding their annual licence renewal. The deadline for both the completion of the Registration Information Form (RIF), if applicable, and payment of annual fees was December 1, 2007.

Physicians who also renewed their professional corporation, should have submitted their Form E and permit renewal fee by this date.

Physicians who have not yet sent this information and payment to the College should do so immediately. Any documentation postmarked later than December 31, 2007 will be considered late and the physician will receive a penalty, and suspension of his/her licence.

Penalties for overdue payments are \$750 for licensure renewal and \$120 for professional corporations. Suspension will occur for those renewals not being

completed on time. **Licences will not be reinstated retroactively.**

Secured mailboxes will be in place during the CPSA holiday office closure. Mail received during this time will be opened January 2 to 4, 2008. More information on the CPSA holiday office closure can be found on page 12 in this edition of *the Messenger*.

*The Council and Secretariat of the College of Physicians & Surgeons of Alberta wishes you a safe and happy holiday season!*



*From left: Mr. John Swiniarski, Dr. David Moores, Dr. Tom Marrie, Dr. Bryan Ward, Ms. Linda Spencer, Dr. Robin Cox, Dr. John Pasternak, Dr. Harvey Woytiuk, Mr. Blair Maxston, Dr. Karen Mazurek, Dr. James Bell, Ms. Marian Albright, Dr. Alex Mateuchev, Dr. Bob Johnston, Ms. Cathy McCann, Dr. Trevor Theman, Dr. Karen Lundgard, Dr. Martin Atkinson, Dr. Keith Lohrenz, Dr. Kate Reed, and Dr. Janet Wright.*

## **Registrar's Report cont'd...**

When I began my term as Registrar two and a half years ago I thought that 'stability' within the College would come in a year or two, once we hired the right people for our identified needs. I now recognize that was a naïve perspective. As our external environment changes, so must we as an organization. That does not mean losing our focus on our core business or core values. It does mean we need to understand the needs of our members and the public we serve, and we need to be nimble enough to change when it is advantageous or necessary to do so.

So I have concluded that the constant is change, and we need to become comfortable with that.

For 2008, our primary goal is to ensure we are ready to operate under the authority and envelope of the *Health Professions Act* (HPA). The HPA will have its most visible effects on our complaint and discipline processes and on registration. In complaints, the process of complaint handling is prescribed in detail in the HPA, and alternative complaint resolution as a specific process is defined. In registration, the most significant change for our members is the introduction of practice permits. Annually you will receive a new practice permit (rather like a driver's licence) that will list any conditions or restrictions on your practice. Our staff has been working very hard to ensure we are prepared for these changes and other requirements.

Bill 41 has been my major focus since its introduction in June, and we continue to work with our partners and government to find a solution that is acceptable. While these legislative amendments are top of mind, the larger issue in the long-term is that of infection prevention and control, particularly in the physician office setting. This is clearly a safety issue as well as a public health issue, and ideally will offer an opportunity for the College and the profession to consider ways to identify risks, gaps or vulnerabilities and attend to them before they affect our patients. This is a long-term challenge that will require careful thought and the application of sufficient resources to ensure the public is well served by our collective efforts.

I want to end by recognizing Barb Unger, the Manager of the College's Quality of Care Department. After 30 years of service with the College, Barb is leaving to pursue new opportunities and her dream of offering her expertise in less advantaged parts of the world. She is our longest serving employee, and her dedication to the College and the public we serve is an inspiration to me and all of our staff. I know many members of the profession who have had the opportunity to work with Barb will join me in wishing her well in the next phase of her life's journey.

Merry Christmas and Holiday Greetings to all!

*Dr. Trevor Theman, Registrar*  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

# Prescription drug misuse; doctor and patient

## Supplement to letter to the editor - A time to speak

In this issue of *the Messenger*, a letter to the editor from the parents of a young woman who died secondary to an overdose of prescription drugs is a tragic reminder that medications that can be beneficial can also be dangerous. This young woman was able to see several physicians and had prescriptions filled at several different pharmacies over a short period of time and this behavior was not red-flagged.

The death of a patient under these circumstances is a tragic loss. As physicians, we need to have a cautious approach when prescribing drugs of potential abuse. This is especially true with new or relatively unfamiliar patients.

### The College reminds physicians to:

1. Check to see if other prescriptions have been filled recently.
2. Complete a full history and physical examination to ensure that the prescription is warranted and safe to provide.
3. Refuse to write a prescription rather than provide one that is not indicated or even contraindicated.
4. Provide a limited number of doses at a time even if the patient requests a larger amount.
5. Be wary of patients who ask for early refills or report lost or stolen prescriptions.
6. Consider addiction or misuse in all patients and refer to the appropriate addiction treatment services if warranted. Patients from all walks of life are susceptible to abuse and misuse of medications.

## Physicians have a significant role to play in detecting misuse and abuse of prescriptions drugs

Prescription drug misuse and abuse is a growing problem in Alberta. Loss of life, secondary medical complications and social decline are just some of the terrible consequences. Physicians have a significant role to play in detecting misuse and abuse of prescriptions drugs. The age old tenet of “first do no harm” must be remembered when dealing with this complex issue.

*Dr. Janet Wright, Assistant Registrar  
jlwright@cpsa.ab.ca*

## TPP and PIN

The Triplicate Prescription Program (TPP) is designed to identify patients who see several physicians. However, the program is hampered by the slow process of having copies of the triplicate prescription sent to the College and then entered manually into a database.

The Pharmaceutical Information Network (PIN) will soon provide data on dispensed drugs for the operation of the TPP. This will allow the program to provide more timely information. When fully operational, PIN will allow physicians to access information about their patients at the point of care. (The TPP provides practitioners with patient profiles on request.)

# Letter to the editor - A time to speak

## A comment on the use of addictive pain drugs and the accountability of the doctors who prescribe them

**What happens in life when tragic loss is experienced – loss that is fundamentally out of order – the loss of a child?**

How is such a loss endured when it is authored by the very system that has been established to promote good health and whenever possible prevent the loss of life? What can we say when such a travesty

exists, is quietly tolerated, or perhaps is not even recognized?

For the sake of our precious daughter we are compelled to speak out in hopes that our voice will be heard by those who need to hear it – the stewards of our health care system, who we trust, and who consider the sanctity of human life the most profound purpose of their calling.

Please read our story and help prevent the unnecessary loss of lives.

*Respectfully,  
David and Debbie Bruketa*

The full text of this letter is available at [www.cpsa.ab.ca](http://www.cpsa.ab.ca).

*More letters to the editor on page 11...*

# Letters to the editor

## WCB Electronic Injury Reporting

The latest upgrades planned for WCB's Electronic Injury Reporting system include:

- Reformatted forms that are easier to read.
- The ability to print reports immediately after saving or submitting them.
- New help pages.

The upgrades were introduced in October and are part of the ongoing system enhancements WCB has planned throughout the year.

eReporting is a free, easy-to-use and convenient means for physicians and specialists to submit their reports and invoices to WCB. The contract deadline for all physicians to use electronic injury reporting is January 1, 2008.

Not only does signing up now give you more time to get up and running before the deadlines, WCB also pays an increased fee to physicians submitting reports and invoices online.

Please contact WCB's eBusiness Support Team at [eBusiness.support@wcb.ab.ca](mailto:eBusiness.support@wcb.ab.ca) or (780) 498-7688 (toll-free in Alberta 1-866-922-9221) with any questions regarding the enhancements. You can also contact Leslie Klapproth, WCB's Electronic Injury Reporting Physician Liaison, at (780) 498-7481 for more information about the benefits of eReporting or to sign up.

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## HQCA Initiative - Improving physician's communications skills

Physicians know working with patients, clients or family members who are confused, frightened or angry can be challenging. Strong and effective communication skills can make a difference – both to the quality of the health care provider's relationships with patients and

clients and to the health outcome. The Health Quality Council of Alberta (HQCA) has launched two new initiatives to help physicians improve these skills.

### 1. Treating Patients with C.A.R.E.

The half or full-day program teaches up to 30 participants techniques that help staff communicate in ways that increase patient satisfaction and foster partnership based on a Connect, Appreciate, Respond, Empower model.

This hands-on program will help participants identify positive interactions and develop strategies for connecting with patients. The program also includes time to practice skills and techniques, and will provide participants with workbooks that can be used for future reference.

### 2. R.E.L.A.T.E. - R.E.S.P.O.N.D.

This program encourages building positive relationships when interacting with patients. The program is based on the premise that relating to patients results in fewer complaints to respond to later. The R.E.L.A.T.E. acronym offers the following strategies:

- Respect the complainant
- Explain who you are
- Listen
- Ask for clarification
- Try to be flexible
- Empathize with the stress that accompanies illness

When handling a concern or complaint, the R.E.S.P.O.N.D. acronym provides the following steps:

- Recognize the complainant's perspective
- Establish rapport
- Single out the issue
- Provide information about what action can be taken
- Operationalize the plan
- Notify the complainant about the action taken

- Discuss & document the circumstances with the next level of management

The R.E.L.A.T.E. - R.E.S.P.O.N.D. program includes educational materials to provide additional support for health care providers outside the classroom.

Both the initiatives outlined above recognize health care staff with strong communication skills can make a significant improvement in patient and client care. For more information about these programs, contact Ms. Dale Wright, Quality and Safety Initiatives Lead, Health Quality Council of Alberta, at (403) 355-4439 or e-mail [dale.wright@hqca.ca](mailto:dale.wright@hqca.ca).

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## HQCA - Medication Safety Self-Assessment® for long term care

The Health Quality Council of Alberta (HQCA) is coordinating a project with Alberta Health and Wellness and the Institute for Safe Medication Practices - Canada (ISMP-Canada) to bring the Medication Safety Self-Assessment® (MSSA) for long term care to Alberta. This project has the potential to improve the safety of medication management for residents in continuing care facilities in Alberta.

The MSSA tool helps facilities:

- Review the safety of their medication system
- Identify opportunities for quality improvement
- Compare their results with the experience of similar facilities within the province and/or country

All continuing care facilities in the province will be asked to participate in this project. For more information, please contact Dale Wright, Quality and Safety Initiatives Lead at the Health Quality Council of Alberta, at (403) 355-4439 or by e-mail at [dale.wright@hqca.ca](mailto:dale.wright@hqca.ca).

# CPSA holiday office closure

The College of Physicians & Surgeons of Alberta (CPSA) will be closed from Friday, December 21, 2007 at 4:15 p.m. until Wednesday, January 2, 2008 at 8:15 a.m.

If you have an urgent matter and need to contact someone at the College, call (780) 423-4764 or 1-800-561-3899. An emergency contact number will be provided, which you can call to leave a message. Your call will be responded to within 24 hours

by a College staff member.

Wishing you all a safe and joyous holiday season.

**CPSA office will be closed from:**

- Friday, December 21, 2007 at 4:15 p.m.

**CPSA office will re-open:**

- Wednesday, January 2, 2008 at 8:15 a.m.

## For your information

### ECG Interpretation Exam

The next ECG Interpretation Exam will be held in Calgary on Tuesday, March 11, 2008, from 9:00 a.m. to 12:00 p.m.

Location: Dr. Clara Christie Theatre  
Faculty of Medicine  
Health Science Centre  
3330 Hospital Drive NW

Phone: (780) 969-5008  
Fax: (780) 428-2712

The fee, including GST, is \$450. Registration forms are available at [www.cpsa.ab.ca/facilitiesaccreditation/ecg.asp](http://www.cpsa.ab.ca/facilitiesaccreditation/ecg.asp).

### Ethics 101 - Responses still welcome

The Ethics 101 feature will return in the next edition of *the Messenger*, which is scheduled for February 2008. The current Ethics 101 scenario, which deals with patient safety and the disclosure of information, can be found on the CPSA website at [www.cpsa.ab.ca/publicationsresources/ethics.asp](http://www.cpsa.ab.ca/publicationsresources/ethics.asp).

Responses to that scenario should be sent to Dr. Janet L. Wright, Assistant Registrar, at [jlwright@cpsa.ab.ca](mailto:jlwright@cpsa.ab.ca) by January 15, 2008.

### REMINDER: TPP Prescription Pad Orders

If you need more TPP prescription pads before January, please submit your order no later than December 12, 2007.

## the Messenger

College of Physicians & Surgeons of Alberta



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of Alberta

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