

A Selection of Top Departmental Achievements for 2019:

1. The launch of the Emergency Physician Lead pilot undertaken for separate three-month periods at the PLC and FMC. The initiative emerged as one of the key projects developed through the zone-wide EMS flow initiative and was associated with improved outcomes for EMS park patients, better operational flow and excellent feedback from nearly all medical and nursing staff who were affected.
2. Significant progress has been made in regards to the CPSA mandate of communicating relevant outcomes from episodic care (including EM care) to relevant family physicians. Sincere thanks to Dr. Neil Collins who served as the acting Department Head from July to December for leading this initiative.
3. ConnectCare was an important AHS achievement in 2019 but a portion of the credit for successful emergency implementation can be ascribed to clinical informatic leaders in our department who have contributed to this outcome for years, including the important Clinical Knowledge Content Management system that was the precursor of current order sets across the province.
4. The need to optimize resources through reductions in stretcher hours is a key priority for our department. Dr. Shawn Dowling, newly recruited GFT and Effectiveness Coordinator for our department has worked collaboratively with our colleagues in DI and General Surgery to eliminate the need for oral contrast in cases of suspected appendicitis being evaluated with CT, achieving a safe and patient-preferred improvement in diagnosis with significant gains in operational efficiency.
5. A highly successful internal review of our very popular and highly sought after Royal College Residency training program in Emergency Medicine as well as Royal College Fellowship in Clinical Pharmacology and Toxicology. Congrats to Drs. Patocka, Francis, Lucyk and to support from Madhavi Talasila for the FR program success.
6. The creation and filling of a novel EM and mental health liaison position for the FMC funded through the Calgary Health Trust and the Calgary Mental Health Association. Congrats to Dr. Jen Nicol on the role and to FMC physician leadership for facilitating.
7. Expanded clinical analytics and reporting to MDs (72-hour revisit resulting in admission alert and Tableau-based reports on numerous metrics mailed out to all MDs) as well as growing participation at MD facilitated audit and feedback sessions.
8. Extensive remodeling and innovation for Intake Zones and Minor Treatment at the PLC in late 2019.
9. Physician retention strategies including the introduction of new scheduling software across two sites that can better incorporate shift preferences and time off requests.
10. Launch of a specialist direct referral pathway that addresses previous safety risks and sees a higher degree of involvement by emergency physicians in high-risk transitions in care.
11. Improved practice patterns in these areas: near elimination of urine toxicology, coags in chest pain, renal colic imaging, probenecid use in soft tissue infections.
12. Favorable and improving operational metrics when compared to similar Alberta hospitals, especially time to MD, LWBS and 72 hour returns (see <http://focus.hqca.ca>)
13. Favorable EIP statistics compared to other Canadian jurisdictions (see: <https://yourhealthsystem.cihi.ca/hsp/?lang=en>)
14. Ongoing support for a myriad of activities by the Physician Support Fund supported by MD contributions.