



Department of Emergency Medicine

Friday **email**

Updates for ED Physicians

Contents

Operational Updates

Further updates on chest tube standardization process
Intimidation/abuse of residents
N-acetylcysteine for APAP toxicity
ComputER Corner

Education. CME. Rounds

No Grand Rounds this week
Ground rounds recordings
ED Research Day - Apr 11
CPT Pearl of the Week - Amiodarone part 1
ODT Virtual Health Learning Session
Hodsman Lecture - May 2
Procedural Skills Workshop registration

ED Highlights

Wellness Hub Update
Publication
3 YYC Hospitals in top 15 in Canada
Dr. Dowling Presentation - May 30

Opportunities

Physician Burnout Survey
Practice Reflection Sessions w Shawn Dowling

Operational Updates

Further Details on the Chest Tube Standardization Process:

If you missed reading about it in the previous Friday Newsletters, we have standardized the Chest Tube insertion process from Calgary ED's.

Spontaneous Pneumo = Thal Quik 16 Fr. Kit

Open Chest Tube = 28 Fr.

Location of insertion, anchoring sutures and dressings are all standardized.

The rationale for this project is here: [Chest tube summary](#)

The list of equipment is here: [Chest tube cart equipment supplies](#)

A version of the check list for this procedure is here: [Emerg Dept chest tube safety checklist](#)

Video Links (Thanks to Tony Chad and his team for the production of these videos: note that these and other videos on common ED procedures can be found on the Department Website (which I am sure you all know) is found here <http://cumming.ucalgary.ca/ermedicine/education/skills-videos>

Open Chest Tube:

<https://www.youtube.com/watch?v=G2k-1Oan7ac&list=PLIL3WsvShnUA63AXXNiVx-oiB3OczIhzW&index=8>

**Closed Chest Tube:

https://www.youtube.com/watch?v=w_j9QG5-U1I&list=PLIL3WsvShnUA63AXXNiVx-oiB3OczIhzW&index=9

Please note that the knots used in this video for securing the chest tube are not consistent with the agreed upon technique for this initiative.

The agreed upon technique is:

- anchoring sutures that consist of 0-silk sutures, one on either side of the tube, anchoring the tube by tying the ends tightly to the chest tube. One on either side = two anchoring sutures in total
- skin is closed using simple interrupted prolene (the standardization of anchoring/skin closure allows the ward to know how to care for/change/remove the tube)
- See a mock up here: [Anchoring sutures photo](#)

Thanks again to Jason Fedwick for his work on this project.

- Neil Collins

Intimidation/abuse of residents

There was a concern raised by the program director of a resident specialty that frequently provides consultations to the Emergency Department.

The concern described examples of the behaviour of ED Staff (MDs, RNs, Unit Clerks, etc) that the Program Director considered abusive towards their residents.

There were many examples provided, and I won't go into specifics, but the general themes were as follows:

- criticism of residents using intemperate language or of a personal nature
- criticism of residents in a public place especially in front of colleagues or patients/families
- discourteous treatment by non-medical staff

I think we all know that there are many aspects of the relationship between admitting service residents and consulting ED MDs that can make it frustrating and prone to conflict. I will also confirm that residents are not

classifying as “abusive”, well-meaning and polite but firm attempts to advocate for our patients. Nonetheless, I think we should be able to comport ourselves in such a way as to maintain respect for the residents of the service we are consulting. This includes avoiding off-the-cuff criticism of residents to other ED staff who may lack the context to understand your frustration and continue the cycle by abusing the residents themselves.

I have asked Senior RN Leadership at all sites to discuss the issue with RN's and Unit Clerks.

I have noticed the creep into our ED environment of an adversarial relationship with some services when resources are stretched (almost all the time now). I think it is important for us all to realize how our treatment of residents may set the tone for the entire department.

We will be using this feedback to reflect on our department's adherence to universally agreed upon principles of treating others with respect, but also to highlight the need for all specialties to have adequate staff on call to support residents when they are overwhelmed.

-Neil Collins

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		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...

ComputER Corner

Thanks again to everyone who volunteered to test out the new terminals!

The user guide is now available on the ED physician resources insite page: insite.albertahealthservices.ca/edc/page9692.aspx

Roll-out of the new terminals will start at the two urban UCC's later this month then proceed to the ED's in May and June. Once the schedule is finalized I will post it to the same insite page.

Matt Grabove
ED Medical Informatics Physician Lead

Education. CME. Rounds

No EM Grand Rounds

There will be no grand rounds or key concept rounds this week due to the Research Day on April 11, 2019.

Grand Rounds Recordings

The recording of the March 28 Emergency Medicine Grand Rounds videoconference can be found at the following link:

https://ahamms01.https.internapcdn.net/ahamms01/Content/Videos_Other/FMC/EmergMar28_19.mp4

ED Research Day - April 11

- See the [Research Day Agenda Here](#).
 - Attend [Pechakucha Night \(April 10\)](#)
-

CPT Pearl of the week - [Amiodarone part 1](#)

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](#).

Hodsman Lecture - May 2nd

1. Save the date! Hodsman Lecture, May 02 @8.30-12.00. FMC Auditorium
2. Dinner Invite Hodsman Lecture Series

Hello everyone,

The department of Emergency Medicine invites emergency physicians and residents to attend dinner on Wednesday, May 01 as part of Hodsman Lecture Series (2019) event. The dinner will be hosted at Dr. Colleen Carey's residence at no cost. Please RSVP to Amani by April 1, 2019.

Best regards,
Sent on Behalf of Hodsman Lecture Planning Committee

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

Hello everyone,

Registration is now 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.

ED Highlights

Wellness Hub Update

The Wellness Hub has secured funding for the ED Peer Support Team thanks to the Physician Support Fund. We are going to be training our own ED MDs to Peer Support so that if we find ourselves struggling either personally or professionally, we have a peer to call who has been trained in empathetic listening and is well versed in the resources available to us as physicians.

We are working with the Cummings School of Medicine Office of Professionalism, Equity and Diversity, Wellness Section's Dr. Jane Lemaire to create an empathetic listening workshop, where the department of psychiatry in addition to the PFSP (Physician & Family Support Program) and the CMPA will present. The plan is for the workshop to occur in June and the ED Peer Support Team will launch shortly thereafter. Please keep an eye out for the list of ED MDs who you can contact if you ever need.

If you have any questions or concerns, please don't hesitate to contact the Wellness Hub Leads: Eileen Kabaroff, Vanessa Potok, Huma Ali.

We are excited to begin to foster a culture of wellness for our ED MDs!

Huma Ali MDCM FRCPC(EM)

Emergency Physician

Publication of Note

Congrats to our PEM colleagues on the publication of this interesting analysis of patient complaints.

<https://www.ncbi.nlm.nih.gov/pubmed/30937416>

Three of Canada's top 15 hospitals are in Calgary - SHC may be just too new to have made the list

Dear colleagues

I thought I would share this neat piece from Newsweek.

<https://www.newsweek.com/best-hospitals-2019/canada>

While emergency care is not specifically called out as a hospital specialty, you and I know full well that the ED is the microcosm of any healthcare institution. As the canary in the coal mine, the city's safety net and the gateway for all non-elective i.e. most admissions, we are make or break.

I think we should all be very proud of this and of the exceptional support we receive from our ED operational leads, our senior leaders and the other departments in the hospital.

Congratulations to all for the hard work.

Eddy

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

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.

Department of Emergency Medicine - Calgary