Communicating with physicians in Alberta

January 2014

Vital Signs

A Calgary and Area Medical Staff Society publication

Therapy dog program in Calgary

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Calgary & Area Medical Staff Society (CAMSS)
c/o Alberta Medical Association
350, 708 - 11 Avenue S.W.
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Audrey Harlow (403) 205 - 2093

Save the date

Thursday, April 10, 2014

The FMC Medical Staff Association's Spring Event
Come for the tour, the food, the wine pairings . . .
Or just come for the fun!

Sommelier Lee Hanson, associated with Barrel Hunter, will be our guide and presenter for the evening. More information to follow.

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Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 600 words or less.

Please send any contributions to: Dave Lowery: bethere@shaw.ca, 403-243-9498.

Vital Signs reserves the right to edit article submissions and letters to the editor.

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On the cover: Chopper, a charcoal labrador, visits a patient at the Fanning Centre.
Photo by Dave Lowery

Physician compensation, FINISH YOUR CHARTS, lab results, FINISH YOUR CHARTS . . . and still get shot will ya!

The holidays are over and we can look forward to a new year of providing health care to Albertans. This year will bring a number of changes . . . guaranteed. There will be a new CEO for AHS, not a large leap given the three different CEOs in the last three months and the "interim" label attached to the current arrangement. It would be ideal to have a CEO who has actually provided health care in Alberta, as it would provide them some insight into the consequences of their decisions. There have been no physicians among the interim CEOs, so I am not optimistic about the future CEO being a physician.

The reorganization outlined by the now-deputy minister of health, Janet Davidson, is on hold for the time being. Her "new" idea that Alberta Health Services will focus on supporting front line staff in the delivery of health care to Albertans is to be applauded, but remains meaningless until we see it in action. The implication is also that AHS was not focused on health care delivery before her report, a comment that displays either insight or ignorance. The incoming CEO will want to have input into the organizational structure. The shifting of sands in the bureaucracy will continue.

The physician compensation committee (PCC) will have a chairman sometime this year. The PCC has already begun its work by setting up the guidelines for the allocation of the 2.45 per cent set out in the negotiated fee settlement. How the PCC functions will be a matter of great interest for physicians this year. The reallocation of funds between sections and within sections will be closely watched. As a profession we must stay united. If we break into smaller groups to advocate for particular fees, we may win the battle but will definitely lose the war. The government has bill 41 in its arsenal. This bill grants the minister of health the power to essentially dissolve the College of Physicians and Surgeons of Alberta and take over the college's regulatory and disciplinary roles. Any withdrawal of services or threat of withdrawal could provide the minister with the rationale to enact bill 41's provisions. A government- controlled college is not in our patients' or our best interests.

On another note, I would like to encourage all physicians to get this year's influenza vaccine. By getting vaccinated we protect our patients, our families and ourselves. The protection afforded by vaccination and a conscientious hand washing routine is our most practical method of decreasing the spread of infections between patients. The most recent Alberta-wide report on hand washing practices demonstrates an improvement year over year but there is plenty of room for further improvement. Physicians seem to have the most room for improvement among the three groups (nurses, associated health care workers, and physicians). The recommended hand washing routine revolves around the four minutes of hand washing before patient contact, before and after invasive procedures and after patient contact. We can lead the way in these simple, effective practices.

Issues that have come up in the last month will directly affect all practicing physicians. Two of these issues are how outstanding medical records are dealt with and how lab results are delivered.

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Dr. Steve Patterson, CAMSS president
Phone: 403-943-5554

The AHS medical bylaws specify that no more than 28 charts can be outstanding after 30 days and no more than four charts can be outstanding after 90 days (increased from one chart). Incomplete charts are generally lacking operative reports or discharge summaries. An amnesty will be given for outstanding charts prior to Sept 2013 (physicians will be given an opportunity to be compliant with pre-September charts before the charts will be filed with a note indicating they are incomplete and the physician was made aware). The much bigger issue is staying under the threshold of 28 charts per 30 days. There are physicians with over 500 outstanding charts. This is a problem for medical records but also for the physicians who have to care for these patients in the community. Medical records (health information management) or HIM has agreed to provide physicians with a list of outstanding charts every two weeks. Once a physician is notified, they will be provided an opportunity to complete the outstanding charts before the department chairman and the zone medical officer become involved. The process after that will involve more opportunities to complete the outstanding charts before a triggered assessment (a chance to review your practice with your department head, among others) or curtailment, a process that allows you to continue to participate in call coverage but restricts elective admissions or surgery. There are major incentives to remain compliant. HIM has provided contact individuals to assist physicians in getting charts completed. HIM has also agreed to deliver outstanding charts to surgeons in the operating room for completion between cases when requested.

How lab results are delivered to physicians is another topic of debate. Laboratory services would like to simplify their laboratory results delivery system. A committee of laboratory personnel decided that the preferred method was providing a paper copy to the ordering physician and then posting the results on Netcare. This committee, to the best of my knowledge, did not include anyone who actually received lab results. Discussions are ongoing.

Now to the future: As detailed in the last issue, the Choosing Wisely initiative will be launched in April. "Rational" use of lab tests such as vitamin D levels and imaging studies such as acute back pain MRIs are the subject of many discussions. Access to these tests may be limited if guidelines are not followed. Virtually all of these initiatives involve primary care physicians. At the CAMSS level, I am very open to suggestions for increasing the primary care input into these discussions. As I am a hospital-based anesthetist, it is difficult for me to advocate effectively on behalf of the community physicians. To be

Continued bottom of page 5

From the past president

Previously published in The Edmonton Journal on December 16, 2013

The advent of Bill 46 and, in particular, Bill 45 on the Alberta landscape is truly alarming. Superficially, Bill 45, the Public Service Continuation Act, seems reasonable enough as it increases fines for unions engaged in illegal strike. However, Bill 45 takes this one step farther by prohibiting individuals from merely talking about strike action. This poses a challenge to the Charter of Rights and Freedoms including notions of freedom of speech and the right to assembly.

Dr. Lloyd Maybaum, CAMSS past president
Phone: 403-943-4904

Bill 46, the Public Services Salary Restraint Act eliminates a binding arbitration process and imposes wage terms on the Alberta Union of Provincial Employees (AUPE) if a contract is not negotiated by January 31. In other words, there is no neutral arbitration process to help amicably find some form of negotiation middle ground. Thus, with the advent of Bill 46 the government can impose their will upon unions, members of which would have no recourse. They cannot strike, cease work, slow down work or pursue any activity that has the effect of restricting or disrupting production or service. Seemingly, the union and union movements would be powerless in the face of such legislation.

In December 2012, during the protracted Alberta physician compensation negotiation process, physicians faced a similar seeming lack of power. For physicians, patient care came first; therefore we would not take strike action since this negotiating maneuver would inevitably cause harm to befall our patients. Without the option of striking, we too had little power or leverage in negotiations. This prompted a new idea, a new approach, which was that of a virtual strike.

During a virtual strike, unlike an actual strike, there is no cessation or slow down of work and everyone earns their regular pay. The power of the virtual strike lies in the strategic donation of earned income. In the case of a hostile, bullying government one could follow the old adage that the enemy of your enemy becomes your friend and donate income from virtual strike days to the opposition parties in the legislature. For instance, every Wednesday union leaders could encourage nurses from across the province to personally go online and make a $100 donation to the political party of their choice. By so doing, the union would be taking their fight directly to the governing party, not allowing patients to become caught in the crossfire of negotiations.

The strength of a virtual strike is found in the numbers. If the 22,000 AUPE workers each donated $100, 2.2 million dollars would find its way to the coffers of the opposition parties. This money would arm the opposition parties to pursue FOIP requests and to hold the government to account. Importantly, it would arm them for the next provincial election. Multiply this action again and again, every Wednesday and you have some serious bargaining power. Importantly, a $100 donation would only cost the worker $25 after the political donation tax deduction. This is a far more economical approach for the worker that would otherwise lose the entirety of their pay if they went on actual strike.

If our Alberta government chooses to proceed with Bill 45 and Bill 46, simultaneously crippling unions, violating the Charter of Rights and Freedoms and undermining free collective bargaining then I whole-heartedly encourage the involved unions to consider virtual strike action. Undermining the basic democratic principles of freedom of speech and the right to assembly calls for drastic action. If the entire Alberta Federation of Labour, all 145,000 members, joined in a single virtual strike day the 14.5 million dollars donated would change the face of union negotiations and political process, let alone in this province, but across the entire country. Although it may be forbidden for unions to use the word 'strike,' whether it is called a virtual strike day, a political action day or Operation Nightingale, if the Alberta government wants to play hardball, a virtual strike will be a grand slam homerun for the union movement. Happily, not a single patient appointment or procedure would be delayed or cancelled during a virtual strike. That is truly placing the interests of the patient, first and foremost.

From the CAMSS president . . . contd.

able to represent the majority of the Calgary physicians who provide community care, I need your help. If you are interested in serving on committees or providing a sounding board for issues that arise, please forward your name to our administrative assistant Audrey Harlow (her contact information is on the CAMSS website).

In my presentation to the November AGM I emphasized how this was the first time in a long while that AHS and physicians could truly work together. Our fee negotiations were over and the new agreement makes provisions for cooperating to find "efficiencies" in health care. Most of these proposed efficiencies will require the active participation of primary care physicians. However, I believe the window, if not closed, is closing quickly. The ongoing reorganization and revolving CEOs appear to have made AHS focused inwardly.

We will see what the future holds.

By Dr. Allison Sweeney, rural family medicine resident physician

On a frigid day last February, cold winds blew along the partially deserted streets of Red Deer. Car exhaust lingered in the air, warning anyone in its path of the treacherous conditions outside. As resident physicians exited their vehicles to deliver donations to the Safe Harbour Society shelter, even the warmth of wool mittens and toques could not protect them from the assault of winter. This frozen landscape was a bone-chilling reminder that the PARAdime campaign exists to serve countless individuals in Alberta communities who struggle to find the most basic of life's necessities as a result of poverty and homelessness. Shelter is essential for life in our Alberta winters.

In a quest to play a greater role in the community of Red Deer, resident physicians arranged to meet with a representative from the Safe Harbour Society, a local shelter, to gain insight into the organization and what it does. It was an eye-opening experience for us to hear about the challenges that many of our less fortunate neighbours, and sometimes patients, face on a daily basis. Our discussions with the shelter staff left us reflecting on the experience some of our patients face who do not have homes. Where do they go after being discharged from the hospital and how much more difficult is it for them to stay healthy when meeting their basic needs, such as food and shelter, is already a struggle?

A strong sense of community is often what attracts graduating medical students to pursue a career in rural medicine; knowing your neighbours, having the clerks at the local grocery store know your name, and the friendly wave of a colleague at the neighbourhood park are all aspects of community life that are not always available in the city. Rural physicians have the unique opportunity to know patients outside of the hospital walls and clinic doors. But even here, we are not always as aware of the day-to-day realities of the less fortunate within our communities. Access to food and shelter are fundamentally important to health; filling a prescription or returning for a follow-up appointment — health care basics that the rest of us often take for granted — are sometimes out of reach when survival is a struggle.

When the time came for resident physicians in Red Deer to be involved with PARAdime, a charity drive for the homeless, we decided the Safe Harbour Society would be a perfect organization with which to partner. The PARAdime encompasses the true spirit of rural medicine; being accountable to one's neighbours and seeking to improve the community as a whole. Last year's PARAdime drive marked the fourth annual campaign for Edmonton and Calgary, but was the first time Alberta's rural resident physicians were involved in the initiative. Word spread quickly within the rural medical community, and soon Grande Prairie and Lethbridge resident physicians were also supporting their local shelters. After several months of collections from residents and attending staff physicians, numerous backpacks filled with warm clothing, non-perishable food, and other survival necessities were delivered to the Safe Harbour Society.

On that very cold drop-off day, we were inspired when we saw two of the backpacks going directly to individuals who had to leave the shelter that day. They would have otherwise had only the clothes on their backs as they headed out into the cold. The backpacks ensured that these individuals left a little warmer with the knowledge that they were not quite so alone. For us, it was powerful to know that the bags were making a direct and immediate difference for two members of our community.

Following the delivery of the last bag, we climbed back into our warmed vehicles and returned to our homes a little wiser, a little more aware and a little more grateful for what we have. The PARAdime initiative is a reminder that the goal of keeping Albertans healthy cannot stop at the doors of our medical centers; the nature of people's experiences in the community plays an integral role in their health and in the well-being of our community. It is our duty as good neighbours and responsible citizens to address the gaps created by economic and social disparity – our communities will be stronger for it.

PARAdime in Calgary is currently accepting donations until January 30th 2014.See next page for locations.

Resident physicians drop-off donations at the Safe Harbour Society in Red Deer. Dr. Allison Sweeney is pictured bottom right.

donations accepted NOW until January 30, 2014

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"Thank you for giving me the supplies I needed to make it to a better place" – Danny, age 16

"People forget that us homeless kids have nothing, the backpacks given to us were life-saving. One of the few gifts I received last winter" – Carmen, age 18

visit para-ab.ca for a list of items in need. Fill your old backpack with gently used items and non-perishable food.

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PARA
Professional Association of Resident Physicians of Alberta

I expect that by the time you read this column in the December issue of Vital Signs, you will have heard news about the topics below. There are many issues arising from the implementation of the AMA agreement that will be advancing significantly this month and into the new year. As a good overview of the topics under discussion, though, and also in preparation for communication to come, here are excerpts from my late November President's Letter.

Allocation is almost complete

The AMA and the government are in the process of completing and finalizing allocation and the details will be sent soon through a joint-communication piece.

The parties have agreed on a method (also known as a macro-allocation) to distribute the 2.5 per cent to sections on April 1, 2014, that is consistent with discussions at the Fall 2013 representative forum (RF). This method will:

- Distribute up to one-third of the funds toward priority (targeted) items.
- Evenly split the remaining money between: addressing the increasing cost of overhead expenses; and providing a provision for sectional allocation equivalents (which has been referred to as full-time equivalent [FTE] in previous allocations).

The AMA and the government are also working on a method (also known as a micro-allocation) that has involved each section to help distribute the funds within each section.

I want to thank everyone involved — including AMA staff, section representatives, AMA committees such as the AMA compensation committee and fees advisory committee, and the government — for making an April 2014 allocation possible, particularly with such short timelines.

The changing primary care landscape

As many of you may know, there are lots of things happening at the moment in primary care (e.g., primary care network (PCN) evolution, an alternate compensation model for family physicians). Both of these projects will have a big impact on the primary care landscape and we are working closely with the section of general practice, the section of rural medicine and the PCN physician leads executive to ensure the concerns of primary care physicians are heard and addressed. We are looking at ways to keep membership informed (e.g., since RF, there have been six newsletters on the topic of primary care, which are posted on the AMA website).

Finding system-wide efficiencies and savings

This component of the AMA agreement states that we will work with AH and Alberta Health Services (AHS) to identify opportunities for system-wide efficiencies and savings. One way we are looking at doing this is by participating in the Choosing Wisely® Canada campaign. The campaign is based on a similar project in the United States that encourages physicians and patients to talk about medical tests and procedures that may be unnecessary and, in some instances, can cause harm. The campaign supports patients and physicians in making wise choices in care.

By Allan S. Garbutt, PhD, MD, CCFP AMA president

In addition, the AMA asked section presidents to provide suggestions about where they thought money could be saved in the health care system. As you can imagine we've received lots of suggestions (over 100)! The challenge will now be determining which ones to move forward on.

Physician compensation committee work underway

The physician compensation committee has been established and there has been lots of work by AMA and government staff to determine how best to support the committee. While we are not in a position to make an announcement about the independent chair (at time of Vital Signs publication deadline) some work (e.g., allocation) has already begun in the interest of moving some initiatives forward in the interim.

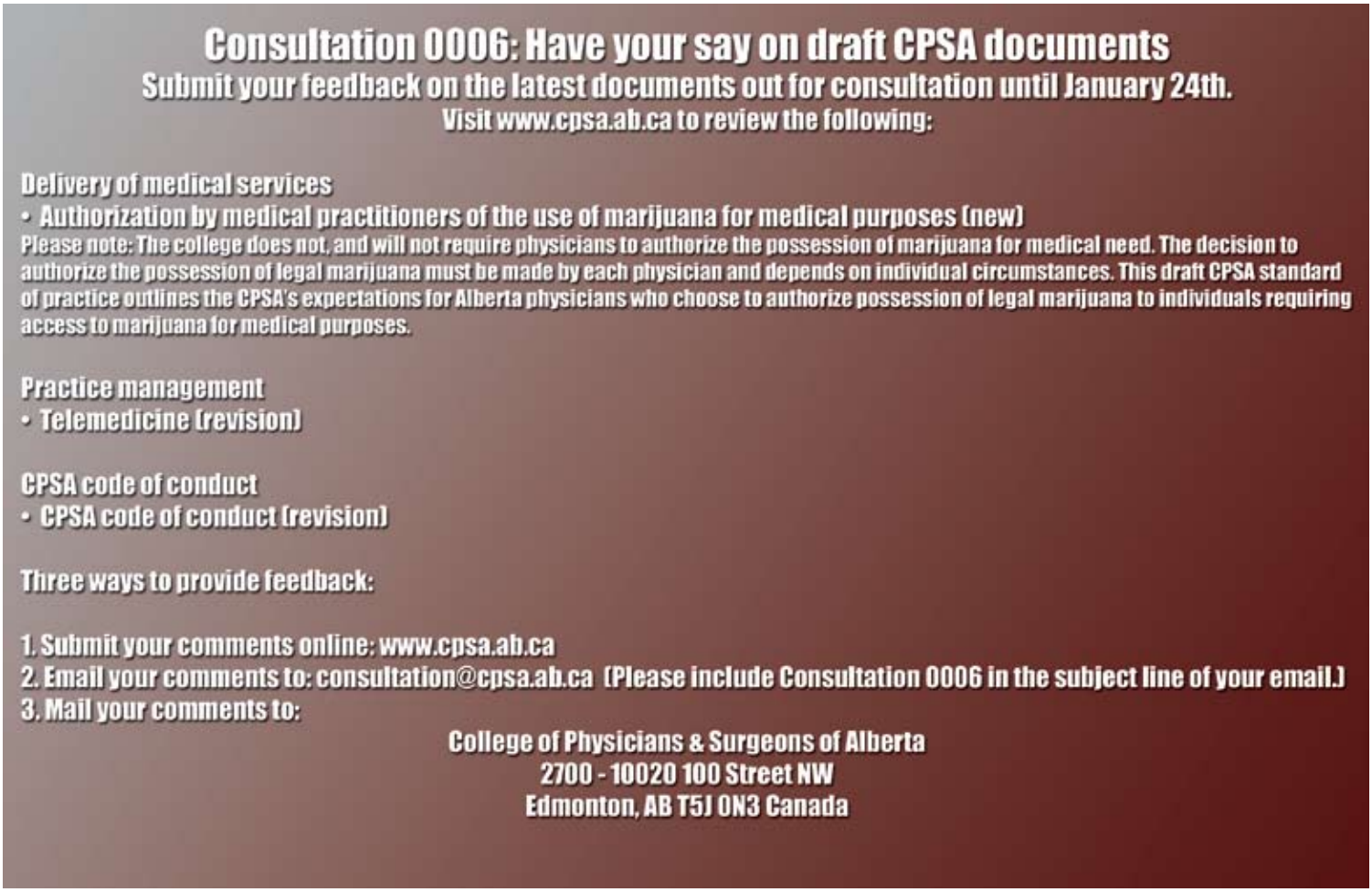
Developing the provincial electronic medical record (EMR) strategy

The provincial electronic medical record consultation agreement stipulates that the AMA, AH and AHS will work collaboratively to deliver a recommended provincial EMR strategy to the minister of health by March 31, 2014.

To help make this deadline, a working group has been established to confirm key requirements, explore the issues, challenges and opportunities, and to set out possible future directions of EMRs for consideration. The provincial health information executive committee (which reports directly to the minister) will receive an interim progress report from the three groups (AMA, AH and AHS) when it meets in early December.

As you can see, there's lots of work underway and even more that will begin over the coming months. As always, the AMA will continue to keep you informed and engaged as we move forward with building a health care system that puts Patients First®.

I welcome your comments and thoughts at president@albertadoctors.org.



Nominations for 2013 FMC outstanding clinician

Nominations are being accepted for the 2013 Outstanding Clinician Award for FMC primary site physicians. Please forward your nominations noting the following information.

Nominations should be made in a letter addressed to:

Clinician award nomination committee
c/o the Medical Staff Office, Room 154T, Doctors' Lounge, FMC

Please include the following:

- **Name and department of the nominee**
- **How you feel the nominee has met the selection criteria**
- **Name of person or persons nominating the individual**
- **CV of the nominee if possible**

The deadline for nominations is Friday, February 14, 2014

For more information and nominating criteria, please contact Susan Sauvé in the FMC medical staff office at 403-944-1409 or email: susan.sauve@albertahealthservices.ca

By Dave Lowery

Apparently assistance dogs, as they are more formerly referred to, may have been trained to help the blind and visually impaired as far back as the mid 16th century according to Wikipedia. Currently, a quick internet search lists over 16 Canadian therapy dog organizations in Canada. One of them listed, and in Alberta for over 12 years, is the therapy dog program overseen by St. John Ambulance (SJA). Kim Laing, the director of public relations and business development, has been associated with the program since its Alberta inception. The program was introduced to the Calgary area only two years ago and Laing says they are struggling to keep up with the demand as it's been so popular.

"We currently have 14 dogs with their volunteers in Calgary but are currently training another intake which we hope will increase the dogs by six to eight," Laing says. "In Red Deer, we are sitting close to 15 or 16, Grand Prairie about 18 and Lethbridge has 20."

Laing says the program has been with SJA nationally for close to 20 years and initially came from a palliative care program in Ontario. With the remarkable decrease in pain and anxiety that the patients experienced, SJA gradually expanded the program across Canada. In Calgary alone, SJA volunteers with their dogs visit 12-20 patients, palliative care locations and nursing homes per week. But that number could rise dramatically.

"The demand is far greater than we can service," Laing says. "Part of our problem is some people think if you have a dog you can volunteer but that isn't the case. There is a lot of time spent on assessment and training prior to a dog and volunteer being given the opportunity to visit."

She says the first thing done with potential dogs and volunteers is to determine how social the dog is which is done during a Friday night, all day Saturday and all day Sunday session. The dogs are put through different stressors to see how they are around other dogs and people. Dogs will have their ears and face poked and assessors will meddle with their food. If the dog snaps, growls, or show any aggression whatsoever, the dogs are automatically out of the program . . . even if it's just once. If they pass that first weekend of assessment then they go through a training program which consists of understanding different human needs.

"For example, the volunteers are educated about patients with dementia, brain injury or stroke patients," she says. "It's important to make the dogs and their volunteers aware that there are people who may be non verbal that grunt or growl which dogs could interpret as aggression. The handlers are educated to what they could potentially be exposed to. Then they go to joint training program in which the dog and handler are educated as to what they can and can't do. There is also a health and safety component."

One area that has developed out of the therapy dog program initiated in Lethbridge. Laing says SJA was approached by the university of Lethbridge to come during exam week to visit students who were under stress and administrators were concerned due to increased suicide attempts.

"We brought in therapy dogs to work in small groups and literally had over a hundred people standing in line to participate," Laing says. "Since then we have had huge growth in the postsecondary population. We haven't started in Calgary yet as we don't have enough dogs and volunteers. In Lethbridge, the dogs contributed to an environment where the students started talking about their stressors, their anxieties and about what was going to happen in their lives even after graduation. The feedback was phenomenal, hundreds of people benefitted but also became involved with our organization and looked at other ways in which the program could grow."

From this non-traditional area dogs are now used to help youths in trouble where the kids have have shown a connection with the dogs.

"We are seeing these wonderful developments; the demands are larger than we can match. But we have to be careful to not grow too fast as we don't want to start service to an area where we can't continue to meet the demand. This is a community program which means we welcome feedback from the community. Also, if you have an area that you think might benefit from therapy dogs, we would like to hear from you."

For more information or to request a visit, physicians can go online: http://www.sja.ca/English/Customer-Service/Pages/Therapy-Dog-Services.aspx or call Alicia Hudson 403-250-2922. Ext. 2106.

Community service coordinators will then be sent to meet with the person, group or long term care facility to speak with the patient, nursing staff and family to make an assessment. For example, the patient may not be able, or want, to hold the dog so that makes a difference in the dog's size. Visits can be daily, weekly, monthly or any combination thereof based on the patient and facilities' needs and availability of the volunteers. There are no costs involved though SJA covers any volunteer out-of-pocket expenses.

If you are interested in the therapy dog program, the dogs must be mature (no puppies.) Most of the dogs are one and a half to three years old and up with no restriction to breed.

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CAMSS 2014 Meetings

CAMSS Council	8-Jan-14	ACH	5:30 - 8:30
CAMSS Council	12-Feb-14	ACH	5:30 - 8:30
CAMSS Council	12-Mar-14	ACH	5:30 - 8:30
ZAF	16-Apr-14	Southport Atrium	5:30 - 8:30
CAMSS Council	14-May-14	ACH	5:30 - 8:30
AGM	11-Jun-14		5:30 - 9:00
CAMSS Council	10-Sep-14	ACH	5:30 - 8:30
ZAF	8-Oct-14	Southport Atrium	5:30 - 8:30
AGM	12-Nov-14		5:30 - 9:00
CAMSS Council	10-Dec-14	ACH	5:30 - 8:30

Note: exact room information to come

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28th annual

Dinner & Awards Night

January 25, 2014

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