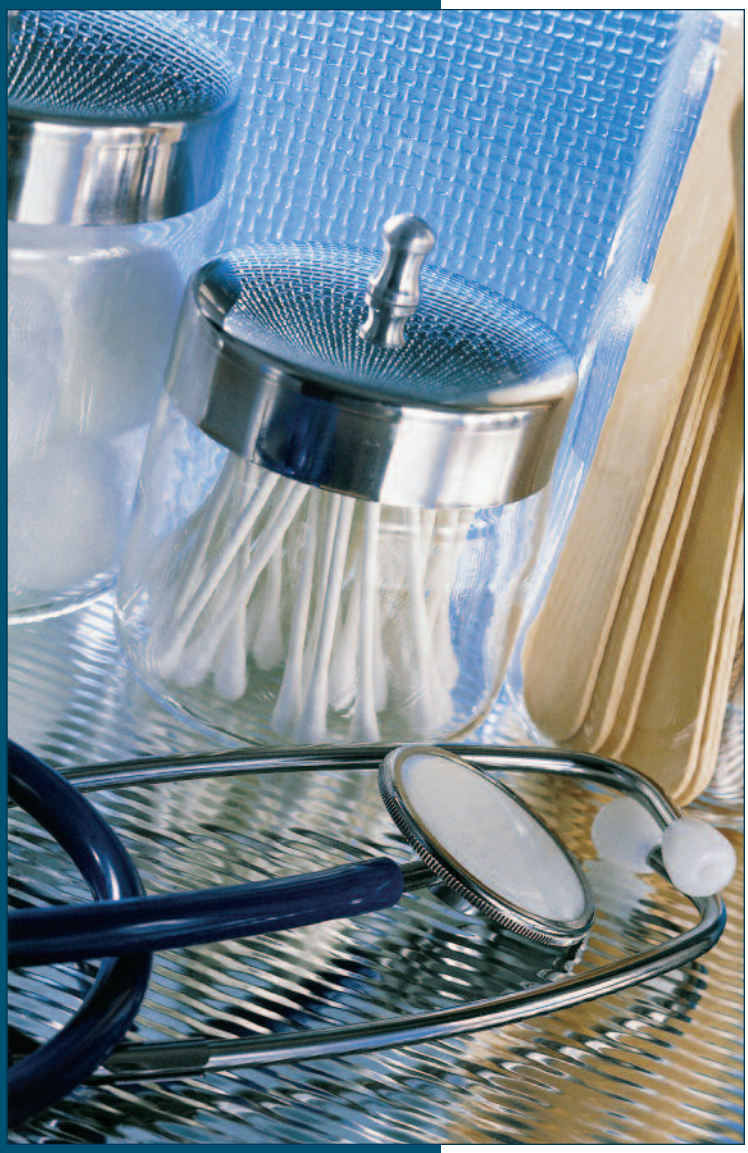

A Practical Guide for Safe and Effective Office-Based Practices

May 2012

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

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Introduction

Physician-patient encounters can occur at the bedside in a hospital or the patient's home, in a family physician's examination room, or in the outpatient department. Regardless of where you practice, the physical environment will impact on the quality of care delivered to patients.

If you have an office-based medical practice, we hope that this booklet will assist you in reviewing your facility for potential risks and provide information to reduce those risks.

Can my office practice be modified to improve the environment in which I provide care for my patients?

In considering the concepts presented here, you should always ask yourself: *Can my office practice be modified to improve the environment in which I provide care for my patients?*

Use of this booklet

This educational guideline represents the collective experience of the College and reflects current literature in office facility management. Professional judgment and individual practice circumstances must always be applied when using this guideline.

At the end of each section we provide a self-evaluation tool that you or your office team can use to assess potential risk and areas that require improvement.

Providing safe and effective medical care relies on many factors, and the following information presents a starting point. The College encourages you to keep informed, and reminds you that this booklet does not provide exhaustive information, and is not meant to be a substitute for legal advice.

For more detailed information, please contact your legal counsel, the Canadian Medical Protective Association (CMPA), or the Physician Advisory Service at the College. A list of additional sources is also provided in Appendix A.

General Considerations

Office facilities should be easily accessible and safe for patients and visitors.

Think about your practice and ask yourself whether you can implement any changes to improve the safety and efficacy of your office practice. Consider the following:

- Is your facility wheelchair accessible, and is there parking for disabled patients?
- Can ambulance and other emergency vehicles readily access your facility?
- Are your medical records secured and easily accessible by staff?
- Do you have signs for washrooms, office hours, fees, and administrative information?
- Are your patient records accurate, complete and up-to-date?
- Do you make every effort to minimize the spread of infection? (Please refer to the College guideline *Infection Control in the Physician's Office, 2004 Edition*).
- Do you and your staff preserve patient privacy and confidentiality?

Office facilities should be easily accessible and safe for patients and visitors.

Patient Privacy and Confidentiality

You have legal and ethical obligations to maintain the confidentiality and privacy of your patients' information, including their personal health information. Provincial and federal privacy legislation establishes rules regarding the collection, use and disclosure of information to ensure that an individual's privacy is protected. By virtue of the federal government's finding that Ontario legislation (*Personal Health Information Protection Act, 2004, "PHIPA")* is substantially similar to federal legislation (*Personal Information Protection and Electronic Documents Act, "PIPEDA")*, you will only have to comply with the provisions of *PHIPA* with regard to the collection, use and disclosure of personal health information within Ontario. You are advised, however, that *PIPEDA* will continue to apply to all commercial activities relating to the exchange of personal health information between provinces and territories and to information transfers outside of Canada.

Your general duties and obligations under *PHIPA* include:

Compliance: Collect, use and disclose personal health information in a manner that is consistent with *PHIPA.*

Accuracy: Take reasonable steps to ensure that personal health information used or disclosed is as accurate, complete, and up-to-date as is necessary. If there are limitations on the accuracy or completeness of the information that you are disclosing, you must notify the recipient of this fact.

Security: Maintain the security of all personal health information in your control.

Contact Person: Appoint a contact person who will ensure compliance with *PHIPA* and respond to requests, inquiries and complaints.

Written Statement: Post a written statement for the public that describes your policies and practices regarding the privacy of personal health information.

Responsibility: Assume responsibility for all personal health information within your control and the actions of your agents.

Notification: Notify patients when their personal health information has been lost, stolen or accessed by unauthorized parties.

Complaints: Establish an internal system to address complaints regarding your compliance or lack thereof with the Act.

In addition, *PHIPA* sets out the following limitations and requirements:

Limiting Collection, Use and Disclosure: Don't collect, use or disclose personal health information if other information will serve the purpose. Don't collect, use or disclose more personal health information than is reasonably necessary to meet the purpose.

With Consent or Where Permitted or Required by Law: Only collect, use or disclose personal health information if you have the individual's consent and the collection, use or disclosure is for a lawful purpose, or if you are permitted or required to do so by law.

Reasonableness: When permitted to charge fees, the amount should be reasonable (cost recovery only).

This section does not provide you with a complete overview of *PHIPA,* or an exhaustive list of your obligations under the Act. For more detailed information on the requirements of *PHIPA*, or for information on specific privacy issues, the College encourages you to contact your legal counsel, the CMPA, the Information and Privacy Commissioner of Ontario, or the Physician Advisory Service at the College. A list of privacy resources is attached at Appendix A.

In addition to the above requirements and obligations under *PHIPA,* you may wish to consider the following when assessing your practice to ensure that you and your staff are preserving patients' confidentiality and privacy:

- Are your examination rooms adequately soundproof to ensure that personal health information or other confidential information about patients cannot be overheard?
- Are your computer screens situated to prevent patients' personal health information from being seen by other patients or visitors to the office?
- Are patient charts secured after each visit so that the medical record is not visible to other patients?
- Can other patients overhear telephone calls or conversations between you and your staff that disclose personal health information about patients?
- Have staff members received sufficient training about patient confidentiality and privacy?
- Do you obtain written consent when you release personal health information to a third party?
- Do you document all discussions concerning requests and consents for personal health information?
- Are written requests and consents to release personal health information kept in the patient record?

When contacting patients, you may leave messages either with third parties or on an answering machine, however, you are advised to exercise caution regarding the content of the message. While it is acceptable for messages to contain your name and contact information, messages should not contain personal health information such as details about your patient's medical condition or test results.

Privacy as it relates to physical examinations

In addition to the requirement to preserve the confidentiality of personal health information, physicians are expected to be sensitive to a patient's need for privacy as it relates to physical examinations. Consider the following when assessing your examination practices:

- Do I provide a covering for my patients (such as a knee-length gown and/or drape) to ensure their comfort during physical examinations?
- Do I provide privacy to allow patients to dress or undress?
- Do I offer my patients the opportunity to have a third party present during examinations?

ON-LINE RESOURCES:
www.cpso.on.ca/members

A third party is often an office staff member, such as a nurse or assistant. Many patients will decline the offer; nevertheless, making a chaperoned examination available may help reduce misinterpretations about the examination. At the same time, it may make patients more comfortable during an examination that is of a very personal or private nature.

The College has developed a boundaries self-assessment tool for physicians that you can use to self-reflect and help raise your awareness of boundary issues. The boundaries self-assessment is available on-line at www.cpso.on.ca, under the CPSO Members/Resources section.

SELF-EVALUATION: General Considerations

- Is my facility wheelchair accessible? ❑
- Can patients overhear telephone calls or conversations that disclose personal health information about other patients? ❑
- Are my patients given an appropriate cover to ensure comfort during physical examinations? ❑
- Are my examination areas separated by a curtain or screen to give privacy to patients when changing, or do I leave the examination room when the patient is changing? ❑
- Do I provide patients with the option of having a third party present during examinations? ❑
- Are my examination rooms adequately soundproof to ensure that patients' personal health information cannot be overheard? ❑
- Are my patient charts secured after each visit so that personal health information or other confidential information is not visible to other patients? ❑
- Do I ensure that I have written consent to release personal health information to a third party? ❑
- Do I and my office staff ensure that messages left with third parties or on answering machines do not contain patients' personal health information? ❑
- Am I and my office staff familiar with the principles of the provincial and federal privacy legislation? ❑
- Have I developed office strategies/protocols to comply with the privacy legislation? ❑

Understanding your Office Risk Profile

A medical emergency that may result in an adverse outcome for a patient can occur at any time. The purpose of this section is to encourage you to consider the type of emergency equipment and supplies that you should maintain in your office.

This framework is not intended to replace your clinical judgment or establish a protocol for all practices. You will note that the office characteristics and equipment are arranged from high to low risk. You may not require all emergency equipment listed—use your best judgment to determine what equipment is relevant to your practice.

A list of office characteristics is outlined in Appendix B, and can help you to identify your risk profile to determine what emergency office equipment may be advisable.[1]

[1] Sempowski, I and Brison, R, 2002. Dealing with office emergencies: Stepwise approach for family physicians. *Canadian Family Physician*, 48:1464–1472.

Paediatric Emergency Equipment and Supplies

If you are providing paediatric care, take into consideration the special treatment requirements of this population. In January 2009, the Canadian Paediatric Society (CPS) reaffirmed its *Guidelines for paediatric emergency equipment and supplies for a physician's office*. The guidelines provide a list of materials that should be stocked in physicians' offices, and rated these items as "recommended," "desirable" or "optional" for emergency drugs, circulation, airway, trauma, and miscellaneous supplies.

The CPS guidelines are available on-line at the CPS website, www.cps.ca/english/statements/cp/cp09-03.htm.

ON-LINE RESOURCES:

www.cps.ca/english/statements/cp/cp09-03.htm

Using and Storing your Emergency Equipment and Supplies

- All emergency equipment should be located together and easily accessible (such as, one cabinet or one cart).
- All staff should be trained in the proper use of emergency equipment.
- All drugs should be kept in locked emergency equipment containers and their expiry dates should be reviewed regularly.
- One staff member should be responsible for restocking items, checking expiry dates and batteries monthly, and whether seals have been broken.
- Emergency treatment plans, flow sheets, and dose charts should be immediately available.

Emergency Preparedness

Characteristics of your facility

Offices can be indexed on the likelihood of an emergency occurring and the risk of the emergency having an adverse outcome. The equipment in your office should be defined by the nature of your practice. For example, physicians who are performing stress testing should have ACLS qualifications and a full resuscitation kit available.

Please indicate with a check mark all the characteristics that apply to your practice. This will help you to assess the level of risk in your office. Appendix B is used to illustrate how your office characteristics might correspond to your level of risk.

Low volume of patients	❑
Urban location	❑
Close to an emergency room	❑
Few "sick" patients	❑
Limited scope of practice (e.g., only psychotherapy)	❑
No parenteral medications given	❑
No procedures done in the office	❑
Rural or remote location	❑
No local hospital	❑
Invasive procedures done in the office	❑
Parenteral medications frequently given	❑
No access to emergency medical services (EMS) or delay in EMS response	❑
High-risk procedures done in the office (e.g., stress testing)	❑
High-volume, large group practice	❑
Possible exposure to severe weather	❑

Emergency equipment and supplies

Please indicate with a check mark the emergency office equipment that you have in your office. Keep in mind that the type of equipment in your office should correspond with the nature of your practice and patient population.

Appendix B illustrates how your emergency office equipment might correspond with your level of risk, i.e., the type of high-risk procedures performed in the office should correspond with the type of emergency equipment in your office.

1. Stethoscope ❑
2. Blood pressure cuff ❑
3. Basic dressing supplies ❑
4. Pocket mask for cardiopulmonary resuscitation ❑
5. Airway bag-valve mask (adult and paediatric) ❑
6. Oral airway tubes ❑
7. Parenteral therapy:
   - syringes (1, 3, 10, 60 ml) ❑
   - needles (14, 18, 23, 25 gauge) ❑
   - alcohol ❑
8. Wound therapy:
   - saline ❑
   - gauze (4x4 pads, rolls) ❑
   - waterproof and paper tape ❑
9. Glucometer ❑
10. Medications:
    - nitrogylcerin spray (0.4 mg) ❑
    - acetylsalicylic acid tablets (325 mg) ❑
    - lorazepam (1 mg sublingual preparation) ❑
    - 50% glucose solution ❑
    - glucagon (1 mg subcutaneous or intramuscular [IM]) ❑
    - epinephrine (1 mg of 1/1000 solution or prefilled syringe) ❑
    - diphenhydramine (50 mg of oral parenteral preparations) ❑
11. Intubation equipment:
    - laryngoscopes (two sizes) ❑
    - endotracheal tubes (sizes 3–8) ❑
    - Magill forceps ❑
    - suction equipment with tonsil tip catheter ❑
12. Oxygen supplies:
    - nasal prongs ❑
    - masks with rebreather bag ❑
    - tubing ❑
    - oxygen tank ❑
    - pulse oximeter ❑

13. Intravenous supplies:
    - tourniquets ❑
    - catheters (Nos. 14, 18, 22, 25) ❑
    - normal saline ❑
    - intravenous (IV) pole and tubing ❑
14. Cardiac care:
    - automatic electronic defibrillator (currently not standard of care) ❑
    - electrocardiogram (ECG) machine ❑
15. Obstetrical care:
    - delivery tray ❑
    - cord clamps ❑
    - sterile towels ❑
    - 10 UNITS of oxytocin IV or IM ❑
16. Neonatal supplies:
    - sterile towels ❑
    - additional oral airway tubes and masks ❑
    - laryngoscope blade ❑
    - umbilical vein catheters ❑
17. Surgical supplies:
    - surgical scalpels (Nos. 10, 15) ❑
    - forceps ❑
    - clamps ❑
    - suture material (non-absorbable and absorbable 3–0, 4–0, 5–0) ❑
18. Wheel chair or stretcher ❑
19. Aerosol therapy: nebulizer supplies or three sizes of aerochambers or masks ❑
20. Extra medications:
    - oral and parenteral haloperidol (10 mg) ❑
    - lorazepam (4 mg parenteral) ❑
    - oral and parenteral diazepam (10 mg) ❑
    - furosemide (80 mg parenteral) ❑
    - ceftriaxone (1 g parenteral) ❑
    - morphine (10 mg/ml ampules) ❑
    - salbutamol ❑
    - ipratropium bromide by aerosol metered dose inhaler with aerochamber or nebulizer ❑
    - parenteral corticosteroids ❑

SELF-EVALUATION: Risk Assessment Model

How does your facility and equipment fit into the risk assessment model and recommendations?

Based on your risk assessment, are you satisfied that your facility is equipped with appropriate emergency equipment? ❑

Is your staff educated in the use of emergency equipment? ❑

Does your staff participate in a regular review of emergency equipment to maintain competence? ❑

Do you or your staff routinely check for expired drugs? ❑

Are emergency equipment and associated supplies stored together for easy access in an emergency? ❑

Is your staff aware of the steps to take in the event of an emergency? ❑

Does your staff have updated training in CPR? ❑

Does your medical facility have a documented plan to follow in the event of the following:

- Fire/evacuation ❑
- Disruptive patient ❑
- Need to obtain security ❑

Is 911 service available in the community? ❑

Would it be possible for appropriate emergency personnel to reach the office within five minutes? ❑

Are emergency plans posted in the medical facility for easy reference? ❑

Infection Control

Hand hygiene is the single most important measure for preventing the transmission of microorganisms.

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The College's guide *Infection Control in the Physician's Office (2004 Edition)* provides practical information to educate the medical community on current infection control practices necessary for an office practice. The guidelines consist of three sections primarily related to:

1. Patient Care – how infection is transmitted, and routine practices and precautions that can be taken to reduce transmission;
2. Health Care Workers – recommended immunization practices for health care workers, and how personnel health can impact on transmission;
3. The Environment – appropriate waste disposal, sterilization, disinfection, and general housekeeping practices.

ON-LINE RESOURCES:
www.cpso.on.ca, Policies & Publications, Other Guidelines

A copy of *Infection Control in the Physician's Office* is available on-line at www.cpso.on.ca, under Other Guidelines in the Policies and Publications section.

Handling and disposal of sharps

The following practices will minimize the risk of sharps injuries:

- **Do not recap needles.** If recapping is necessary, use a one-handed method of recapping. Mechanical devices designed for holding the needle sheath are available and can be used to reduce the likelihood of injury.
- Discard sharps at point of use in a designated sharps container.
- Pass needles in a manner to avoid injuries.
- Each person using a sharp must dispose of it him/herself.

Sharps containers

A dedicated, puncture-resistant, tamper-resistant, leak-proof container, which is impenetrable by sharps, under normal circumstances, should be available. It should have a carrying handle plus a tight-fitting lid, bear a clearly identifiable biological hazard label and be designed so that used sharps can be dropped in with one hand. It should be easily accessible in every "point of use" area (e.g., individual examining room) and mounted above the reach of children. It should not be filled with disinfectant, or filled to the top with sharps. When it is filled to three-quarter capacity, the lid should be closed securely, and the container promptly removed and replaced. Used sharps are considered biomedical waste. Refer to the next section on Waste Disposal, for appropriate disposal of sharps containers.

Waste Disposal

Waste from any health care facility is divided into two categories: biomedical and general.

It is necessary to understand the differences between these types of waste so that you and/or your staff can separate the waste, and make arrangements for appropriate disposal of biomedical waste.

Waste from any health care facility is divided into two categories: biomedical and general.

Biomedical waste

The Ontario Ministry of the Environment's Guideline C-4, The Management of Biomedical Waste in Ontario, addresses waste generated from professional offices and includes:

Anatomical waste consisting of tissues, organs and body parts, not including teeth, hair and nails, and;

Non-anatomical waste consisting of:

1. Human liquid blood or semi-liquid blood and blood products; items contaminated with blood that would release liquid or semi-liquid blood, if compressed; any body fluids contaminated with blood, and body fluids excluding urine and feces removed in the course of surgery or treatment;
2. Sharps, including needles, needles attached to syringes, and blades; or
3. Broken glass or other materials capable of causing punctures or cuts which have come into contact with human blood or body fluids.

Store waste safely until transported to an appropriate facility for disposal by incineration, autoclaving, chemical treatment or other means, as approved by the Ministry. By law, only a licensed biomedical waste company can transport biomedical waste for disposal, but trained, non-licensed personnel may transport small amounts of waste to a hospital or laboratory for disposal. Consult your district Ministry of the Environment office and/or Works Department for transport regulations in your jurisdiction. The Management of Biomedical Waste in Ontario guidelines are available at www.ene.gov.on.ca/environment/en/resources/STD01_075989.htm.

The Ministry's recommendation for colour-coding non-anatomical waste as per the above-cited definition is YELLOW. Anatomical waste should go in a RED bag. Ensure that the wastebasket, which is designated to contain the biomedical waste, is lined with the appropriate coloured bag.

ON-LINE RESOURCES:

www.ene.gov.on.ca/environment/en/resources/STD01_075989.htm

General waste

General office waste includes all other garbage that does not fit into the above-cited categories, and requires no special disposal methods other than careful containment of waste during disposal and removal.

General recommendations for all types of waste

- Ensure all garbage containers are waterproof and have tight-fitting lids, preferably operated by a foot pedal. Open wastebaskets might be dangerous if children are around them.
- Use plastic bags to line the garbage containers. The use of double bagging is not necessary unless the integrity of the bag is jeopardized or the outside is visibly soiled.
- Do not overfill garbage containers.
- Do not place sharp, hard or heavy objects into plastic bags that could cause bags to burst.

SELF-EVALUATION: Waste Disposal

Do you and your staff have policies for defining your biomedical waste, handling and disposal procedures? ❑

Is non-anatomical and anatomical waste disposed of in easily distinguishable containers? ❑

Are sharps containers provided at the point of care (in or immediately outside each examination room and secured to the wall or on a shelf)? ❑

Safe Medication Practices

You must ensure that all medication orders and prescriptions are clear, irrespective of the method of transmission. You must ensure that your written prescriptions are legible and clearly understandable (CPSO Policy—Preventing Medication Errors).

Stay informed about College policy

You are reminded that all College policies are reviewed on a regular basis, and are updated or amended as required. Consult the College website at **www.cpso.on.ca** to ensure that you have the most current information available.

The College has developed a number of policies pertaining to drugs and prescribing that are intended to prevent medication errors, clarify the basic principles of appropriate prescribing, and set out the regulatory framework that governs prescribing practices.

The *Preventing Medication Errors* policy outlines the information that should be specified in order to properly dispense a prescription. This includes the following:

- Name and address of patient;
- Name of drug, drug strength and quantity;
- Full instructions for use of drug;
- Full date (day, month and year);
- Refill instructions, if any;
- Printed name and signature of prescriber (if outside of an institution, include address and telephone number of location where medical records are kept);

In appropriate cases (i.e., where the patient is a child and where this information would affect dosage), you should also consider indicating the patient's weight and/or age on the prescription.

Preventing medication errors is of fundamental importance

The Canadian Medical Association has published a useful resource book *Safe Medication Practices* to provide physicians with information about patient safety and improving medication practices. For further information on safe medication practices, consult the additional resources listed in Appendix A.

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ON-LINE RESOURCES:
www.cpso.on.ca, under Policies

Recommended ways to minimize the risk of medication errors:

- Methods of communicating drug orders and other drug information should be standardized to minimize the risk of error.
- Avoid use of all potentially dangerous abbreviations and dose expressions. For example, do not use trailing zeros (5 mg, never 5.0 mg); use leading zeros for doses less than one measurement unit (0.3 mg, never .3 mg); spell out the word UNITS (never U, which easily can be mistaken as a zero, causing a 10-fold overdose). Please refer to the Institute for Safe Medication Practices website at www.ismp.org/tools/errorproneabbreviations.pdf, *ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations* for an extensive list.

ON-LINE RESOURCES:
www.ismp.org/tools/errorproneabbreviations.pdf

Undertake strategies to prevent errors with drug products that have similar or confusing manufacturing labels, packaging or nomenclature.

- Products with both look-alike drug names and packaging should be stored separately and ***not*** alphabetically.

Include patients as active partners in their care to educate them about their medications and error avoidance:

- Provide patients with relevant information about the recommended drug therapy before they receive an initial dose.
- Make sure patients receive up-to-date, written information about the drugs they are prescribed.
- Encourage patients to ask questions about the medication they are receiving.
- Inform patients about the potential harm for error with those drugs that have been known to be problematic (e.g., warfarin, etc.) and are provided with strategies to help prevent such an occurrence.
- Ask patients about all medications they are taking, especially after hospitalization, since medications may have changed and patients might not have received sufficient information upon hospital discharge.
- Instruct patients to carry a complete list of their medications at all times, including over-the-counter medications.

Medication and Vaccine Storage

In order to ensure that the vaccines that you give to patients are fully effective, you are expected to do the following:

- Always be aware of the recommendations for storage and handling issued by the medication/vaccine's manufacturer.
- Always keep vaccines refrigerated within the temperature range recommended by the vaccine's manufacturer.
- Wherever possible, store vaccines on the middle shelf of the refrigerator. Never store vaccines on the door shelves.
- Never leave vaccines out of the refrigerator, except when preparing the syringe.
- Never prepare vaccine doses in advance of seeing the patient by pre-filling syringes or leaving syringes ready on the counter.
- Check vaccine expiry dates regularly, and only order a one to three-month supply of vaccine. Always check expiry date before use.
- Always return expired vaccines to the vaccine-ordering source.
- Discard outdated medications. Designate an annual time to review medications in the refrigerator.
- Call the local public health department or the vaccine's manufacturer for advice if there is reason to suspect that the vaccine may be spoiled.
- All refrigerators used to store vaccines should be equipped with a maximum-minimum thermometer to ensure that the vaccines have not been exposed to a temperature that is outside the allowable range. For more information, contact your local public health department.
- Temperatures should be recorded twice a day in a vaccine temperature logbook, which can be obtained from local public health units.
- To avoid malfunction, defrost refrigerator as often as necessary, or when there is ice build-up of one centimetre or more. Vaccines should be maintained in a working refrigerator and the temperature monitored during defrosting.
- Be prepared! Keep ice packs in the freezer and cooler bags on hand to transport or store medications in the event of a power failure or refrigerator malfunction.

SELF-EVALUATION: Safe Medication Practices

Are you familiar with the College's policies on appropriate drug and prescribing practices?	❑
Do all of your prescriptions include the information necessary to correctly dispense them?	❑
Do you educate your patients about the drug therapy you are recommending before they receive an initial dose?	❑
Are all narcotic/controlled drugs stored in a locked storage container/location?	❑
Are any non-controlled drugs kept on-site?	❑
Are all non-controlled drugs stored in an area inaccessible to patients?	❑
Do you maintain a current inventory of drugs and supplies kept in your medical facility?	❑
Are drugs dated and within expiry dates?	❑
Do you use a refrigerator to store temperature-sensitive drugs such as vaccines?	❑
Are you familiar with the College's guidance on vaccine storage?	❑
Do you have a plan in place in the event of a power failure or refrigerator malfunction?	❑
Are your prescription pads stored securely?	❑

Medical Records System

By law, you are required to keep medical records and to document certain information in your patients' records. Legislation, College policy and good office practice also requires that you follow certain procedures in the maintenance, transfer, and eventual disposal of patient records.

Assess your own medical record-keeping practices by answering the questions listed in the next section. These questions have been taken from the protocol used by the College in its peer assessment activities.

You should be familiar with the prescribed components of medical records that appear in Ontario Regulation 114/94 made under the *Medicine Act, 1991*, sections 18 and 19, and the relevant sections of *PHIPA*. For detailed information on medical records please see the College's *Medical Records* policy available on-line at www.cpso.on.ca.

Some of the legally required elements of a medical record include:

- Every written report received concerning the patient from another doctor or health professional.
- A record of the assessment of the patient including:
  - The history that you obtained,
  - The particulars of each medical examination,
  - A note of all investigations that you ordered and the results.
- A record of the disposition of the patient, including:
  - An indication of each treatment prescribed and/or administered by you,
  - A record of the professional advice that you gave the patient, and
  - The particulars of any referral you made.

Electronic records

Specific requirements have been established by law for physicians who maintain their patient records electronically. These requirements are found in sections 20 and 21 of Ontario Regulation 114/94 and must be considered in addition to the requirements of sections 18 and 19. You are also reminded that the provisions of *PHIPA* apply equally to paper records and electronic records.

Some of the legally required elements of an electronic medical record set out in the Regulations include that the system shall:

- Provide a visual display of the recorded information.
- Provide a means of access to the record of each patient by the patient's name and the Ontario health insurance number.
- Be capable of printing the recorded information promptly.
- Be capable of visually displaying and printing the recorded information for each patient in chronological order.
- Include a password or otherwise provide reasonable protection against unauthorized access.
- Automatically back up files and allow the recovery of backed-up files or otherwise provide reasonable protection against loss of, damage to, and inaccessibility of, information.
- Maintain an audit trail that:
  - records the date and time of each entry for each patient;
  - indicates any changes in the recorded information;
  - preserves the original content of the recorded information when changed or updated;
  - is capable of being printed separately from the recorded information for each patient.

For further information on the capabilities of electronic records, you may wish to contact the Ontario Medical Association for a comprehensive list of potential features in Clinical Management Systems (CMS). For additional information on electronic records refer to the College's *Medical Records* policy available at www.cpso.on.ca.

SELF-EVALUATION: Assess Your Own Medical Records

The following list has been adapted from the protocol used by the College in its peer assessment activities. Use this list to review your own records, and to identify areas of strength and weakness in your documentation. Medical records are the gateway to understanding the quality of care provided and a fundamental component of good medical practice.

Record-Keeping and Patient Management Tools

The following criteria have been identified as effective physician management tools.

My system of medical record storage allows for the retrieval of an individual patient's record. ❑

A mechanism is in place that ensures that all investigation and consultation reports are reviewed, with appropriate action taken, if required. ❑

A mechanism is in place to ensure that all laboratory reports have been reviewed and appropriate action taken, if required. ❑

The record is presented in an organized format. ❑

Documentation of the consultation record to the referring doctor is appropriate. ❑

Appropriate patient summary sheet(s) (e.g., Cumulative Patient Profile) are used. ❑

Growth charts are used, if appropriate for the practice. ❑

Antenatal charts (e.g., Ontario Antenatal Charts) are used, if applicable. ❑

Allergies are identified appropriately. ❑

Immunization records are used, if applicable. ❑

Flow sheets for chronic conditions are used, if applicable. ❑

Flow sheets for health maintenance are used, if applicable. ❑

SELF-EVALUATION: Assess Your Own Medical Records

Required Electronic Medical Record Components

The system provides a visual display of the recorded information.	❑
The system provides a means of access to the record of each patient by the patient's name and, if the patient has an Ontario health insurance number, by that number.	❑
The system is capable of printing the recorded information promptly.	❑
The system is capable of visually displaying and printing the recorded information for each patient in chronological order.	❑
The system is password protected, capable of maintaining an audit trail, and has a back-up system.	❑

Appendix A

Sources for Additional Information

Canadian Medical Association, *Safe Medication Practices: A Resource for Physicians 2002*, www.cma.ca.

Canadian Medical Association, *Privacy in Practice: A Handbook for Canadian Physicians 2003*.

Canadian Medical Protective Association, www.cmpa-acpm.ca.

Canadian Paediatric Society (CPS). *Guidelines for paediatric emergency equipment and supplies for a physician's office,* available at: www.cps.ca/english/statements/cp/cp09-03.htm.

College of Physicians and Surgeons of Ontario, *Medical Records* policy, www.cpso.on.ca, under Policies in the Policies and Publications section.

College of Physicians and Surgeons of Ontario, *Infection Control in the Physician's Office, 2004 Edition*, www.cpso.on.ca, under Other Guidelines in the Policies and Publications section.

Information and Privacy Commissioner/Ontario, *A Guide to the Personal Health Information Protection Act,* www.ipc.on.ca/images/Resources/hguide-e.pdf.

Ontario Hospital Association, Ontario Hospital eHealth Council, Ontario Medical Association, Office of the Information and Privacy Commissioner/Ontario, *Physician Privacy Toolkit: Guide to the Ontario Personal Health Information Protection Act,* www.oma.org, under Member/Resources.

The Institute for Safe Medication Practices Canada, www.ismp-canada.org.

The Management of Biomedical Waste in Ontario Guideline C-4,
www.ene.gov.on.ca/environment/en/resources/STD01_075989.htm

Personal Health Information Protection Act, 2004,
www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

Ontario Medical Association, www.oma.org.

Sempowski, I and Brison, R, 2002. Dealing with office emergencies: Stepwise approach for family physicians. *Canadian Family Physician*, 48:1464–1472.

Appendix B

Office Equipment
HIGH RISK
LOW RISK
Office Characteristics
Intubation equipment: laryngoscopes (two sizes), endotracheal tubes (sizes 3-8), Magill forceps, suction equipment with tonsil tip catheter
Oxygen supplies: nasal prongs, masks with rebreather bag, tubing, oxygen tank, pulse oximeter
Intravenous supplies: tourniquets, catheters (Nos. 14, 18, 22, 25), normal saline, intravenous (IV) pole and tubing
Cardiac care: automatic electronic defibrillator (currently not standard of care), electrocardiogram (ECG) machine
Obstetrical care: delivery tray, cord clamps, sterile towels, 10 UNITS of oxytocin IV or intramuscular (IM)
Neonatal supplies: sterile towels, additional oral airway tubes and masks, laryngoscope blade, umbilical cord vein catheters
Surgical scalpels (Nos. 10, 15), forceps, clamps, suture material (non-absorbable and absorbable 3-0, 4-0, 5-0)
Wheelchair or stretcher
Aerosol therapy: nebulizer supplies or three sizes of aerochambers or masks
Extra medications: oral and parenteral haloperidol (10 mg), lorazepam (4 mg parenteral), oral and parenteral diazepam (10 mg), furosemide (80 mg parenteral), ceftriaxone (1g parenteral), morphine (10 mg/ml ampules), salbutamol, ipratropium bromide by aerosol metered dose inhaler with aerochamber or nebulizer, parenteral corticosteroids
Medications: nitroglycerin spray (0.4 mg), acetylsalicylic acid tablets (325 mg), lorazepam (1 mg sublingual preparation), 50% glucose solution, glucagon (1 mg subcutaneous or IM), epinephrine (1 mg of 1/1000 solution or prefilled syringe), diphenhydramine (50 mg of oral and parenteral preparations)
Airway bag-valve mask (adult and paediatric), oral airway tubes
Parenteral therapy: syringes (1, 3, 10, 60 ml), needles (14, 18, 23, 25 gauge), alcohol
Glucometer
Wound therapy: saline, gauze (4x4 pads, rolls), waterproof and paper tape
Pocket mask for cardiopulmonary resuscitation
Basic dressing supplies
Blood pressure cuff
Stethoscope
High-risk procedures done in office (e.g., stress testing)
No access to emergency medical services (EMS) or delay in EMS response
Invasive procedures done in the office
Parenteral medications frequently given
Rural or remote location
No local hospital
High-volume, large group practice
Possible exposure to severe weather
Urban location
Close to an emergency room
Few "sick" patients
Limited scope of practice (e.g., only psychotherapy)
No parenteral medications given
Low volume of patients
No procedures done in the office

About the College

The College of Physicians and Surgeons of Ontario is the self-regulating body for the province's 25,000 doctors. It issues certificates of registration to doctors to allow them to practise medicine, monitors and maintains standards of practice through peer assessment and remediation, investigates complaints against doctors on behalf of the public, and disciplines doctors who have committed an act of professional misconduct or are incompetent.

The privilege to self-regulate is given to the medical profession by society on the understanding that the profession will exercise its authority in the public interest. In actuality, the College is a professionally-led organization working in partnership with the public.

Just more than half of the governing Council of the College are physicians, 16 elected by the profession and three appointed by universities. The other 13–15 Councillors are public members, appointed by the government. They bring a variety of experience and come from regions across Ontario.

The role and authority of the College is set out in the *Regulated Health Professions Act* (RHPA), the *Health Professions Procedural Code*, the *Medicine Act*, and the regulations made under these Acts. Council, directly and through its committees, sets policy and supervises College activities.

The College's Strategic Plan

The strategic plan focuses on the College's core function — regulating the practice of medicine in Ontario in the public interest — and commits us to a high standard of accountability and transparency.

Quality Professionals

Healthy System

Public Trust

College Vision

Quality Professionals | Healthy System | Public Trust

Quality Professionals – as a profession and as professionals, we recognize and acknowledge our role and responsibility in attaining at a personal, professional, and at a system-level, the best possible patient outcomes.

We are committed to developing and maintaining professional competencies, taking a leadership position on critical issues that impact the performance of the system, and actively partnering to provide tools, resources and measurement to ensure optimal performance at all levels of the system.

Healthy System – the trust and confidence of the public and our effectiveness as professionals is influenced by the system within which we operate. Therefore, we, as caring professionals, are actively involved in the design and function of an effective system including:

- accessibility
- the interdependence of all involved
- measurements and outcomes
- continued sustainability

Public Trust – as individual doctors garner the trust of their patients, as a profession we must aim to have the trust of the public by:

- building positive relationships with individuals
- acting in the interests of patients and communities
- advocating for our patients and a quality system

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

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