

## Acronymophobia

All health professions use acronyms and abbreviations to denote various conditions and patient types. Three of the more well known acronyms that cross most health professional borders include FLK for “funny looking kid”, PITA for “Pain in the Axx”, or SCP for “sanitary challenged patient”.

The ACO Competence Committee does not recommend the use of such short hand recording in your patient charts. However, if you feel that inclusion of such notations on the patient chart gives you more information for future reference, then maintain a written set of short-hand explanations available for use by staff and other doctors when trying to decipher your charts. This way they will know that WNL means “within normal limits” and not “we never looked” or that NAD means “no abnormality detected” and not “nothing actually done”.

Finally, to include that old optometry abbreviation PERRLA on your patient chart does not mean “properly eliminates any reasonable reference to a liability action” (rather than the conventional “pupils equal, round and reactive to light and accommodation”).

## Membership Breakdown

As of March 7, 2007, the most recent membership breakdown for the Alberta College of Optometrists is as follows:

### Age Summary Report

| Status           | 15-19 |   | 20-24 |   | 25-29 |    | 30-34 |    | 35-39 |    | 40-44 |    | 45-49 |   | 50-54 |   | 55-59 |   | 60-64 |   | 65-69 |   | 70-74 |   | 75+ |   | Total |     |     |
|------------------|-------|---|-------|---|-------|----|-------|----|-------|----|-------|----|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-----|---|-------|-----|-----|
|                  | M     | F | M     | F | M     | F  | M     | F  | M     | F  | M     | F  | M     | F | M     | F | M     | F | M     | F | M     | F | M     | F | M   | F | A     |     |     |
| Active/Regulated | 0     | 0 | 0     | 0 | 19    | 24 | 42    | 44 | 58    | 45 | 20    | 18 | 23    | 9 | 35    | 7 | 29    | 2 | 29    | 1 | 13    | 0 | 4     | 0 | 2   | 0 | 274   | 150 | 424 |
| Courtesy         | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 0     | 0   | 0   |
| Deceased         | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 0     | 0   | 0   |
| Extern           | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 0     | 0   | 0   |
| Intern           | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 0     | 0   | 0   |
| Other            | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0  | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 0     | 0   | 0   |
| Resigned         | 0     | 0 | 0     | 0 | 0     | 0  | 1     | 1  | 0     | 1  | 0     | 0  | 0     | 0 | 1     | 0 | 1     | 0 | 0     | 0 | 0     | 0 | 0     | 0 | 0   | 0 | 3     | 2   | 5   |
| Retired          | 0     | 0 | 0     | 0 | 0     | 0  | 0     | 0  | 0     | 0  | 1     | 0  | 0     | 0 | 0     | 0 | 0     | 1 | 0     | 1 | 0     | 0 | 0     | 0 | 0   | 1 | 2     | 3   |     |
| Grand Total:     | 0     | 0 | 0     | 0 | 19    | 24 | 42    | 45 | 59    | 45 | 20    | 19 | 24    | 9 | 36    | 7 | 30    | 3 | 29    | 2 | 13    | 0 | 4     | 0 | 2   | 0 | 278   | 154 | 432 |

## ACO Council

Although e-mail is the preferred method of communication with Council members, you may also contact any member of Council by telephone.

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## A Word from the President ... Gerry Leinweber, O.D.

In my first message I listed my objectives as president of your College as:

- To guide council further along the road to becoming a policy governance board.
- To further clarify with optometrists and external stakeholders how our College protects and serves “the public interest.”
- To collaborate and cooperate within and outside our profession to ensure Albertans receive high quality eye care – as determined by evidence-based research and adherence to our Code of Ethics and Standards of Practice.
- To ensure our College has a solid vision for the future, defined in a strategic plan.
- To ensure a succession plan for Council, its committees, the Registrar/Executive Director and College staff.

I can report that the College Council is showing growth in becoming a policy governance board and I have to thank all council members for their commitment to this positive evolution. In particular thank our two public members, Gary Christopherson and Gayle Stevens-Guille for their valuable input and support.

I would like to use this column to explore in more detail objective number 2, and examine how knowledge of risk management and recommendations based on managing risk is quickly becoming essential to professionals in the 21st century. The reason is that sight threatening diseases such as glaucoma, have a low probability in the general public, yet to the individual who does lose sight, the consequences are high. Early diagnosis is essential, and today our profession is challenged with developing innovative solutions to ensure our patients who have a high risk of glaucoma are properly assessed.

Clinically, I trust every O.D. is aware of the concept of risk management and glaucoma.

In the not so distant past, the ophthalmic literature presented that either a patient had glaucoma or they did not. In fact, as new instrumentation was developed, we learned many people had glaucomatous field losses, yet their pressures were not high.

Today, while research continues on developing even better tools, most OD's are aware of a free yet essential tool to help us assess risk for glaucoma, which is available for free download at <http://ohts.wustl.edu/risk/calculator.html>. To get the latest update on Canadian Ophthalmology's view of the diagnosis and treatment of glaucoma, please read Dr. Ray Leblanc's paper which is available for download at [www.pubs.nrc-cnrc.gc.ca/cjo/cjo42/i06-100.pdf](http://www.pubs.nrc-cnrc.gc.ca/cjo/cjo42/i06-100.pdf).

To use risk calculators, it is vital that we have an understanding of exactly what risk management really is and what it is not. To this end, it is

worthwhile to look at the research done by the aviation industry on risk management.

William W. Lowrance defined safety as: “a judgment of the acceptability of risk, and risk, in turn, as a measure of the probability and severity of harm to human health.” From this, a working definition of safety is provided: “The condition where risks are managed to acceptable levels.”

The bottom line for the ACO is that as our competency programs move from “minimum standards” to doing the right test to the right patient for the right reason, our profession's intelligence incorporates data gathered, from which information, knowledge and wisdom are derived in hierarchical fashion. Through a process of analysis, data is transformed into information; the synthesis of information leads to knowledge; and over time, this body of knowledge becomes the essential professional skill of managing risk.

I am under no illusions that the challenges before our profession to protect and serve the public interest will easily be overcome. It will require work by all of us. Clinically with our patients at every exam – did we do all the tests this patient required to properly assess their risk of eye disease? I predict we will need to be more innovative in how we invest in scanning lasers and other high tech equipment. Politicians in our system control the funding of the public health care system - so we must ask ourselves - have we supported our Association as it strives to get coverage for red eye, in depth glaucoma diagnosis, etc. from Alberta Health and Wellness? With the recent agreement reported in the papers with the AMA, and our new Health Minister, now is the time for action. Inter-professionally – are we working for better structures to facilitate shared care?

With the recent loss of a key glaucoma sub-specialist in Edmonton, Dr. Casey, optometrists are being asked by medicine to step up and inside this challenge is an opportunity – to develop a better system of community based eye care than our current model. The demographic changes of our ever aging patient population, and the increased technology that sub-specialists in Ophthalmology are utilizing, results in greater demand for increased efficiency for OD's and OMD's.

I am optimistic that both diagnostic eye care professions can take the model of working together clinically to the next level – funding and training – as we continue to evolve professionally.

Yes, all of these changes involve some degree of risk. Yet the risk of doing nothing, and accepting the old world of minimum standards, and protecting turf is the riskiest proposition of all. It is because the challenges are significant that your College will continue to create a structure which makes it possible for our members to better provide eye care to Albertans, and I welcome your constructive input on this topic.

## 1. Suspension of Practice Permits

One of the more unpleasant duties of being the Registrar is to suspend practice permits of those practitioners who do not comply with practice permit renewal requirements or accumulate required continuing education credits. This year, 24 practitioners had to pay the 10% late penalty fee as they did not submit their permit renewal form(s) or pay the permit fee(s) by December 01, 2006. After repeated telephone calls and a couple of registered letters later, 6 regulated members had their practice permit suspended as their fee(s) payment and forms were not received at the ACO office by January 01, 2007. (The actual suspensions took place a couple of weeks later as the ACO office again tried on numerous occasions to get these practitioners to comply.) The end result was that practitioner #'s 90, 227, 342, 361, 406 and 433 were not able to practice until they submitted their permit renewal form along with their fee payment.

In an effort to prevent future occurrences, the ACO Council is looking at various options that comply with the Health Professions Act that will, we hope, ensure the process is more user-friendly.

The ACO also suspended the practice permit of practitioner #227 due to his/her non-compliance in accumulating the required 60 continuing education credits. The practitioner applied for (and was granted) a stay of suspension until the case was appealed to the ACO Council at their January 17, 2007 meeting. In light of this practitioner's medical, personal and professional predicament, the ACO Council voted in favor of allowing the practitioner to continue practicing. However, the practitioner must make up his/her deficient continuing education credits within a specified time period.

Although, the ACO has never published names of delinquent practitioners in the past, the ACO Council has determined that in the future, practitioner names will be utilized rather than practitioner numbers when circulating this information to the membership.

## 2. ACO Web-Site

We have just updated the public side of the ACO web-site and would invite all regulated members to go to [www.collegeofoptometrists.ab.ca](http://www.collegeofoptometrists.ab.ca) to view the new site. We would appreciate your comments and feedback about the content as well as navigability. Please use the "Find an Optometrist" section to verify that your contact information is correct. We still have a few minor modifications to make and would like to incorporate your ideas and suggestions at the same time. Please address all comments to [registrar@collegeofoptometrists.ab.ca](mailto:registrar@collegeofoptometrists.ab.ca).

The reconstruction of the member side of the web-site will be delayed until our database is updated and reconfigured to mesh with the Alberta Provider Directory Electronic Health Records. Once this member side is properly updated, and tested for privacy, each member will be given an access password.

## 3. Patient Mediations

The ACO Council and ACO Mediators would like to thank all regulated members for attempting to resolve patient conflicts in their offices in a timely manner. The ACO office has noticed an overall decrease in the number of patient complaints from last year.

Unfortunately, we continue to receive a number of similar complaints regarding the same small group of practitioners. The majority of these complaints can be resolved in the practitioner's office if better communication between the patient, the office staff, and the practitioner existed.

The ACO Council would request that all members devote their entire next staff meeting to review your office protocols for dealing with patient complaints in the hope of reducing the workload of our mediators.

## 4. ACO Continuing Education Advisory

The ACO Council has changed the maximum allowable number of practice management continuing education credits from the previous maximum of 12 to 20 credits in each three year competency period. This change took effect January 01, 2007 and is not retroactive to any course taken before this date.

Please refer to the ACO Advisory No. CER-2 for complete details (included in this mailing), and remember it replaces Advisory No. CER-1 in your ACO blue binder.

## 5. Web-Sites

The following three web-sites may be of interest to our members:

- a] The first is [www.ahw.gov.ab.ca/waitlist](http://www.ahw.gov.ab.ca/waitlist). This site is maintained by the Alberta Government and can be used to view the average surgery wait times for ophthalmologists and other physicians.

b] The second is [www.ratemds.com](http://www.ratemds.com). This site includes optometrists and ophthalmologists in the same category (first click on Canadian Doctors and then on ophthalmology/optometry to view only these practitioners). This site is not affiliated with any government agency and simply a site that allows patients to comment on their eye doctor.

c] The third is [www.cancerboard.ab.ca/cancer/cancer\\_online.html](http://www.cancerboard.ab.ca/cancer/cancer_online.html). This site contains various on-line booklets, guides and fact sheets about cancer, workplace dangers and lifestyle choices.

## 6. ACO Competence Committee

The ACO Competence Committee held their annual Think Tank on March 3rd in Red Deer. The Committee customarily holds an annual one-day session to analyze the on-site practice review form, to ensure that all committee members follow similar review procedures, and to discuss future changes to the program.

One of the program changes resulting from the Think Tank will be the initiation of a pilot project (to be conducted during the upcoming set of practice reviews) respecting "Self-Assessment of Alberta Health Care Billings".

A one page AH&W billing survey will be sent to all members who have been randomly selected for their completion before their actual practice reviews are conducted. The completed self assessment is to be attached to your practice review report upon completion of your individual on-site practice review.

This change will allow Competence Committee reviewers to spend more time devoted to case analysis and patient care, and less time reviewing office billing procedures - a move we believe will improve patient care as well as membership compliance with the ACO Standards of Practice and Guidelines.

The Committee also reviewed and commented on a Council document titled "Ethical Considerations in Billing" before it is to be circulated to the membership. Look for this document in conjunction with this mailing.

## 7. Government

The ACO Council sent congratulations to Premier Ed Stelmach on his recent victory in the Progressive Conservative leadership race as well as to the Hon. David Hancock on his appointment as Health Minister. A formal request for a meeting with the Health Minister was made and we are awaiting a response from his office.

Selected ACO Council members and I will continue to attend the multitude of PC party and government functions on your behalf.

The ACO Council supports all regulated members becoming involved in their local constituencies. If you do not know in which constituency you reside, please contact the provincial government and provide them with your home postal code.

A full listing of the entire PC Cabinet, Caucus and Committee's is available at [www.gov.ab.ca](http://www.gov.ab.ca).

## 8. New Building Report

As noted in previous newsletters, the College and Association have purchased the old David's Restaurant located on Argyll Road in Edmonton. We have just completed a total demolition of the main floor as well as a formal tender respecting all aspects of construction. We hope to have this project completed to enable a move later this year.

The good news is that the tender pricing for tenant improvements came in under budget.

Drs. Gerry Leinweber, Shane Keddie, Steve Larsen and Neepun Sharma as well as Peggy Sloan and I make up the joint New Building Committee. We will keep you posted on our exact move-in date once we get closer to it.

## 9. CAO Leadership Forum

I recently attended the annual CAO Leadership Forum on behalf of Council. This forum is also attended by Provincial Presidents, Registrars, Executive Directors, CAO Council and staff as well as representatives of the Montreal and Waterloo Schools of Optometry (both student and faculty representation), the World Council of Optometry, Vision Institute and the Canadian Examiners in Optometry. We also had presentations from the Federal Government and various optical organizations.

The forum is an excellent opportunity to share ideas and policies with other groups. The provincial Registrars also hold one of their semi-annual meetings at the same time as the Leadership Forum (to cut down on travel costs). A meeting of the Canadian Examiners in Optometry (CEO) was also held at the same time and we received an update from the International Optometry Bridging Program for international students.