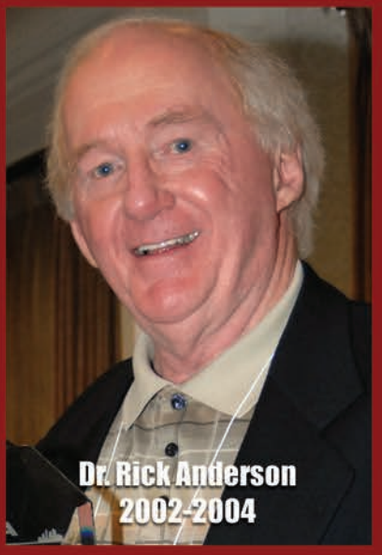
Communicating with physicians in Alberta

October 2014

Vital Signs

A Calgary and Area Medical Staff Society publication


Dr. Rick Anderson
2002-2004


Dr. Michael Giuffre
2004-2006


Dr. Glenn Comm
2006-2008

CAMSS — What do we do for you?

Page 14


Dr. Linda Slocombe
2008-2010


Dr. Lloyd Maybaum
2010-2013


Dr. Steve Patterson
2013-

CAMSS

Calgary and Area Medical Staff Society

Advocating for physicians, caring for patients

YOUR HEALTH IS OUR FOCUS

WE PROUDLY OFFER THE FOLLOWING SERVICES AT OUR 11 CALGARY **RCA DIAGNOSTICS** LOCATIONS

- X-ray
- Mammography
- Image-Guided Pain Therapy
- Bone Densitometry
- Ultrasound
- Ultrasound-Guided Biopsy
- Vascular Ultrasound Centre
- Echocardiography
- Nuclear Medicine Imaging
- Myocardial Perfusion Imaging
- Exercise Stress Testing

OFFICIAL DIAGNOSTIC IMAGING PROVIDER OF THE

403.777.3000 or request an appointment online **www.radiology.ca**

RCA Diagnostics

Results. Now.

MRI and CT Exams - without the wait!

MAYFAIR DIAGNOSTICS

www.mayfairdiagnostics.com
403.777.4MRI (4674)

OFFICIAL DIAGNOSTIC IMAGING PROVIDER OF THE

DOCKET#: 14-RCA-029	FILE NAME: Vital Signs Full Page Ad		FILE FORMAT: Illustrator CS6	CLIENT: RCA

CAMSS
Calgary and Area Medical Staff Society
Advocating for physicians, caring for patients

October 2014 contents

Columns:

Features:

CAMSS executive - Please feel free to contact your representative with any concerns or issues.

Printed on FSC Certified Paper

Vital Signs is published 11 times annually (not published in August) by the Calgary & Area Medical Staff Society (CAMSS) www.CAMSS.ca

Editor: Dave Lowery, 403-243-9498, bethere@shaw.ca

Editorial advisory board:
Dr. Steve Patterson – steve.patterson@albertahealthservices.ca
Dr. Mark Joyce – mjoyce@ucalgary.ca
Dr. Lloyd Maybaum – lloyd.maybaum@albertahealthservices.ca
Dave Lowery – bethere@shaw.ca

Calgary & Area Medical Staff Society (CAMSS), c/o Alberta Medical Association
350, 708 - 11 Avenue S.W., Calgary, Alberta T2R 0E4

Executive assistant: Audrey Harlow (403) 205 - 2093

Submissions:
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.

Deadline:
The deadline for article submission to Vital Signs is the 15th day of the month for distribution the first week of the following month.

Next deadline is October 15, 2014.

Contributors:
The opinions expressed in Vital Signs do not necessarily reflect the opinions or positions of the CAMSS or CAMSS executive.

Advertising:
Claims made in advertisements are not verified by CAMSS and CAMSS assumes no responsibility for advertising accuracy.

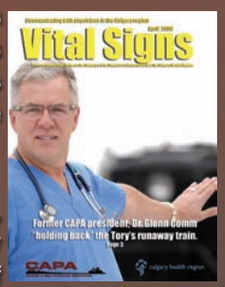
Calling for nominations.

The fifth annual CAMSS Advocacy Award

In early 2010, then CAPA president Linda Slocombe suggested CAPA establish an award to present to a CAPA member who best exemplifies the spirit behind our mission statement: "Advocating for physicians, caring for patients."

She envisioned a plaque with the names of the award recipients presented to each doctor's lounge in Calgary and to all six of our rural hospital sites.

First recipient, Dr. Glenn Comm, was a natural choice due to his yeoman's work advocating for CAPA physicians and especially his work to recognize the family doctor crisis.



Dr. Glenn Comm


Dr. Rick Anderson

The following year, former CRMSA (Calgary Regional Medical Staff Association) president, Dr. Rick Anderson received the award.

Dr. Phillip van der Merwe followed due to his diligent work for family physicians.


Dr. Phillip van der Merwe

Last year's award winner was Dr. Martin Labrie. Labrie was nominated by his physician peers in recognition of being someone who stood above the crowd, took a stand, took personal risk and demonstrated courage under fire in pursuit of advocacy for patients and physicians.

Dr. Martin Labrie

Please send your nominations to Audrey Harlow: audrey.harlow@albertadoctors.org

The mysterious case of health care during the leadership campaign.

"Is there any point to which you would wish to draw my attention?"
"To the curious incident of the dog in the night-time."
"The dog did nothing in the night-time."
"That was the curious incident," remarked Sherlock Holmes.

The most amazing thing about the health care system as an issue during the recent leadership race was the complete lack of any news coverage about a new "crisis" in health care during the last three months. This allowed the prospective leaders to provide bland comforting statements about improved quality and access at reduced cost. I am hard pressed to recall any other three-month period with so little controversy. This is a tribute to a first class noise reduction system within Alberta Health and Wellness.

With a new premier and a new health minister we are likely to experience further change. I did not agree with many of the policies Minister Horne advanced during his time as health minister but I would say he was articulate and intelligent, and cared deeply about health care. Unfortunately he also sacrificed many careers on the altar of political expediency. His actions in firing the entire AHS board set a new low for political interference in health care. It may be that an AHS board of directors is resurrected in the next version of health care governance. During my three year term I have witnessed five different CEOs, two official administrators and a health board. It is now time for administrative stability. I know that each minister likes to put his or her own stamp on the administrative infrastructure, but this creates a tremendous amount of uncertainty and inertia within AHS. I would like to propose a six month freeze on administrative change. The last thing we need is a wholesale restructuring. Hospitals and physicians rely on a large network of services in order to provide Albertans safe and reliable health care. Everything from credentialing to dietary services and instrument processing occurs behind the scenes. These services are often as vital as the physicians who see the patients. We only need to witness the disruption a water pipe rupture in processing at the Rockyview Hospital can have on surgical services across the city.

The above situation is obviously not within the control of CAMSS. We are however able to make our own choices for better healthcare. I am asking all physicians to receive the influenza vaccination this year. A voluntary program that vaccinates over 90 per cent of physicians would be a real success. There are a number of jurisdictions in Canada and the United States that have mandatory influenza vaccinations for all health care workers, including physicians. These programs have demonstrated a decrease in in-hospital mortality related to influenza. By getting vaccinated, and registering your vaccination with the AMA or AHS, we are acting in the best interests of our patients, acting as leaders in healthcare and potentially improving our own health as well. The five zone medical staff associations are sponsoring a vaccination campaign and providing buttons for vaccinated physicians "Your doc got the shot." The University of Calgary and the zone medical administrative committee (ZMAC) are also putting together a vaccination campaign for physician leaders. Let us demonstrate what is possible when we all work together. Get your vaccination.

CAMSS
Calgary and Area Medical Staff Society
Advocating for physicians, caring for patients

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

Another choice we all make is to wash our hands. Each of us should know the four moments of hand hygiene and work on 100 per cent compliance. Compliance rates are measured annually and we have shown improvement, but physicians are among the worst offenders when it comes to not washing our hands. We live in an ocean of MRSA and VRE cases. Our best protection is a consistent hand washing routine. Hand washing and vaccinations are the low hanging fruit in terms of improving patient outcomes in a cost-efficient manner.

Join your zone medical staff association. I can think of many reasons why joining your medical staff association is a good idea. For a relatively small fee of $150 you receive a magazine (Vital Signs), and INDEPENDENT representation on a number of local and provincial committees. As a medical staff association (MSA) we are not part of the AMA or AHS so we can represent physicians without worrying about the political consequences. If you have any doubt about this take some time to read a few back issues of Vital Signs (check the CAMSS website). We do our best to represent your interests in a fair and unbiased fashion. We serve on rules and bylaws committees, provincial executive committees, representative forum and search and selection committees to name a few. Our renewal forms will come with the AMA renewal forms this year. If you provided an email address and are renewing on line there will be an option to join your MSA. If you are renewing in Calgary with CAMSS you will be given an option to support a specific hospital MSA or CLS (Calgary Lab Services). Please check the pertinent box. The individual hospital MSA's funding depends on the number of physicians who commit to their site. If you are a Luddite and still get the paper forms (like I did last year), remember to fill in your MSA dues before mailing in your form. This may mean recalculating your fees if you were not a member last year.

Please support your INDEPENDENT medical voice and support your zone medical staff associations.

Within the government of Alberta, Alberta Health has the largest single budget — $16.6 billion — for delivering some health programs directly, but primarily to support and fund AHS. AHS is the government's largest agency, mandated in legislation to provide health services to all Albertans and employing over 90,000 individuals. The sheer size of and impact on Albertans of these organizations make it critical that all parties strive for excellence in their governance practices. The quality of decision making in Alberta's health system affects the quality of health outcomes. To have quality decision-making, the health system needs to have effective governance.
Report of the health governance task force review February, 2013

There is the hope for change with the advent of Prentice, however, with the announcement of Stephen Mandel as health minister such hope seems tenuous. This appointment smells of political patronage, and I fear, not made in the best interests of Albertans. As described in the Edmonton Journal (September 16, 2014): "Mandel was a quick-tempered former businessman." He served three-terms as Edmonton's mayor and one term as councilor. His appointment will likely be celebrated by Edmontonians since he was a popular mayor but I ask everyone to look farther and ask if he is the right person for this important position.

Mandel is a seasoned politician but has never served in provincial politics. Moreover, he has zero experience in health care but I have also heard him described as "a really nice man" — not a bad thing. I can accept the latter but note that he well understands the quid pro quo of politics and political expediency. In this regard, I would like to highlight the new health minister's very close relationship with a certain pharmacy billionaire. Mandel masterfully handled the Edmonton NHL arena project on behalf of his good friend Darryl Katz. If we recall, Katz provided the sketchy ~$300,000 donation to the PC party during the last election (he was eventually cleared of any wrong doing apparently claiming that he simply wrote one big cheque on behalf of multiple individuals). Mandel worked closely with Katz to ensure that Katz landed his new NHL arena. In the end, taxpayer money would be utilized to ensure private profits. In part, securing the arena seemed to come courtesy of PC wrangling to come up with a miraculously timed ~50 million dollar tax rebate that both Edmonton and Calgary received. If you recall, the 'found' money conveniently paid the shortfall in the arena negotiations while here in Calgary, Nenshi stumbled as he pondered what to do with it.

Stephan Mandel may have been a great mayor, and may be a nice, bright, intelligent man but I fear that at some level he is a shill for corporate interests. Under our new, current arrangement, I fear the unseen hand of the corporatocracy assuming greater control and influence over the Alberta health care system. These fears may be unrealized but needless to say, we will be watching Mandel very closely.

To be sure, I want Mandel to be a successful, ethical minister but realistically he will be consumed with the by-election process. Thereafter, he will need probably at least six months to get up to speed on the portfolio only to immediately face the distraction of the next general election in spring 2016. In other words, don't expect much progress in the health portfolio as Mandel focuses on election and learning issues.

In the short term, I have some advice for Mandel. I would like to draw his and everyone's attention to an important document that our past health minister kept hidden. As I have previously opined he kept the report hidden as it seemingly undermined his desire to sack the AHS board (which he eventually accomplished). The document is the report of the Health Governance Review Task Force (HGRTF) (February, 2013); Working Together to Build a High Performance Health System.

CAMSS
Calgary and Area Medical Staff Society
Advocating for physicians, caring for patients

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

If we recall, this report was commissioned because of concerns relating to excessive political interference in the health care system as underscored by the Health Quality Council of Alberta (HQCA) report of February 2012. The same concerns had been explicitly or generally suggested, by Dr. Duckett, the former AHS CEO and Stephen Lockwood the most recent former chairman of the AHS board. The latter and his board were largely fired because they decried the level of political interference in the system. This problem continues.

I refer the reader to a recent article by the Price family who suffered the loss of a loved one in the context of our dysfunctional system. This article appeared in the September 8, 2014 issue of the Calgary Herald; Price: Prentice must commit to patient-centred health care. They note; "We know what the systems character has evolved into. It has become a highly centralized, insensitive system that uses intimidation to further political goals. Good people inside the system have to fight to hold progress on patient care at risk of career-limiting or career ending reaction." I recall that the very first article that I wrote for Vital Signs back in December 2009 focused on the issue of intimidation and cronyism. Given the Price's family assessment of our current system, things seemed to have changed very little in the past five years.

The Price family furthered their assessment by noting, "It is very clear that the intimidation factor is a huge impediment to improvement and accountability. This is not surprising, for if the health minister on former premier Alison Redford's watch can arbitrarily fire the independent board for taking their responsibility seriously, then absolutely no one is safe from political action."

Political interference was again recently highlighted by Dr. Duckett as noted in a September 10, 2014 Calgary Herald article by Keith Gerein, entitled "Alberta's wealth, politics to blame for rise in health costs: Duckett." Here, Duckett is quoted as recently saying to an Edmonton audience, "Alberta's oil wealth and stagnant political culture has stunted the province's ability to achieve more efficiency and innovation in its health care system . . . A consequence of the lack of political dynamic in the province is there is no need for innovation," he said. "There is no tussle for power. If there is never a change of government . . . you end up with (inertia), basically." However, he said reintroducing a board for AHS might help to partially insulate the health authority from political interference.

Continued on page 6

My recommendation for Mandel is that he reinstate an AHS board and in so doing, refer to the HGRTF report that was ignored by the previous health minister. The contents of this report laid out 10 recommendations centered around three themes. The themes included 1) that all parties must be clear about their roles and responsibilities and be committed to achieving excellence in their execution; 2) the government and AHS must work together as integral parts of one system and 3) physicians must be fully engaged. Moreover, it will help to address the problems of political interference and corporate influence on the health care system. An abbreviated summary of the 10 recommendations includes:

The minister of health should confirm his commitment to deliver health services through a health authority, AHS, overseen by a board appointed by the minister and importantly; Within the context of a publicly funded agency of government, the AHS board be given the necessary autonomy to carry out its delegated authority, supported by a clear mandate and governance framework.

1. The minister should reconfirm the authority conferred on the AHS board.
2. The minister and AHS board adopt procedures that select new board members based on competency, following a non-partisan, transparent, best-practice approach that is followed on a consistent basis.
3. The CEO should be given the autonomy required to execute the health plan and be held accountable for meeting its performance targets.
4. AHS ensures that its structure, expertise and resources are appropriately balanced across the continuum of health services.
5. The minister must clarify Alberta Health's role and responsibilities.
6. Alberta Health should ensure, that its structure, resourcing and core competencies align with its clarified role and responsibilities.
7. Every effort is made by the minister and Alberta Health to support AHS in achieving the targets set out in the health plan.
8. Leadership of the health system should establish processes that reinforce a culture of collaboration between AHS and Alberta Health.
9. AHS continue to develop and implement strategies to engage physicians and identify behavioural barriers that hamper the effectiveness of its policies and structures and the two-way communication for its success.

In the 18 months that we have before the next general election, reinstating the board is an achievable goal for Mandel. Working to depoliticize health care and minimizing corporate influence would also be noble goals alongside the bedrock foundation of patient focused care. Where will we be in 18 months? The ball is in your court Mandel. Skepticism prevails but I want to believe.

CUMMING SCHOOL OF MEDICINE
Office of Continuing Medical Education and Professional Development

UNIVERSITY OF CALGARY

The Office of Continuing Medical Education and Professional Development is currently developing a full range of courses for 2014-2015.

2014-2015 Course Calendar is available, to received this calendar please email cme@ucalgary.ca

- **Evening Course Program 2014-2015** - **Fall: September 17 - December 3, 2014, Winter January 7 – March 4, 2015 Wednesdays** **REGISTRATION NOW OPEN**

  For over three decades the Cumming School of Medicine at the University of Calgary has offered a lecture series targeted to Family Physicians on Wednesday evenings (7:30 to 9:30pm). The topics and speakers are selected by a committee of family physicians.

- **Geriatrics Update: Clinical Pearls for Rural and Urban Primary Care—October 3, 2014** **REGISTRATION NOW OPEN**

  This annual one day program will provide family physicians, interested specialists & other healthcare providers in rural and urban primary care with best practices, skill development and clinical updates to assist them in their care of older adults. This year's course focuses on the challenge of managing the older adult with multi-morbidity across the care continuum: in the community, emergency department, acute care centre and long-term care facility.

- **Current Obstetrical Management Seminars (COMS) - October 3, 2014** **REGISTRATION NOW OPEN**

  This program is intended for family physicians, midwives, and nurses working in urban and rural settings. It will provide an opportunity to review and update your knowledge and management of normal and abnormal obstetrical cases..

- **Urgent Care Course October 18, 2014** **REGISTRATION NOW OPEN**

  This course is designed for physicians, nurses and nurse practitioners working in Urgent Care Centres (UCC). The content will provide participants with an update on the management of several urgent clinical conditions presenting to a UCC. This year's course features those patient presentations that masquerade as a different diagnosis. Discover what diagnoses you may never have seen ... but which may have seen you!

- **Chronic Pain Management for the Family Physician - A Mainpro-C Course October 20, 2014** **REGISTRATION NOW OPEN**

  Family physicians are responsible for the majority of the management of chronic pain. Day one of this course will be held in a classroom setting to provide an overview of key issues in Chronic Pain. Days two and three will be arranged as observership days, in conjunction with the Course Coordinator at the Chronic Pain Centre, and will provide a clinical preceptorship that responds to the needs of the individual learner.

- **2014 Calgary Hospital Medicine Conference November 7 - 8, 2014** **REGISTRATION NOW OPEN**

  The Hospital Medicine Conference is directed to hospitalists, family physicians and nurse practitioners who see inpatients in tertiary care facilities. Through a combination of plenary sessions, workshops and simulation opportunities, participants will have an opportunity to learn new information and review clinical topics related to management of inpatients.

- **Poison and Drug Information Service (PADIS) Conference 2014 – Beyond Good Supportive Care November 15, 2014** **REGISTRATION NOW OPEN**

  This intensive, one-day clinical toxicology course will be of interest to anyone who provides care to poisoned patients. Physicians, nurses, pharmacists and paramedics whose practice includes emergency medicine, critical care medicine or internal medicine will find this course useful.

- **Family Practice Review & Update Course November 17-20, 2014** **REGISTRATION NOW OPEN**

  This program provides an update focused on the information pearls pertinent for practice in primary care. It is intended for family physicians, nurse practitioners and nurses working in primary care in urban and rural settings.

- **The Calgary Pain Conference Pre-Course December 4, 2014** **REGISTRATION NOW OPEN**

  The focus of the workshops is to learn and practice biological and psycholosocial techniques to assess and treat patients with acute and chronic pain. The workshops are three hours in duration to provide the time for intensive interactive learning.

- **The Calgary Pain Conference December 5, 2014** **REGISTRATION NOW OPEN**

  The content of this conference covers advances in pain research and treatment, the prevention and management of acute and chronic pain and provides an overview of available programs and resources in Calgary. It will be of interest to physicians, nurses, pharmacists, physical therapists, occupational therapists, psychologists and social workers.

- **32nd Annual Calgary Therapeutics Course April 16 - 17, 2015** **REGISTRATION NOW OPEN**

  In this course participants will learn about medications and new indications for "old" products, examine current therapeutic controversies, compare drugs and non-drug approaches for selected clinical conditions and review the types of evidence used to support the prescribing of one drug instead of another in the same class of drugs.

Full details for each course available www.cme.ucalgary.ca

Programs offered through CME are evidence-based, objective & balanced, are eligible for study credits, meet accepted standards of scientific integrity, have specific learning objectives for participants, and are developed by planning committees comprised of individuals from relevant backgrounds.

The CME Newsletter is emailed monthly to individuals who have requested to be put on an electronic distribution list.

A voluntary influenza immunization strategy for Alberta physicians.

At the fall representative forum of the AMA in September we announced the roll-out of a plan to encourage doctors in the province to take the influenza shot — voluntarily! This initiative comes from the AMA & all five ZMSAs. The aim is to achieve reasonable vaccination rates in the hope that we can avoid mandated influenza vaccination — which is already the case in BC, Saskatchewan & Toronto hospitals.

You will receive this button soon. (Right) It would be brilliant to have all docs in Alberta wearing the button but the other two steps are even more important: Be vaccinated & register your shot!

Some BC health care workers (HCW's) have a difficult choice. Take the shot or wear a mask or be fired. (The mask requirement: to be worn fulltime in patient-care areas for four winter months solid.) Can they can enforce mandatory vaccination as a bona fide occupation requirement (BFOR). Yes. Can a bona fide occupation requirement be applied to medical staff. The answer is also yes.

Why mandate the 'flu shot?

Public health officers fear that vulnerable patients are at risk of influenza from non-vaccinated healthcare workers.

Certain vaccination rates for HCW's are being used but there are no accurate statistics for Alberta nor rates of nosocomial influenza infection. Other vectors for nosocomial influenza transmission include nearby sick patients, visitors and even vaccinated HCW's. Many of the saddest cases are healthy people in the community who become profoundly ill from influenza.

Former minister of health, Fred Horne, notes that ~50 per cent of HCW's were vaccinated last winter. I asked docs about their flu shot at four meetings and found a majority each time. At the spring 2014 AMA representative forum conservatively 80 per cent of docs indicated they had taken the shot!

What chance of a BFOR in Alberta?

There was one last year . . .

The AHS executive committee passed a BFOR requiring 12 immunizations for HCWs. This included 11 vaccines and one TB skin test. Most were childhood vaccinations but the BFOR included typhoid (!?) and curiously excluded influenza. This policy was withdrawn, in part, due to the strong opposition from your ZMSA presidents.

So, our plan.

To encourage >75 per cent of socs to take the influenza shot voluntarily.

The deputy minister of health informed us that Alberta Health's target is >80 per cent. Whichever number, we have to show good uptake amongst medical staff, which may then encourage other HCW's to do likewise. It is our collective job to maintain the expectation that rational people will vaccinate themselves. The issue is awash with ethics, personal values and strong emotions . . . but a free society can allow the occasional dingbat to refuse the shot. So let's 'git'er dun!'

Is the influenza vaccine good prevention?

Dr. Kevin Hay, president of the central zone medical staff association

Modest protection might be more accurate.

I calculate ~30 per cent protection on average — far from the Holy Grail of public health! The shot is the only generally available prevention so it is the best . . . of one. Oseltamivir is better for prevention but is not recommended for widespread use. Hand-washing & masks are important avoidance measures though not an active protection.

Every year scientists choose the vaccine's three strains before the season's winning mutation is identified: amazingly they are correct about half the time! 'In Canada, vaccine was well-matched in only seven of the last 14 years.' 5 ACFP: Tools for Practice #100 - Effectiveness of seasonal influenza vaccine for healthy, working age adults. Lau, D personal calculations, from http://www.phac-aspc.gc.ca/fluwatch

So, on average, the shot is practically useless in preventing the prevalent influenza every other year!

According to the CDC, if the prevalent strain in the community matches a strain in the vaccine (i.e. H1N1) there is ~60 per cent protection/immunity to the prevalent influenza. Rough averaging means there is ~30 per cent immunity per annum. Way better than none!

Is the vaccine harmful?

The most serious complication — Guillain-Barré (GB) syndrome — is quite rare.

Being human, many worry about this one-in-a-million risk. The incidence of GB from influenza is more common than from the vaccine & some researchers suggests the vaccine might even be protective.

Pregnant women should be reassured that reputable journals like the NEJM have found no risk to their babies from vaccination. But that does not stop many worrying about a discredited report which claims increased fetal loss in the year pregnant women received two influenza shots.

All these issues give vaccine naysayers reason to oppose the shot: to claim otherwise implies you are already lining up for the Kool-Aid! WCB insurance might cover employees but it looks like physicians in BC are on their own if they get side-effects from the shot. Maybe we should talk when everyone has the same gun to their head. Take the shot without government insurance OR wear a mask OR be fired! 'Do I feel lucky? Well do 'ya Punk?'

A false sense of security.

In 2013 AHS had about 117,000 employees. If we arbitrarily exclude ~17,000 as those with no patient contact, we can estimate ~100,000 employees need vaccination. If they are ALL vaccinated with a correct strain and extrapolating from CDC statistics, 40,000 are still vulnerable to infection. In a non-matching year pretty well all 100,000 have no immunity to the prevalent strain & are at risk of contracting influenza.

The shot is touted as 'the best prevention' so staff and the public at large get a false sense of security. Contrarily, being vaccinated can increase risks to patients because staff can unwittingly delay their isolation after becoming sick when they think 'I cannot get the flu!'

Are masks beneficial?

For the person wearing the mask, sure! Much less so for reducing transmission to patients as there are only a few days risk each, from that fraction of HCW's getting influenza.

How many contract influenza is uncertain but it might be four-10 per cent; some say more. A person with influenza is infective one day before symptoms and for at least the first five days of illness. One hopes that within one to two days an affected person is aware they are sick and can isolate themselves by staying home.

It seems particularly odd that in a year when the vaccine is not matched to the prevalent strain and ALL staff have no immunity, only those who do not take the ineffective vaccine are mandated to wear a mask! This begs the question . . .

Is requiring a mask for four months a punishment?

This is a nasty quarantine of healthy HCW's which impairs their work in many ways. This seems distinctly unfair when, on average, ~70 per cent of vaccinated workers are still prone to influenza.

Masks are unpleasant for extended periods. Anyone who thinks otherwise should try a surgical or N95 mask for a few hours. One might respect BC arbitrator Robert Diebolt's decision had he been wearing a mask during his deliberations. "As to the mask, I am unable to characterize it as an invasive procedure. The union also characterizes a mask as stigmatizing. I am unable to agree," he said.

The shot/mask requirement was stringently enforced in BC. A healthy non-vaccinated speech therapist had to get special dispensation to remove the mask so patients could see the therapist's mouth. Non-compliant staff were threatened and some stalwarts fired. So, even though many vaccinated staff have limited or no immunity, BC prefers to have no worker rather than a non-vaccinated worker. Really?

Verification: Log your shot.

The easiest way is to give permission allowing release of your vaccination status to AHS — especially if you use an AHS clinic.

After years of administrative and governance changes, some are now too mistrustful to volunteer personal information. If so, please log your shot with us! We will set up a mechanism to register your shot through your ZMSA or AMA.

(Some AHS officials think it should be mandatory for HCW's to report their vaccination status.)

All for one: one for all.

Influenza circulates during an outbreak & the community at large is probably the biggest source of infection to vulnerable people - so maybe everyone should get the shot?

- **Get vaccinated!**
- **Register your shot! (Easiest at an AHS clinic or on your 2015 CPSA renewal.)**
- **Wear your pin with pride & get others to wear it too!**

Let Docs show the way — voluntarily!

Resident physicians in the legislature

By Dr. Lucas Gursky, public health and preventive medicine resident physician

Public policy-making is a complicated process that involves the input of many different interest groups for it to be effective. As such, nine resident physicians from across the province volunteered as the Professional Association of Resident Physicians of Alberta's (PARA) ambassadors for the annual resident physicians in the legislature (RIL) event held on April 7, 2014. Our task was to bring to our elected officials a resident physician perspective on influenza immunization. To assist the resident ambassadors, a half-day training and advisory session took place, which set the stage for the interactions with members of the legislative assembly (MLAs) the following day. Although policy-making and debate is obviously not our area of expertise, this overview gave us an indication of how language and verbal posturing enhance effective communication in being an advocate for health.

This training session highlighted that consensus is not easy to reach as within the group of resident physician volunteers different opinions existed regarding the influenza immunization. This experience mirrors what occurs in policy-making in the province on a regular basis. Ultimately, as ambassadors, we concluded that absolute consensus of opinion may not be feasible, but that the overarching goals could be agreed upon. The three key messages that we conveyed in our meetings were: the importance of influenza immunization (or respiratory mask use) to protect patients, that a coordinated voluntary immunization policy in healthcare workers could get similar if not superior results to a mandatory program, and that, although imperfect, annual influenza immunization remains one of the best methods of preventing morbidity and mortality from influenza. Our main recommendations were twofold: that the government engage the media and public regarding influenza immunization earlier in the flu season, and that the government consider the merits and drawbacks of directing the administrators of Alberta Health Services to institute a coordinated voluntary influenza immunization (or mask wearing) program with the goal of enhancing patient safety and the culture of safety within healthcare facilities.

As volunteer representatives for all resident physicians in the province of Alberta, albeit for a very brief time, we came to understand that such variance of opinion likely also exists in the province-wide resident body. The real benefit accrued from these interactions is that we had the opportunity to collaborate, to exchange opinions and come to a broader understanding of the issue and how it affects others. This was an obvious parallel to the politics of decision-making in government and, by extension, health care.

On the day of visiting the legislature, residents were split into teams of two or three and paired with a (much-appreciated) PARA staff member for nine separate meetings with MLAs from the Conservative, New Democratic, Wild Rose, and Liberal parties of Alberta. Although there was variance in reception of our key messages and recommendations, we did feel as a group that we had been overall effective advocates. Though the outcome and effect of our advocacy is yet to be seen, we hope that our efforts continue to pave the way for future resident physicians to take forth issues in health care and be ambassadors for wellness.

Back Row, L to R: Drs. Lucas Gursky, Mohammed Mosli, Jaspreet Khangura, Allison Sweeney
Front Row, L to R: Drs. Shobhit Maruti, Jacqueline Ogilvie, John Webb, Jong Kim, Dawn Poisson

ALBI HOMES

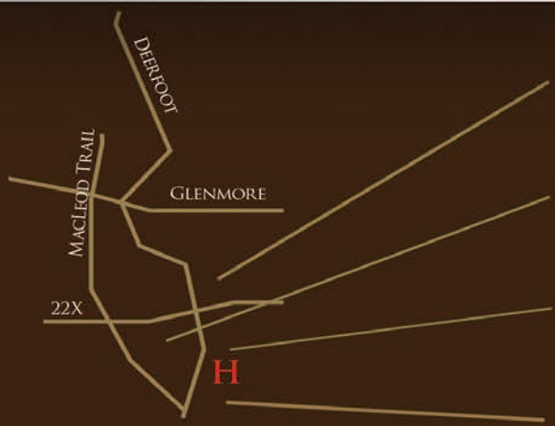
The Measure of Craftsmanship

WE HAVE THE CURE

for better living

Model Shown: The Messina 2 in Cranston

LUXURY LIVING WITHIN MINUTES OF CALGARY'S NEW SOUTH HEALTH CAMPUS
IMMEDIATE POSSESSION HOMES NOW AVAILABLE



ESTATES OF ELGIN VILLAGE
10 MINUTES AWAY

RIVERSTONE OF CRANSTON
5 MINUTES AWAY

AUBURN BAY
1 MINUTE AWAY

ARTESIA AT HERITAGE POINTE
12 MINUTES AWAY

DISCOVER THE STYLE AND CRAFTSMANSHIP OF A NEW ALBI HOME
IN AN ESTABLISHED NEIGHBORHOOD

COME VISIT OUR SHOWHOMES TODAY

ESTATES OF ELGIN VILLAGE 403.257.8143 RIVERSTONE OF CRANSTON 403.532.0414
AUBURN BAY 403.252.5522 ARTESIA AT HERITAGE POINTE 403.452.7320

www.albihomes.com

IT'S WHERE LIFE HAPPENS

The Best Communities for South Health Campus Access

Riverstone OF CRANSTON

CRANSTON

AUBURN BAY

NEW BRIGHTON

Discover our wide array of exceptional residences, **all less than 10 minutes away.**

Explore Homes by Brookfield Residential

TOWNHOMES WITH ATTACHED GARAGES
Mosaic Riverstone from the high $400's
Harvest Mosaic Cranston from the $250's
Muskoka Auburn Bay from the $250's
Mosaic Mirage McKenzie Towne from the $250's

SIDE BY SIDE LANED HOMES
Cranston from the $320's
Auburn Bay from the $330's

SINGLE FAMILY LANED HOMES
Cranston from the $350's
Auburn Bay from the $370's

Find your place at
LiveBrookfield.com

BrookfieldYYC

BrookfieldResidential
The Best Places to Call Home

CAMSS — What do we do for you?

By Dave Lowery

We live in changing times. And healthcare reflects that perhaps more than any other field. It's not only the technology that changes quickly (I recently admitted to using a Lifepak 2 in the late seventies — the current model is the Lifepak 15) but changes in the bureaucratic structure at AHS continue to occur . . . despite widely mounting criticism from both the public and your colleagues. Frustration is rampant among Alberta physicians. You no sooner navigate the process to get approval for a new procedure/protocol/drug and it changes. With roots back to 1906 in the Calgary & District Medical Society and now known as the Calgary and Area Medical Staff Society (CAMSS), CAMSS has been at the forefront advancing their mission statement, "advocating for physicians, caring for patients." That's not always a popular stance.

According to CAMSS president, Dr. Steve Patterson, the most pressing issue is still to ensure physicians are heard and have a voice at the table during this tumultuous time.

"Since the conclusion of the fee negotiations there has been a constant upheaval at the top of AHS," Patterson says. "The lack of consistent leadership has created a vacuum and the new administrators have not had time to learn their jobs and the lines of communication before moving to a new position. This has resulted in a cumbersome bureaucracy with no clear decision making process. Many new initiatives are presented in completed form before seeking physician input at the medical staff level. It has been a struggle to stay informed about the programs and to present suggested alterations in a timely fashion. The biggest single issue is the ongoing lack of any sort of overall manpower planning by AHS."

Dr. Linda Slocombe was president of CAPA (Calgary and Area Physician's Association) during the tumultuous time from 2008-2010 shortly after the CHR was dissolved to make room for the super bureaucracy known as AHS. She wasn't naïve taking on the position as she had already entered the political arena to represent family physicians and their crisis. But her tenure had some surprises.

"When they started AHS, the challenge became just dealing with how to continue representing docs in the zone when there was constant change," she says. "We had to deal with the development of AHS, several health ministers and the AHS CEO, Dr. Duckett with his arrival and departure. We had to make doctors realize they were being listened to especially around the issue regarding physician intimidation. Also, we had to continue to advocate for our patients without being considered disruptive. Additionally, bylaw changes meant our funding was decreased so we managed to make Vital Signs almost self-sustaining by accepting advertising. That was important because we wanted to keep Vital Signs a place for open discussion. Keeping CAPA together was the main focus but there were thoughts to abandon it."

More surprises popped up, not least of which she found herself working on CAMSS issues a lot more than she expected. And she faced some of the same issues that Patterson continues to face.

"You didn't know where to go or who to talk to; the traditional avenues kept changing or were blocked," she says. "I think I wasn't expecting the amount of media interaction."

Not surprisingly, surprises still raise their ugly head for the current president.

"I've been surprised by the amount of work involved," Patterson says. "Not so much by my work but the amount of background administrative work keeping members informed, preparing for future meetings and ongoing budget preparation, CRA reporting etc. I'm also much more aware of the important work done by the College of Physicians and Surgeons and the restrictions placed on them by the government."

Because of all that political and reorganization activity, which hasn't diminished to this day, Slocombe says it is more important now than ever to support CAMSS by joining.

"The more representation from physicians as a group like CAMSS is always helpful when dealing with the AHS folks," she says. "CAMSS is there to represent physicians and it's extremely important to have that advocacy and independent voice."

A view supported by your current president.

CAMSS is an INDEPENDENT organization that works hard to represent physicians at many tables," Patterson says. "Hopefully you will never need us to represent you as an individual in conflicts with AHS but we try very hard to recognize problems and create solutions before conflicts occur. We have a major advisory role in Alberta Health and we need your support to fulfill our role."

Despite the negativity, all present and future presidents agree there have been successes.

"I think that we're still in an era of change and we've managed to weather all that change and CAMSS is still there," Slocombe says. "I see the zones becoming stronger so CAMSS will become more important. Politically things change but we are still strong.

"Success is measured in small things," Patterson says. "CAMSS has been focusing attention on the sponsoring of foreign physicians by walk in clinics and the total lack of an overall manpower plan. Additionally we have been drawing attention to the 23 per cent unemployment rate for specialty residents in Alberta and getting physician input into the lab data distribution committee.

More information can be found by going to the following websites:

www.camss.ca
http://www.albertahealthservices.ca/7088.asp
and https://www.albertadoctors.org/leaders-partners/leaders/zmsas/get-involved

The zone medical staff associations are mandated by the current medical staff bylaws to represent physicians at many administrative committees. Alberta Health recognizes the value of having INDEPENDENT practicing physicians having input into health care decisions. Please join your INDEPENDENT medical staff associations and support your ZMSA with your dues and your attendance. CAMSS is active in the following committees and groups, to name a few:

- **Zone Medical Staff Association representing CAMSS at Zone Medical Administrative Committee for Calgary Zone(ZMAC)**
- **Provincial Practitioners Executive Council (PPEC) — an administrative meeting with all zone medical staff presidents and all zone medical directors and ZMAC chairman**
- **Council of Zonal Leaders — a meeting of AMA staff and president with ZMSA presidents**
- **representative at Alberta Medical Association representative forum and responsible for nominating Calgary zone representatives with the ZMSA council**

No-Scalpel No-Needle Vasectomy

"A simple, quick, virtually painless procedure done in surgical suite in doctor's office
Covered under Alberta Health Care.

Eight reasons for having a No-Scalpel Vasectomy*

- No incision
- No needle
- No stitches
- Less discomfort
- Faster recovery
- Just as effective
- Faster procedure
- Less chance of bleeding and other complications

*when compared with conventional vasectomy

Learn more: **www.VasectomyCalgary.ca**

infant circumcision no-scalpel vasectomies

Intramed MEDICAL CENTRE

Dr. Pierre Crouse
3223 17th Ave. SW Calgary, AB T3E 7R8
403-255-6196 403-255-1166
www.intramed.ca

Infant Circumcision

I'm having a circumcision done. It should be:

- quick
- minimal discomfort
- virtually bloodless
- excellent result

Dr. Crouse believes that children (of all ages) should never experience unnecessary pain.

Learn more about the new Mogen Circumcision Technique,
"A new, safe and virtually painless one minute circumcision technique."
www.CircumcisionCalgary.ca

infant circumcision no-scalpel vasectomies

Intramed
MEDICAL CENTRE

Dr. Pierre Crouse
3223 17th Ave. SW Calgary, AB T3E 7R8
403-255-6196 403-255-1166
www.intramed.ca