CAEP 2016 Roundup

A large U of C contingent travelled to Quebec City for the CAEP 2016 annual meeting. As always, the conference was full of educational sessions, social events and a forum for presenting Canada’s best cutting-edge emergency medicine research and educational innovations.

Click here for our team’s CAEP abstracts!

Drs. Eddy Lang, Grant Innes, Shawn Dowling and Joe Vipond delivered well-received lectures. The research team—students, residents and staff—presented 31 posters and oral research presentations. Congratulations to Andrew McRae, who was awarded the Grant Innes Award for the top research presentation of 2016, and to Dr. Nadim Lalani, who was awarded the Dr. Richard Kohn Memorial Award for Mentorship in Emergency Medicine. Also to Dr. Fareen Zaver (Summer Locum 2016) who was awarded the prize for the Best Educational Innovation.

The Department hosted a reception for all Calgary attendees at Atelier restaurant, and everyone took full advantage of the famous Quebec City hospitality and nightlife.

CAEP 2017 will be in Whistler, BC June 3-7. Mark your calendars now!

President’s Excellence Awards

Congratulations to Bruce MacLeod for winning this year’s President’s Excellence Award for Distinguished Service. Bruce is the medical director for RAAPID South and is being recognized as having "a history of supporting others to disclose when harm occurs to patients. This can be one of the toughest conversations in health care. He led the creation and authorship of Disclosure of Unanticipated Medical Outcomes policy and procedures. Dr. MacLeod has a sharp medical mind, passion for fairness, and leadership skills. He is dedicated to ensuring Just Culture principles are integrated into staff orientation manuals, patient safety training courses, and other initiatives."

Grant Innes was a finalist in this category as was PADIS’ Fentanyl Emergency Response Team in the Innovation category.
State of the Clerkship

In this issue of the DEMOCRAT the Undergraduate program wants to highlight the excellent teachers in our group. At the Medical School, there are yearly awards for Excellence in Clinical Teaching. This year the students selected Drs James Handel, Brenda Nakashima and Aseem Bishnoi to receive Gold Star Faculty awards. Dr. Karl Phillips received a Gold Star Resident award. Congratulations to the teachers for their excellent work. There were numerous positive comments on the teaching group, and many preceptors received honorable mentions from the Medical School for their efforts. The Undergraduate Clerkship Program is the success that it is due to the ongoing enthusiasm and effort by the clinical teachers. We would to that you all for your daily contributions.

Dr. Joe Vipond has decided to step away from his role as the Evaluation Coordinator. Joe has been a great help over the last five years, and his work and character will be missed. Dr. Jason Fedwick has taken on the role now, and we look forward to a long and productive working relationship with Jason. Please join me in welcoming Jason to the program.

Residency Programs

As both residency programs move toward Competency Based Education, we have changed the format of our daily evaluations to confidence scales. We have also discontinued the use of paper based daily evaluations and are now using the web based One45 system.

FRCPC

The results are in! We would like to congratulate Andrew Fagan, Geoff Lampard, Marshall Ross, Mike Szava-Kovats and Ashlea Wilmott on passing the Royal College exams. We are also very happy to report they are all staying in Calgary.

We would like to welcome Ryan Allen, Katie Anker, Kelsey Ragan and Ryan Wilkie, our new R1’s who are starting with us on July 1.

CCFP-EM

It has been a fast and furious year. We would like to thank Ali Abdalvand, Brett Elsdon, Grenvil Gracias, Emma Logan, Jerusha Millar, Rory Thomson, Brett Wilson and Charles Wong for being a superb group of residents and we wish them the best!

We would also like to welcome Andrew Battison, Christine East, Lincoln Foerster, Adrian Heller, Sean Nixon, Marcie Veitch, Steve Virani and Gil Yehudaiff to the program on July 1.
2016 Emergency Department Gala

ED Gala 2016: Celebrating Clinical Excellence
Date and Location: Thursday, September 22 at Hotel Arts
Tickets are selling quickly
Please email Laurie-Ann for your tickets
$150/person
Wine, dine and dance the night away with your significant other and all

Scheduling and Manpower Updates

Call for Site nominations will begin in the next few weeks for outstanding clinician and outstanding rookie (honoring those in their first two years of practice) as well as zone wide nominations for humanitarian work and the Mike Hodsman lifelong learning award.

Please welcome our new locums beginning in July 2016:
Vanessa Potok            Marshall Ross
Frank Scheuemeyer        Natalie Cram
Mark Boyko               Adrian Millman
Farleen Zaver            Grenvil Gracias
Andrew Fagan             Charles Wong
Geoff Lampard            Rory Thompson
Mike SzavaKovats         Kevin Haley
Justin Wong              Brett Elsdon
Ali Abdalvand

Pain and Analgesia Committee Update

This committee continues to meet on a regular basis to tackle issues related to optimal analgesia and antiemetic practices in the Zone. Particular attention in recent months relate to the equivalence of ketorolac 10mg and ketorolac 30mg as an analgesic choice and safety concerns around parenteral ondansetron and the risk of arrhythmia. Look out for a grand rounds presentation in the fall sponsored by the committee. Congratulations to Riley Hartmann for presenting the committee's work at CAEP and for being selected as a top pick by Dr. Laurie Morrison.
Summer Students and Projects
The department is pleased to be hosting a number of students on summer projects this year. Among those who have secured competitive Emergency Strategic Clinical Network bursaries are Michael Swiarkovski (Systematic review of strategies to reduce door to needle times in acute stroke). Michelle Leong (ED management of TIA and minor stroke - supervisor Catherine Patocka - funded through QUIcR program). Shari Li is here as a second year Queens medical student and is conducting a systematic review comparing imaging modalities in TIA and minor stroke from the ED. Rashi Hirandani is a medical student from the University of Ottawa who is going to look at Choosing Wisely recommendations around back pain imaging and CT use for headaches in the Calgary Zone. Working with Andrew McRae to develop a systematic review of ED based prognostic decision rules for heart failure is ESCN-funded U of C medical student, Alison Michaud.

FMC GI Bleed Updates
The FMC GI bleed working group, led by Dr. Kerri Novak (GI), is about to embark on an assessment of the impact of the recently completed FMC Upper GI bleed disposition pathway on the Emergency Department management of UGIB patients. Dr. Novak has been hard at work drafting a study protocol which is currently in review by the research ethics board. Once the protocol is approved, data collection sheets with a brief questionnaire for ED physicians will be placed on the charts of eligible patients. The working group hopes to be able to define any changes in parameters such as ED LOS, admission rates, and clinical outcomes which have resulted from the adoption of the pathway.

Post-Partum HTN Project
New MD and RN Order Set for Pre-eclampsia and Eclampsia
A 25 year old female presents with a HA and BP of 160/70. Not impressive right? What if she says she’s 5 weeks post-partum? Are you concerned now? Unclear about which agents to give to lower the BP - IV vs PO? Never sure when to start MgSO4 in the hypertensive post-partum patient? How much and how often should I be giving MgSO4? And who admits these patients? Can patients on MgSO4 infusion be admitted to the ward? The answers to all these questions and more are coming your way in July with the new ED RN Post-partum elevated BP and the ED Post-partum hypertension order set. Which baseline labs are required to help make the diagnosis, recommended anti-hypertensives (including route, dose and frequency), dosing of MgSO4 (it’s a very unique dosing regimen) and the agreed upon consulting services (when appropriate) are all contained within the order set and the accompanying Educational document. This document, which was over a year in the making, was developed by Maternal-Fetal Medicine (Lee Ann Hawkins), nursing (Alexis Mageau) and EM (Dowling). Enjoy!
PGME Awards

We have had some success with the PGME awards this year. These are university wide awards and were quite competitive with more than 60 nominations.

Congratulations to:

PGME award for outstanding commitment to residency education, winner is Dr. Stuart Rose.

PGME award for resident mentorship, winner is Dr. Aaron Johnston (with thanks to the residents for the nomination).

IT Updates

All of the changes required within ED order sets to accommodate STI collection changes have been completed and implemented as of April 14th.

New abnormal microbiology result follow-up process using SCM AVL (Advanced Visit List) and Annotation Manager has been successfully implemented at all five sites – RGH, SHC, ACH, PLC and FMC.

The new “ED Bridging Medications” order set has been implemented. The issue around nurses being able to “complete as done” has been resolved as of March 4th and 17th.

New Take Home Naloxone kits have been implemented in the ED Bridging Medications order set as of March 4th.

For ED Device Reviews: PLC has been completed with great feedback and recommendations. Due to renovations at SHC and FMC, these site reviews will be held after new areas are opened. There are not set dates for RGH and ACH as of yet (as team is occupied doing preparations for the new areas at SHC and FMC.

Trialing has started of SCM/SEC on personal devices that give ED a “portable option” of working in the ED using their own personal devices (laptops). Analysis is still ongoing.
### Renal Colic Protocol

The renal colic protocol is going live across Calgary with the intention of reducing CT imaging. We chose renal colic as a priority because stone formers often have multiple body CT scans over time and, with this diagnosis, there is a low likelihood of improving their outcome with routine CT imaging. SHC was the first protocol go-live site, and the initial 2-month post-intervention analysis showed a 22% reduction in CT use—highly promising. Hopefully other sites will do as well. As time goes by we will have and report results from the other sites. We are developing a system to provide regular feedback, probably on a quarterly basis, for all physicians. RGH group data will be available sometime in the next few weeks.

NOTE: There is a printable link to the protocol and patient education package (discharge instructions) within the renal colic protocol. These info sheets are intended to be given to patients on discharge. My name and cell number is on the bottom of the instructions, in case patients have questions about their ED management or why they didn’t get a CT scan. After 3 months, I have had only 2 calls from patients, which suggests that relatively few information packages have been handed out.

Next time your finger is hovering over the mouse, about to order a CT on a young patient with renal colic, ponder for just a moment whether you think it will make a positive difference in their outcome.

### Ultrasound Update

Calgary Emergency Department Ultrasound has been quite active over the past year with several initiatives seen through to completion. There were several successful EDE I and II courses over the past year for both staff and residents. A junior ultrasound block has been successfully implemented, with plans in place for a senior ultrasound block for learning selected advanced ultrasound applications. There has been one interdisciplinary ultrasound rounds with Emergency, ICU, Trauma and Internal Medicine with more to follow in the fall. During these rounds we review interesting/complex cases that have been saved to Qpath which highlight the role that point of care ultrasound played in the care of our patients. We have added new ultrasound machines to various sites and replaced batteries in most machines across the city as well. Kasia Lenz has successfully completed her focus year in point of care ultrasound. Paul McKenna and Jibran Sharif will be our next ultrasound “fellows”. 
PRIHS Advancements

Improving the Stewardship of Diagnostic Imaging Resources

The use of computed tomography in emergency medicine has grown enormously in recent decades, and has resulted in increased patient radiation and an increased burden on finite health system resources. Data from the Calgary Zone shows that ordering of CT Pulmonary Angiography has increased over 60% in the past five years. Physician practice variation is an issue as well. An analysis of 311 emergency physicians in Alberta, treating 20,797 patient encounters for head injury, found that, while 40% of all patients received a CT scan, ordering rates by physician ranged between 5% and 90%.

The Spring marks the launch of the quality improvement and research project, Improving the Stewardship of Diagnostic Imaging Resources in Alberta’s Emergency Departments. Emergency physicians in the Calgary Zone will be randomized to receive decision support for the work up of either mild traumatic brain injury (based on the Canadian CT Head Rule), or suspected pulmonary embolism (based on Wells Score, PERC, and D-dimer). Decision support will trigger in Sunrise when a CT order is placed for a relevant patient, and we count on your support to ensure that Calgary leads the province in both research and appropriate use of CTs.

Reassessing the Management of Non-variceal Upper Gastrointestinal Bleeding

The Emergency Strategic Clinical Network (ESCN) is embarking on a new collaborative initiative to reassess the management of non-variceal upper GI bleeds (NVUGIB) in the emergency department. This condition has been identified as the seventh leading cause for hospital admissions through the ED, with over 6300 patients presenting annually in Alberta, and 49% of patients being admitted for a total of 20,000 inpatient bed days.

Based upon an audit in the Calgary Zone, we have identified several areas for potential improvement such as use of the Glasgow-Blatchford Bleeding Score to inform decisions on risk assessment and disposition, the provision of urgent (24-48 hour) endoscopies for stable patients who do not require admission, and reducing the provision of haemoglobin transfusions for haemodynamically stable patients with HgB above evidence-based thresholds of 70 g/L and 90 g/L.

Initial work is already underway at Foothills to pilot a disposition pathway and reserved endoscopy spots, and will be expanded to Peter Lougheed and other Alberta sites in the Fall.

More information on this can be found HERE.
**New CPT Section**

On Thursday, April 14th, Mark Yarema presented a proposal for the creation of the Section of Clinical Pharmacology and Toxicology (CPT) within the Department of Emergency Medicine, to the Zone Medical Advisory Committee. The proposal was accepted unanimously and completes a long hard road that began when Grant Innes envisioned this as a key area of focus within our department.

The section will consist of members with a wide range of expertise and includes Dr. Tim Pollak, a Clinical Pharmacologist who will soon enjoy a cross-appointment to our department.

The latest Section interest group meeting was held on June 21. At that meeting we finalized the Vision Mission and Values of the Section, discussed the Section membership criteria/application process, discussed research interests and priorities, and updated the group on the CPT residency program proposal led by Dr. Scott Lucyk. A guest presentation by Dr. Bonnie Larson from the University of Calgary Street CCRED initiative which provides care to vulnerable populations was also provided.

If all proceeds according to plan we will see western Canada's first Royal College CPT residency program based in Calgary starting July 1, 2018.

**MRU Department of Information Design Project**

**Emergency department discharge information sheets - a prescription for success?**

Stephanie VandenBerg and Eddy Lang have had the privilege of working with a talented group of students at the Mount Royal University Department of Information Design to develop a myriad of infographics on five Choosing Wisely Alberta topics relevant to emergency medicine. These will be evaluated for usability using QI techniques and will hopefully add to the resources available to clinicians in the Calgary Zone. They can be used to facilitate clinician-patient discussions for empowered decision making, facilitate clinician-learner decisions based on evidence based guidelines, and improve knowledge translation for health system administrators and policy makers regarding appropriate emergency department resource allocation.

If you have anything that you would like to see in an upcoming issue of the DEMOCRAT, please email Brittany at Brittany.Ozar@albertahealthservices.ca