





Department of Emergency Medicine



Updates for ED Physicians

There will be no Emerg Newsletter next week, July 2nd. The Newsletter will resume on July 9th.

Notes from Eddy will be published on a monthly basis for the foreseeable future, with Dr. Lang's sabbatical beginning soon.

Operational Updates

SCM Outage June 27th 00:30-04:30

Emergency Departments and Urgent Care Centers

Acute Care Sites (In-Patient Units)

Clinibase and Millennium (Lab, DI and Scheduling System) will remain available for the duration of the SCM Downtime. However there will be no information flowing through to DI\PACS. DI will follow RIS downtime procedures. Critical results will be communicated verbally to the units. Additional findings will be placed in the IMPAX study comments.

Reports and Document

Downtime reports and documents can be accessed and viewed using the SCM Downtime Website https://wsscmdt01.healthy.bewell.ca/DTWebSite/

- The Downtime Website will be available for the entire duration of the outage
- Reminder: Use your SCM logon to access the website
- User will be logged out after a period of inactivity. To logout/close the application, click the red X
 at the top right corner of the browser window
- Laboratory Results

- Critical lab results will be phoned to the Patient Care Units. New Laboratory results will not be viewable in Metavision (eCritical) or via the Netcare Portal.
- For lab result inquiries contact: Lab Information Centre at 9-770-3602 Printed lab results will be available during downtime:
- Expedite print results for STAT and Time Critical Chemistry and Hematology will print as soon as they are available
- Lab results will print hourly to the unit (some of the printed results may be duplicates or results received earlier via expedite print)
- After the downtime, lab results will display on the Results tab in SCM
- Additional information is available on Insite, search SCM Downtime.

For questions or assistance during this outage please contact the IT Service Support Desk at 1-877-311-4300

Pediatric Follow-Up Options

Here is a new document that summarizes the various general pediatric follow-up options in the city.

Access to the ACH follow-up clinic is still relatively new to non-ACH sites, but the MD/patient/referral forms for that, as well as other pediatric referrals and resources, are kept updated **here.**

*for this entry use the referral info document attached and this link for the folder: <a href="https://drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open?id=1zoP8YuTKg2T3h1iLgF91-wA9xXlb-WR-referral-nt-psi/drive.google.com/open.googl

Let me know if you have any questions!

Hilary Ambrose PGY5 Emergency Medicine Pediatric Emergency Medicine Fellow University of Calgary

Shadowing in Clerkship - A note from Dr. Busche in the Undergraduate Medical Education (UME):

Students cannot be shadowing in clerkship. Any students who are shadowing in clerkship are doing so without any support from UME. This means that they have no liability insurance and are not covered by WCB. This subjects the students, the patients and their preceptors to very significant risk. Furthermore, I suspect that any preceptors who are allowing clerks to shadow are likely unaware that shadowing, by the definition in the agreement between CSM and AHS, has to be completely observational — further augmenting the already serious risk.

I think another reason that UME forbids shadowing is that the students should be focussed on the rotation they are currently in. Shadowing in another area of Medicine may detract from their current rotation. Please note that during their 2-week mandatory Emergency Medicine rotation they do have the opportunity to pick up extra shifts.

Thanks all,

Dr. Gavin Greenfield

Dr. Neil Collins

Zone Deputy Department Head, Operational Lead Department of Emergency Medicine Alberta Health Services, Calgary Zone

Site leads info for new hand rule referral form

Hi All,

Thank you for your interest in our prediction model for pediatric hand fracture triage, named *The Calgary Kids' Hand Rule*.

In short, this prediction model uses a few key physical exam findings and radiologic signs to help emergency department physicians determine whether a pediatric hand fracture is *complex*. This prediction model is the product of many years of work with a multi-disciplinary team including pediatric plastic surgeons, residents, a biostatistical, a health services researcher, and a hand therapist. At this time, the prediction model is a quality improvement study and should not change the management or referral practices of emergency department physician. In September, we will be reviewing the data collected and formally updating the model as necessary before we begin an external validation in Ottawa at the Children's Hospital of Eastern Ontario. Ultimately, we hope to create a clinical care pathway where *complex* fractures are referred on to the pediatric plastic surgeon and *simple* fractures are directed to family physicians or hand therapists (with the appropriate educational resources).

Please find attached the following documents for your use:

1. Pediatric plastic surgery referral fax form with the Calgary Kids' Hand Rule

- please use this form for **all** pediatric plastic surgery referrals from your Emergency Department, hand fracture or not. If the referral is for a hand fracture, simply complete the bottom portion of the form under the heading "Hand Fractures", entitled *Calgary Kids' Hand Rule*.

2. A Calgary Kids' Hand Rule poster for quick reference in the Emergency Department

- this may be posted at your Emergency Department's discretion in commonly used areas, such as the ED Physicians' Lounge.

3. A Frequent Asked Questions form

- this information sheet was developed for site leaders and educators to better understand the derivation and internal validation of the prediction model.

We are excited that the adult sites are keen to adopt our prediction model and think this will add valuable data. If you have any questions, please do not hesitate to contact myself or Dr. Fraulin.

Thank you,

Becky p. 13049

c. 403-404-6802

From ED Patient Safety: Use it, Don't Lose it"

The most effective manner to communicate a Patient Safety incident is through the use of the Reporting and Learning System (RLS). You will find this link on the AHS Home page.

Report Safety Problems



Use this link if you are involved in or come across a close call, an event that occurred that did not result in patient harm or an event that resulted in patient harm. Don't get angry, use the reporting link:)

Using the RLS system will get your report to the right Patient Safety specialist who can then study the event and determine the best course of action. You will be notified that your RLS has been read and you may even be asked to participate in further understanding the event and contributing to the system fix(es).

Use of the RLS system by ED Staff has identified many cases that went on to Quality Assurance Reviews some of which ultimately resulted in major ED process changes. Your reporting is important as is your perspective on these events.

Adam Oster.

Disaster Communication System (DCS) Testing for CODE ORANGE

After two years of development we are close to finishing the Disaster Communications System (DCS) to support the fan-out procedures for the Adult and Children's Hospitals. This is a novel application developed in Calgary that will improve the way we manage and communicate with our physicians during a disaster. Some of you have already been a part of the testing in the past; however were are aiming to test the system fully with all ED MDs three times in June.

The dates are as follows:

June 10th at 1000 June 19th at 1000

June 27th at 1000 (During a live grand rounds session)

During these times you will receive a text with a short (3 question) survey regarding your availability. We ask that EVERYONE please answer the survey and respond to the questions as you would on that day. We need to test the system with everyone responding so in the event of a CODE ORANGE we know the system can handle the responses.

On June 27th we will demo the system live during the 1000-1015 time slot of grand round and will be answering questions hearing concerns as time allows.

Please feel free to email me if you have questions or concerns or if you had any trouble with the text responses.

Thanks everyone,

Brad Granberg

Physician participation needed!

EPL Impact Survey

We are studying the impact of an emergency physician lead (EPL) on emergency department operations and patient safety and outcome measures. Research Ethics ID# **REB18-1561**. A link to the survey is below (Takes approx 15 mins to complete and will be anonymous)

Deadline to complete is June 30, 2019:

https://survey.ucalgary.ca/jfe/form/SV eQbJw25TmCSiEx7

COBRRA Study

Comparison of Bleeding Risk between Rivaroxaban and Apixaban for the treatment of acute venous thromboembolism.

Study Synopsis

Referral Form

Background

To address the clinical equipoise of which DOAC has the best risk to benefit ratio, a head-to-head randomized controlled trial between Apixaban and Rivaroxaban with safety as primary outcome is needed. **Primary Objective** is to compare the safety of Apixaban and Rivaroxaban in terms of bleeding for treatment of VTE.

Study Intervention Patients will be randomized to one of 2 groups: 1. Apixaban group: 10 mg PO BID for 1 week, then 5 mg PO, BID for 3 months of treatment, or 2. Rivaroxaban group: 15 mg PO BID for 3 weeks, then 20 mg PO OD for 3 months of treatment.

Eligibility & Recruitment: All acute non-cancer VTE adult patients that are DOAC candidates are eligible for the study. The window for recruitment is 72 hours after diagnosis

Follow Up: All patient sent to the clinic will be followed by thrombosis clinic; even if they decline enrolment in to the study.

We seek help from our ER colleagues in identifying eligible patients for this study.

EM Research Group Strategic Vision

The EM Research Group is having their 5-year Strategic Vision session on **Thursday**, **June 27 from 08:00-12:00 in Rose Room (3rd Floor) TRW**. If you wish to attend, please email **Kat**rina Koger

Physician stats session

Please be advised that the Physician Stat session planned for June 27, 2019 at 10am has been rescheduled for the fall. Details to follow.

Thanks! Charles Wong

Education. CME. Rounds

Grand Rounds

June 27 9am-10am

Chills, thrills, and CPR skills: an update on accidental hypothermia management

Presenter: Dr. Brett Shaw COOMBS Theatre

June 27 10am-10:15

" Unveiling the Disaster Communication System for ED physicians" Dr. Brad Granberg COOMBS Theatre

Links for previous presentations:

The recording of the June 13 Emergency Medicine Grand Rounds videoconference can be found HERE.

The recording of the June 6 Emergency Medicine Grand Rounds videoconference can be found <u>HERE</u>.

BEEM Mini Manuals

BEEM is a Canadian, not-for-profit, knowledge translation project that expertly screens, rates, identifies, critically appraises and summarizes the most recent emergency medicine-related studies and guidelines. BEEM offers courses around the world as well as an online journal and a clinical epidemiology video course. The free mini manuals are examples of the approximately 50 articles that BEEM produces each year.

NB: You can add that you, Eddy and Catherine are all BEEM contributors.

https://beem.ca/free-sample/

Clinical Pharmacology & Toxicology Pearl of the Week -

Drug-induced Hemolysis in G6PD Deficiency

ED Highlights

ED GALA 2019 - Tickets now on sale - Sept 26, 2019

Please hold the date:

September 26, 2019 Cocktails 6 pm Dinner/Awards/Dance 7:15 pm Fairmont Palliser

Tickets \$160/person

***Please email Dr. Laurie- Ann Baker directly for tickets E-transfer or cheque.

CALGARY ED GALA SURVEY - 10 QUESTIONS, 3-6 MINUTES, I PROMISE:)

We need your help. The Gala is coming around again. September 26, 2019 for those who did not see the mail. As part of improving the Gala experience, we would like to get your feedback on things you think work and on things we can improve on. Tell what you think in our 10 question, super quick survey.

We are open to all feedback and appreciate you taking the time to help us make the Gala better.

Please follow this link

https://www.surveymonkey.com/r/STT26B7

Thank you

Stuart

on behalf of the ED Gala Committee Laurie-Ann Baker Jen Puddy Nancy Zuzic Chris Bond Ayesha Khory Jenn D'Mello Jesse Kao

CALGARY ED SOCIAL NIGHT - THANK YOU

Thank to everybody who attended the first Calgary ED Social night. With more than 45 people responding we had to do some last-minute venue changing but landed up having a great night at the National on 8th. It was fantastic to see colleagues meeting each other for the first time or catching up after a few years of not seeing each other even though we work in the same group and in the same city. Some of us even got to test our table tennis skills. If the volume of conversation was any indication, a great time was had by all J

Thank you to the Physician Support Fund for providing the food for the evening.

The next night will be in October so please keep an eye out for the notification and we hope to see you there.

Stuart, Grant and Huma

Opportunities

New faculty development program

The Office of Faculty Development at the University of Calgary is launching a new teaching skills development program. Clinical faculty who are interested in further developing their clinical teaching skills will have the opportunity to have their teaching observed by a clinician educator and receive feedback. If you are interested in participating, please contact Kenna Kelly-Turner for additional information and to register.

The Calgary Fire Department is looking for a new Medical Director

The Calgary Fire Department would like to thank Dr. Kevin Hanrahan for his 18 years of service in his role as both Firefighter and Medical Director for the agency. We wish him good luck with his future endeavors.

The Calgary Fire Department is now accepting applications for a replacement Medical Director. The successful applicant for this 0.15 FTE position should be an Emergency Physician who is interested in all aspects of Prehospital Care and Medical First Response.

Applicants should have an aptitude and interest to support the Calgary Fire Department in the following areas:

Medical First Response / Fire Medical Response

Introduction of new Medical First Response policies, procedures & equipment Support Technical Rescue, HazMat, & Aquatic Teams with Medical Oversight Fire Response Paramedic (FRP) Program / Fire Support ALS Response

- Protocol Development
- Clinical shadow opportunities
- Medication and prescription supply
- In class training sessions
- On Line Medical Control advice 24/7

Medical Services Divisional support / Support the Medical Services Coordinator

Medical support & liaison to outside stakeholder agencies

In addition to the required supports listed above, the successful applicant may have the following to further support the department:

ACLS/PALS/ITLS Medical Director status

Willing to assist with the quarterly filming of the "Medical Minute" to communicate medical trends with staff

Attend and provide support to recruit firefighters by conducting "meet the recruit" information sessions at the Training Academy

Please forward your curriculum vitae to Assistant Deputy Chief Guido Falk and Assistant Deputy Chief Pete Steenaerts . Should you have any questions please feel free to reach out to Chief Falk or Chief Steenaerts at the email addresses listed above.

Application Deadline: June 25, 2019

Candidates will be contacted directly for an interview. Interviews will be held in early July 2019.

Calgary Folk Fest seeking Physician Volunteers

the details

dates: July 25-28

Compensation: volunteer

Hours required: 12-16 hours over the four day weekend, in 3-4 hour stints

Perks: great music, great parties, free tshirt, free food

Duties: the RNs do most of the first aid stuff, MDs attend to more complicated issues (chest pain, burns, drugs overdoses, etc). Anything complicated sent via ems to er.

Growth opportunities: if interested, opportunity exists to become a coordinator next year and get involved in planning/management

Email Calgary Folk Music Festival First Aid Services cfmf.first.aid.services@gmail.com directly if you are interested.

MD Spotlight

Dr. Kathryn Crowder

Kathryn is a Saskatchewanian at heart, but has adopted Calgary as home since starting (CCFP, then EM) residency here back in 2011. She feels privileged to work with an awesome group at SHC and occasionally moonlight as a RGH emergency physician as well.

Currently Kathryn is working on evaluating the Emergency Physician Lead (EPL) Trial, and also working on several QI projects at SHC. She co-chairs the SHC Quality Council, and is passionate about seeing grassroots ideas for improvement come to fruition in the ED to improve patient care and safety and optimize workflow efficiency. Stay tuned for improvements to the ED discharge process, resuscitation room roles and patient information resources in the ED.

When not on-shift in the ED, you can find Kathryn chasing her girls at home, heading out to K country for the day, or practicing her jumping front snap and 360 spinning hook kicks (on the ninja-like, nearly invincible opponent Tony Chad), on her slow climb up to black belt in Taekwondo. Ask her to count to ten in Korean next time you see her!

