



Department of Emergency Medicine

Friday **email**

Updates for ED Physicians

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NOTE: The deadline for content for next week's Friday Newsletter is WEDS, APRIL 17th. Due to the holiday Friday, the newsletter will be sent on Thursday, April 18th.

Operational Updates

SCM Updates!

N-Acetylcysteine (NAC) 2-Step Regimen

April 11, 2019

Poison and Drug Information Services (PADIS) has updated the [Guidelines on Management of Acetaminophen Toxicity](#). As a result, the previous 3-Bag NAC protocol has been replaced with a new one-concentration, 2-Step Regimen.

ED Order Sets Impacted:

- ED Overdose Acetaminophen
- ED Overdose Acetaminophen Peds

Notable changes to the order sets include:

- New order grids to follow the 2-step regimen: Loading Dose and Continuous Infusion. The grids include pre-set dosing based on weight with a dosing weight cap of 100kg.
- Pre-selected Clinical Communication order with guidance on when to discontinue the NAC 2-Step Regimen.
- Additional order items for labs, fluid restriction, and activated charcoal.

Please familiarize yourself with the new 2-Step Regimen and all associated changes in the updated order sets.

Add New Attending Group – SHC Complex Care Hub to ED .Consults in Hospital OS

April 11, 2019

ED Order Set Impacted:

- ED .Consults in Hospital

Set default for the ED MD Consult Complex Care Hub (Hospital at Home) service at SHC to SHC Complex Care Hub.

ED MD Consult - Control, Remote

Control, Remote 2250002835 / 100042... 12y (2007-Apr-06) Male ?

ACH-1-1101-1 Unreviewed Allergies

Order: ED MD Consult Order ID: 001BCN999

Requested By: Physician, One Generic Template Name:

Messages:

Consulting Group Location

ACH

FMC

PLC

RGH

SHC SHC Complex Care Hub G<S

SCHC-Urgent Care

SMCHC-Urgent Care

Other Services :

Priority: Call Now

Provider or MD Requested : Resident or Staff Physician if Resident Not Available

Repeat View Document OK Cancel

Update Administration Instructions and Route Options for diltiazem ER tab/cap

April 11, 2019

Diltiazem extended release capsules, both generic and brand name, may be opened to allow mixing of the intact granules with a spoonful of soft food (e.g., applesauce) or a small amount of water prior to oral administration. It is not recommended however, to administer the intact granules via an intragastric feeding tube (e.g., NG, OG, PEG).

ED Order Set Impacted:

- ED Common Medications

Route has been updated to only have 'PO' option. Administration Instructions have been updated to include the following text: 'Do not Crush or Chew. Capsules may be opened to mix intact granules with a spoonful of soft food or small amount of water. Do NOT administer via intragastric feeding tube.'

RX Standard /WC Medication Form - Control, Remote

Control, Remote 2250002835 / 100042500... 12y (2007-Apr-06) Male ?

ACH-1-1101-1 **Unreviewed Allergies**

Order: diltiazem ER tab/cap Order ID: 001BCN910

Requested By: Physician, One Generic Template Name:

Messages: FORMULARY THERAPEUTIC EQUIVALENT is provided

Dose: 30 Unit: mg

Route: PO

Frequency: daily

Withhold Dose If:

OR:

Advisory Note:

Start Priority: Routine OR Enter Start Date:

Stop After: Clear OR Enter Stop Date: Stop Time:

Review Date: Review Time:

Additional Information: Discharge Reminder: The current lowest cost diltiazem extended release product has been used in hospital. Patient's home medication may differ.

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions: Do not Crush or Chew
Capsules may be opened to mix intact granules with a spoonful of soft food or small amount of water.
Do NOT administer via intragastric feeding tube.

Ordered as:

Repeat Drug Info View Document OK Cancel

N-acetylcysteine for APAP toxicity

- April 11th: PADIS is changing to a 2-step regimen. There were many safety events with the old 3 bag regimen.
- New guideline is posted on PADIS. [Please see attached.](#)
- Dosing
 - Less than or equal 100 kg
 - Load: 150 mg/kg over 60 minutes
 - Continuous infusion: 15 mg/kg/hr for 20 hrs
 - Greater than 100 kg. dosing cap of 100 kg
 - Load: 15 grams
 - Continuous infusion: 1500 mg/hr
- SCM OS : 2 pediatric and 2 adults.
 - Conditional lab work to be drawn at 20 hrs has been added

Acetylcysteine (NAC 2-Step Regimen)												
Initial acetylcysteine orders should include the loading dose and continuous infusion. Doses as indicated in the grid below.												
If lab results are not available within 8 hours of suspected overdose, acetylcysteine should be started BEFORE confirmation of toxicity.												
Acetylcysteine DOSING WEIGHT CAP: 100 kg												
LOADING Dose												
Order	Dose	Dose	Unit	Dose Calculation	Route	Frequency	Infuse Over		Start Date	Advisory Note	Additional Information	
-] Wt LESS THAN or equal to 100Kg - 1 item(s)												
<input type="checkbox"/>	acetylcysteine inj -		mg		IV	once	60	minute(s)		Loading Dose 150 mg/kg...	2-Step Regimen...	
-] Wt GREATER THAN 100Kg - 1 item(s)												
<input type="checkbox"/>	acetylcysteine inj -	15	g		IV	once	60	minute(s)		Dosing Cap: 100 kg...	2-Step Regimen...	
CONTINUOUS Infusion												
Order	Dose	Unit	Route	Frequency	Anticipated Start Time for Infusion	Start Date	Advisory Note	Additional Information				
-] Wt LESS THAN or equal to 100Kg - 1 item(s)												
<input type="checkbox"/>	acetylcysteine inj -	15	mg/kg/hour	IV	<Continuous>	Routine		15 mg/kg/hr ; continue to run until...	2-Step Regimen...			
-] Wt GREATER THAN 100Kg - 1 item(s)												
<input type="checkbox"/>	acetylcysteine inj -	1,500	mg/hour	IV	<Continuous>	Routine		Dosing Cap: 100 kg. Continuous infusion of...	2-Step Regimen...			

ED Readmission Alerts - now able to modify!

Bottom line:

You can modify your ED Readmission alerts to:

1. Notify you of any patient readmitted within 3-14 days of their ED visit
2. Exclude patients where you consulted a service during their ED visit
3. Turn on/off notifications to your personal email account (you will still receive notification to your AHS account). *This can be used when you are on holidays and don't want to receive a notification or if you routinely check AHS email.*

In order to do this you need to be within the AHS firewall (i.e. at the hospital). Follow the steps outlined here - <http://www.physicianlearning.ca/addpref>. If you experience any difficulties you can email Dongmei Wang and she can assist you with changing your preferences.

Also, as a reminder we are hosting a Physician Reflection session April 25th - great opportunity to discuss readmission data and the other data you receive and how to use it to reflect on your practice (and you get free section 3 CME credits). You can email Shawn Dowling or Chris Bond to sign up.

Rationale for these changes:

Based on the the requests from a number of physicians, you are now have able to modify your ED readmission alerts to capture patients readmitted 0-14 days (3 days being the minimum). A few important points: We know receiving these alerts can be stressful. As such the ability "to remove notification to your personal email" is meant to allow you to not receive these when you are on holidays. It is our hope that you would still routinely look at these alerts in a timely fashion. Knowing about a readmission and reflecting on it is an important part of how we can improve as physicians. The goal is not to have the lowest readmission rate or no readmissions. Often, reflection on the readmission leads us to realize that we would not have done anything different on that initial visit, at other times we realize that follow up plans fell apart. The readmission do not necessarily reflect "errors" made, in fact they often reflect a considerable amount of work arranging an outpatient plan with the full understanding that a return to the ED for admission may be required, recognizing that admissions to hospital (especially for the elderly) can result in increased morbidity/mortality. I know of situations where people have received notification of an unanticipated readmission and personally followed up with the patient/family in a timely fashion and this was positively received by the family.

Foley Catheter Risk!

Dear group

There were recently 2 post radical prostatectomy patients who had large 3 way catheters inserted in the ED with complications. The risk is disruption of the anastomosis. **If you see a radical prostatectomy patient within 2 weeks of their surgery please do not place a catheter.** Please contact the surgeon of record (during the day) or the urologist on call (after daytime hours) for guidance.

Drs. Nancy Zuzic and Neil Collins

Physician participation needed!

Preceptor Request URGENT!

Thursday April 25 afternoon preceptor needed for Bedside Teaching for the mandatory clinical clerks. Please contact me if you can help out.

Preceptors take this small group (usually 2-4) around the FMC ED. During the session, you teach relevant Hx and Px exam skills. Investigations and disposition can also be reviewed and discussed. Patients chosen should have already been seen by an on-shift ER physician. Any clinical MD working in the region can do a session, and are encouraged to apply and build their teaching dossier. Commitment to non-clinical teaching is reviewed at the re-hire meetings, and at the promotion committee meetings for academic titles. Recently retired Emergency Physicians are also eligible to teach these sessions.

The sessions run on Thursdays from 13:00-16:00. You are to meet your students at the main unit clerk desk behind triage. The remuneration is \$375.

Gavin Greenfield

What do you think about the 72-hr re-admission alert?

To gain a greater understanding of the 72-hour re-admission email alert and its role in self-reflection on practice we are conducting a qualitative study. We would like to hear from you!

What it would involve is an approximately 30-minute one-on-one interview in April with our research assistant. (it can be in-person or on the phone) The questions will surround your experience and feedback on the 72-hour re-admission email alert.

Please provide us with some availability using our online form <https://goo.gl/forms/GeJZCu5SL4ItWZBX2>

OR send me an email to Catherine Patocka.
thanks in advance and for your support of this initiative

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board Ethics ID REB18-1285

Welcome to Calgary Zone Indigenous Health Action Plan survey!

We are seeking your feedback. As you may be aware, the purpose of the Action Plan is to develop an [Indigenous Health Action Plan](#) for improving health outcomes of Indigenous People in the Calgary Zone. A key step in this process are the engagement sessions which are being held with key stakeholders, including AHS divisions providing services to Indigenous clients, to identify priorities and co-design solutions. We would therefore like to hear from you also to help build understanding of the current state in your program area.

Your feedback is important to us

We have analyzed the information gathered from initial engagement sessions and compiled the top 8 themes identified as priority areas to address in the health action plan. We would appreciate your assistance in further prioritizing and by adding program specific ideas to help support implementation. Without implementation a plan is just a piece of paper....

<https://survey.albertahealthservices.ca/IHAP>

Participation in this survey is completely voluntary

If you agree to do this survey, it should take 5 minutes to complete.

Your answers are anonymous and confidential

We will greatly appreciate if you can complete the survey by April 19, 2019.

If you would like more information about this survey or this project please contact:

Folake Arinde
Sandra Johansen
Chelsea Crowshoe
Penny Morelyle

Physician Burnout Survey

Emergency medicine is known to be a high-stress specialty. Work related stress and burnout have repeatedly been theorized to negatively impact physician-patient interactions, collaboration between healthcare professionals, team morale and ultimately overall physician mental and physical health.

We need your help. If you are interested in completing a survey regarding burnout in Emergency physicians Canada we are asking that you click the link below and provide your email address. Once we have created a roster of physicians willing to participate we will send an invitation to complete the survey with the survey link.

<https://redcap.lawsonresearch.ca/surveys/?s=L3NJJ7ND8L>

-Eddy Lang

Sign Up for April 25th Practice Reflection session with Shawn Dowling

Everyone recently received their ED Physician Performance Report for July 1, 2018 through December 31, 2018. Feedback on this initiative is always welcome and encouraged.

Are you interested in learning more about these metrics? Discussing with colleagues and peer facilitators how this data can be used in your day to day practice? We will be hosting regular peer to peer facilitated feedback sessions where Emergency Physicians can better understand the data (and it's limitations) and how this data can be used for practice improvement in a safe learning environment. The feedback from colleagues who have attended these sessions has been very positive thus far and we continue to improve the process. These sessions are eligible for section 3 Mainpro credits.

The next practice reflection session will be facilitated by Dr. Shawn Dowling April 25th after Grand Rounds. Please email Chris Bond to sign up.

Education. CME. Rounds

ACH Emergency Rounds

April 18, 2019
Amphitheatre

DI Rounds (0800-0900)

Robyn Buna

City Wide Grand Rounds (0900-1000)

Date: Apr-18 Time: 9:00 to 10:00

Presenter: Dr. Karl Phillips

Title: [CT Utilization in Stable Pediatric Blunt Abdominal Trauma](#)

Venue: ACH Amphitheatre.

Patient Safety Rounds (1030-1130) (B2-200)

Vidushi Khatri

Grand Rounds Recordings

The recording of the April 4 Emergency Medicine Grand Rounds videoconference can be found at the following links:

https://ahamms01.https.internapcdn.net/ahamms01/Content/Videos_Other/FMC/EmergApr4_19-AtrialFib.mp4
https://ahamms01.https.internapcdn.net/ahamms01/Content/Videos_Other/FMC/EmergApr4_19-ID.mp4

JOURNAL CLUB:

Date: April 18 Time: 1800 -2100

Presented by: Drs. Miles Hunter and Nick Packer

Preceptors: Drs. Shawn Dowling and Marshall Ross

Hosted By: Dr. Colleen Carey

The Papers are as follows:

[Questions : Attached](#)

Paper 1: Kuppermann et al. Clinical Trial of Fluid Infusion Rates for Pediatric Diabetic Ketoacidosis. The New England Journal of Medicine. 2018; 378(24): 2275-87.

Registration Open: Procedural Skills Workshop- Vascular Access Central Line Pacemaker & Interosseous Access. May 09. 2019

Hello everyone,

Registration is still open for the next Procedural Skills workshop.

Topics

- Vascular Access Central Line Pacemaker
- Interosseous Access

Date/Time

Thursday, May 09, 2019
1300 to 1600

Location

Room G820, DRY Lab on the MAIN LEVEL, NOT the ATSSL wet lab in the basement ([map attached](#))

Facilitators

Tony Chad
Ian Wishart

Cost

Free as this is open to all physicians contributing to the Physicians Support Fund.

PSF Late Cancellation Policy

Members must cancel their attendance 48 hours prior to the start of the course/workshop. Cancellation within 48 hours of the start of the course/workshop will incur a penalty of \$100.00. All monies received due to late cancellations will be deposited into the general PSF account.

Registration

Email Amani to register. First 32 to respond will be accepted.

ACH Pediatric Update Conference: May 9-10, 2019

This conference will update knowledge in selected areas of paediatric care relevant to physicians and other health professionals who look after children in community and hospital settings. Various topics will be reviewed

to support advancements in the care of infants, children and adolescents.

[Click for brochure.](#)

CPT Pearl of the week- N-acetylcysteine (NAC) & Anaphylactoid Reactions

ODT Virtual Health Learning Session

April 18, 2019, 9am-12noon (unfortunate conflict with ACH rounds as an exceptional occurrence)

All you ever wanted to know about Methamphetamine and more... [Click for poster.](#)

ED Highlights

Hodsman Lecture

1) Free catered dinner May 1st @ 6.00pm

The dinner is being hosted at Dr. Colleen Carey's residence and all emergency physicians, residents and kids-sim staff are invited to attend. Our invited speakers will also be in attendance.

Please RSVP to Amani by April 24th

2) Hodsman Lecture (Simulation, Teamwork & Crisis Resource Management), May 2nd @ 8:30am - 12:00pm
FMC Auditorium (detailed schedule to follow)

Dr. Catherine Patocka is our new FRCP PD

We are very pleased to announce that Dr. Catherine Patocka was the successful applicant for the FRCPC Resident Director role.

Catherine began in the role as of April 1, 2019. Catherine graduated from the McGill Royal College EM Residency Program in 2013, and has worked as an emergency physician in Calgary since then.

She holds the rank of Clinical Assistant Professor at the University of Calgary Cumming School of Medicine. In addition to her clinical duties, Catherine holds leadership positions including the Calgary EM Competence by Design (CBD) Lead for EM, and provincially she serves as the Clinical Knowledge and Content Management (CKCM) Lead for Emergency Medicine. Catherine also serves as a Board Member with the (CAEP) Canadian Association of Emergency Physicians Board of Directors.

Educational leadership and scholarship are strong areas of interest for Catherine and as a result, she obtained a Diploma in Health Sciences Education through the McGill Centre for Medical Education, a Diploma in Educational Design through the Academic Life in Emergency Medicine (ALiEN), and a thesis-based Master's of Health Professions Education (MHPE) from Maastricht University in Netherlands.

Catherine completed her Doctor of Medicine degree at McGill University, and her Bachelors of Science Honors in Pharmacology at the University of Alberta.

Please join us in welcoming Catherine to her new role!

The Calgary Department of Emergency Medicine would like to thank Dr. Sarah McPherson for doing an exceptional job as FRCPC Resident Director, as well as various other roles she's had in leading and supporting the FRCPC Residency Program for the past 10 plus years. Sarah has made many outstanding contributions to the Residency Program and she will be missed.

Sarah is pursuing other interests, but we hope to be able to get her involved again in the future in leadership roles.

- Eddy Lang, Neil Collins, Scott Banks

Save the Date! Dr. Shawn Dowling's Presentation - ED Academic Position in Quality Improvement Science.

Hello Everyone,

We are pleased to invite you to attend Dr. Shawn Dowling's presentation on Thursday, May 30 at 8.15-9.00am at FMC auditorium. This presentation is part of Dr. Dowling's application for the Academic Position in Quality Improvement Science at the Department of Emergency Medicine.

Breakfast will be provided and everyone is welcome to attend!

Sent on behalf of the Department of Emergency Medicine and the Position Search and Selection Committee.

Opportunities

AMA Seeking Nominees for highest awards

- Medal for Distinguished Service
- Medal of Honour

Deadline: April 30th. [Click for information.](#)

Invite to Exploratory Meeting and Brainstorm Session on Addressing Street-Level Drug Abuse and Death in Calgary

Dear Friends, Colleagues, Community Leaders, Researchers, and Others:

I write to invite you to an exploratory meeting at Mount Royal University to discuss the complex issues relating to street-level substance use, poverty, homelessness, social disorder, and crime in Calgary. My primary goal for this meeting is to establish a diverse working group of experts from a broad range of academic backgrounds and professional practice.

Of the past several years, I've completed a number of contract studies examining crime and social disorder in Calgary's downtown core. At the end of each study, I conclude that more is needed in the way of 'coordination' among Calgary's academic, medical, law enforcement, business, and social services committees -- frankly, notwithstanding the noble and important efforts and programs underway to address the aforementioned challenges, there is still much needed in the way of evidence-based, multidisciplinary, along with public and private sector informed approaches.

Frankly, I should have booked a lecture hall and sent this email hours after completing my last contract study - sadly, since this time, hundreds have died from overdoses in our city, frustrations among individual cities and the collective public and private sectors has mounted, and most unfortunate is the fact young lives are being lost.

SO...I hope you'll consider coming (and bringing a colleague/friend). The agenda is brief:

- 1) Introduction
- 2) Who's Who in the Room
- 2) Brainstorming Session and Collection/Documentation of Ideas
- 3) Establishment of Network
- 4) Future meeting and follow up

This is not meant to duplicate current efforts being taken - rather it's to identify what is being done, what more can be done, and how best to achieve sustained and collaborative results. If at a minimum those involved in existing programs get new insight, volunteers, etc - GREAT!

Wednesday, May 1st, 2019
10am - 12:50pm
Mount Royal University
EA 1031 (main floor of Arts Building - Moot Court)

Please invite whomever you think might be interested - I get I blind copied people, so there is a chance they are already listed, but ask anyway please. I do not have anyone from EMS, Fire, Emergency Management, or Bylaw on this email - please invite from those communities.

Regards,

Kelly

--

Dr. Kelly W. Sundberg
Associate Professor

MD Spotlight

Dr. Karl Phillips

Karl came to Calgary in 2013 to begin his residency in the FR EM program, and completed it last year. He is working a half time split line between FMC and PLC. He is also currently finishing his final year of his PEM fellowship at ACH where he will be working half time starting in July.

He came from the University of Saskatchewan where he played quarterback and receiver for the U of S Huskies football team and completed a BSc in Physiology and a BA in Philosophy. After playing football he completed his MD at the U of S. Karl has continued playing football throughout residency, representing Team Canada for the World Championships in Men's Flag Football in Miami in 2016.

Karl has 2 girls with his wife Leah, Wynn (3) and Cali (8 months). He loves emergency medicine because it allows him a great balance of being completely present both while he's at work, and also at home with his family.

His research interests include epistaxis management as well as eye care in the ED, and his biggest passion is for quality improvement in pediatric trauma. He is currently developing pediatric blunt abdominal trauma guidelines with the Trauma Committee at ACH. He loves working with and teaching residents and loves the camaraderie that Calgary emergency medicine has developed and hopes to continue to see it grow throughout his career in Calgary.



Miscellaneous

Alberta doctors urge Calgarians to consider climate changes at the polls

CBC article featuring Dr. Vipond: https://www.cbc.ca/news/canada/calgary/climate-change-billboards-target-calgary-1.5078206?_vz=medium%3Dsharebar

In Vancouver, front-line workers are facing 'a different kind of overdose' in new synthetic drug from Globe and Mail.

Department of Emergency Medicine - Calgary

