

Department of Emergency Medicine

# Weekly **email**

Updates for ED Physicians

Nov 21 , 2023 Edition

Natalie

## Operations

Notes from Eddy and James – AHS restructuring edition.

November 21, 2023

Dear colleagues,

Thank you to those who were able to attend last week's Town Hall either in person or virtually. I am very grateful as well to James and the site chiefs / assistant site chiefs who were able to chair and facilitate a great session. We were very fortunate to have great representation as well from senior Zone leadership with 4 AZMDs in attendance (Elizabeth McKay, Colin Del Castilho, Misty Watson and Cheri Nijssen-Jordan).

Thanks to Haley Cochrane for recording the Town Hall themes including:

### Current issues facing our department/Concerns raised

- Increasing EIP burden and bed block. Many actions being taken by CZDEM/Zone Leaders, but ultimately limited by system-wide lack of capacity.
- Acknowledging burnout among physician and nursing staff with consequent FTE reductions
- Need to protect new hires and support with early career mentorship to prevent early burnout
- Exploring mechanisms/incentives for physician retention/Retirement transition, Casual retirement MD pool, Retirement mentorship
- Acknowledge the ethical concerns of hiring large volumes of physicians in Calgary with regard to impact on other sites
- Should we be looking for more clinically oriented physicians over physicians who have multiple side roles?
- Ensuring equitable parental leave policy
- Challenging to get shifts covered, working on surge funding strategy
- Need to have department policies/initiatives more easily accessible to the group for clarity/transparency

### Proposed Novel Solutions

- Expanded use of mid-level providers for other services (i.e. Surgical PA program for ED consults).
- New PA program starting at UofC/Emergency representation and involvement in the program is requested
- Exploring new roles for mid-level providers in the ED (e.g., NPs/PAs to manage handover)
- Consider new ED physician roles: morning handover role for disposition, other uses for an ARP to support flow and decreased non-clinical work load on shift (Modified EPL)

- Reduce unnecessary specialist referrals to EDs (e.g, multidisciplinary urgent assessment clinic spaces, AMA to push for funding models that incentivize optimal use of system resources)
- Prioritize/Incentivize 1.0 FTE - re-communicate our current incentives
- Income equity via AMA – improved remuneration for weekend/night/in-hospital work
- Post CZDEM policies/initiatives on the website where the group can readily access them

I shared some reflections on the AHS restructuring that I am relaying here; divided into answers to three questions.

### What is motivating the restructuring?

Several years of tension between AHS operations and Alberta Health. For example, it has been difficult to obtain approval for surgical postponements during periods of severe ED crowding and access block as they required approval at the level of the ministry.

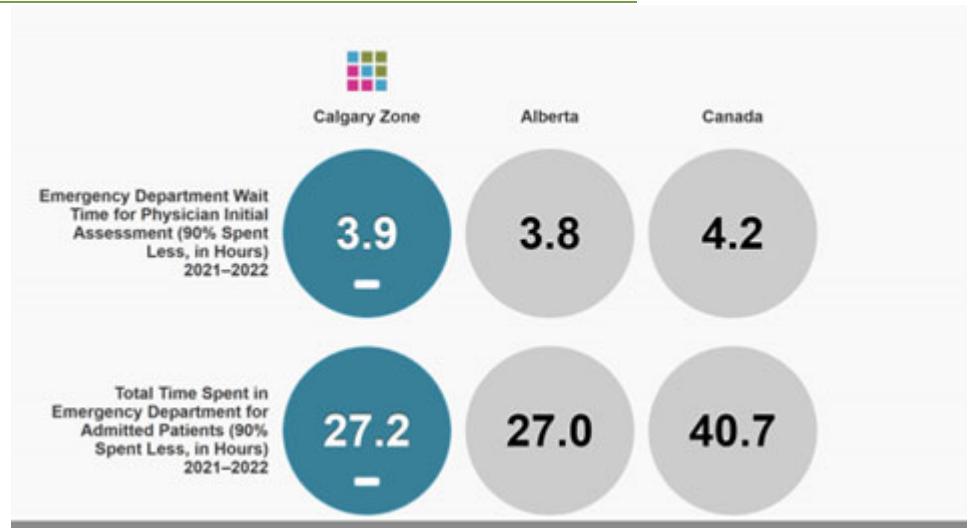
The changes proposed clearly allow for more direct influence of the government into AHS policies as demonstrated by the composition of the board.

Notable and disheartening to see that there was no AHS presence at the press conference announcing the changes. There was also little consultation about these changes with AHS leadership or the frontline and even the town halls held since the announcement of the restructuring have been short on specifics.

The political dimensions are fairly clear in regards to the restructuring. AHS was the punching bag for the UCP for years and this restructuring is seen as a means of scoring points and making ideologically driven changes in healthcare.

While biased as part of AHS, I think the criticisms are for the most part unfounded. Whether it be the burden of admitted patients, ED LOS for admitted patients as well as attachment to a family MD and time to surgery for hip fracture patients Alberta has outperformed the rest of the country. This is no accident and can be linked to the integrative nature that characterizes Alberta healthcare and which most other provinces have moved towards. The current plan for disintegration risks moving in the opposite direction.

<https://yourhealthsystem.cihl.ca/hsp/indepth?lang=en#/theme/f3647a180b929173539c81ef6e4de088e99bdf8/3/>



I remain concerned about the focus on Recovery in the addictions and mental health portfolio and the toll that this will take on our vulnerable patients. A push towards the privatization of healthcare will likely have negative consequences for our vulnerable patients but may result in more surgical care moved out of acute care and into chartered surgical facilities.

### What do the changes mean?

Still more questions than answers at this stage and it may require the new board to be installed and active to see what will transpire. There is a feeling that the government doesn't know what they are getting themselves into. They are starting with continuing care and that alone can take years. We do not anticipate concrete changes in patient care for at least a year.

It is also somewhat difficult to see how the siloing described in the four major organizations will improve the burden of long-term care patients in hospitals or improve primary care attachment without a true accountability framework.

There seems no doubt that the changes will be significant for AHS which will be contracted, however it will still require skilled and experienced health leadership. I am saddened to see Dr. Belanger released from his position as he has been an exceptional leader and supporter of our department.

### **Are there any upsides?**

This government remains committed to addressing ED wait times and EMS response times and will be held responsible for both positive and negative changes in this regard.

It is notable that the premier articulated the importance of maintaining hospital occupancy at 85% during the press conference which would be invaluable for us in the ED if were to be translated into enforceable policies. There are no specifics in the restructuring plan that outlines how this would happen.

In recent days Edmonton has seen critical levels of EIPs and untenable levels of hospital occupancy – this has triggered a load leveling plan that has seen 75 Edmonton inpatients transferred to rural beds and ALC patients moved to non-first choice nursing homes to open inpatient capacity. We are not at these dire levels of EIPs at this time but with Alberta Health needing to approve these measures there may be potential merit in having the ministry more directly responsible for assuring safe ED care.

Change is hard and anxiety-provoking based on the uncertainty that it brings. This was true when AHS was created in 2008 and is no less true now. We will continue to do what we do best which is to provide excellent care and continue to advocate for our patients in this new yet unknown structure.

Creating a dedicated Assistant Deputy Position for Acute Care for the first time in nearly 30 years is telling as to how Alberta Health is going to be more closely involved in operational policy.

<https://jobpostings.alberta.ca/job/Edmonton-Assistant-Deputy-Minister%2C-Acute-Care/575681417/>

Please feel free to have your say on the restructuring at:

[https://your.alberta.ca/health/survey\\_tools/feedback-form](https://your.alberta.ca/health/survey_tools/feedback-form)

### **Promotions**

Our department is very fortunate to have so many passionate members involved in a range of activities that benefit our department and ultimately improve patient care. See list below of those who have taken account of these and stepped forward for promotion in the Cumming School of Medicine.

<https://cumming.ucalgary.ca/departments/emergency-medicine/kudos/academic-appointment-promotions-emergency-medicine>

Please consider updating your CV and submitting for promotion, a process which usually begins more fully in February. If you have questions about this please feel free to reach out.

Always available to meet and discuss any matters that are important to you.

Eddy

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## **Connect Care Update for This Week**

### **1) CONSULT DELAYS AND EIP DESIGNATION**

As more inpatient services begin to employ admission 'caps' to control the flow of patients to the ward, we can expect an upstream effect on how EMS crews are diverted by the IOC / REPAC to our various EDs based on EIP census numbers. In the Edmonton Zone specifically, some of their EDs have noticed this as an emerging problem and they have therefore put together a workflow within Connect Care that can allow patients to be designated as EIPs while still awaiting formal admission. (NOTE: These are patients who the consultant agrees need to be admitted, but who cannot be moved to the ward due to capacity constraints; the workflow does not apply to patients who have not been accepted for admission). This workflow allows for an accurate reflection of EIP counts, while maintaining the EDMD as the MRP, thus allowing a more appropriate distribution of EMS crews to all zone EDs. See tipsheet for details:[https://secure.campaigner.com/media/77/776142/Emergency\\_Medicine/November](https://secure.campaigner.com/media/77/776142/Emergency_Medicine/November)

## 2) POWERMIC MOBILE CONNECTIVITY ISSUES

Many of you have been sharing your difficulties with poor connectivity between desktop computers and Powermic Mobile (for Dragon dictation) on your cell phone. Last week we shared a number of potential workarounds which resulted in varying degrees of connection stability for different users. **FOR ANDROID USERS**, please note that the Powermic Mobile (PMM) app has received a new update within the past 24 hrs, so if you already tried the workarounds published last week and they failed, **PLEASE TRY AGAIN** by downloading the new version of the app (either by updating through your Workspace One profile or directly via the app store) and let me know if this new version works at all. Please note that we have also been able to obtain some hardwired dictaphone-style microphones for shared departmental use, which I am hoping to get circulated to all the sites soon. Early feedback would suggest these have proven to be quite useful and hopefully they will provide a good stopgap while we work towards a more permanent cell phone based solution.

## 3) WHAT'S NEW IN CONNECT CARE

If you're interested in keeping abreast of recent changes / developments in Connect Care, you can access the 'What's New' blog here: <https://manual.connect-care.ca/home/whats-new> and if you want to subscribe to the general Connect Care blog, you can do so here: <http://www.bytesblog.ca/>

As always, if you have any questions or concerns, please email me.  
Chris

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## Patient Safety Committee Update

"RN ordered ECG review Pathway"

As many will know, we may be asked to review an ECG ordered by an RN for patient who has yet to be seen by an MD.

This should occur through Connect Care (CC) through a Secure Chat (SC) message or via your pager. It may occur overhead if necessary.

This should only occur when you are scheduled for this activity during your shift.

This is a pathway created by a peer working group for the QA committee and is endorsed by your site leads and ZDEM in order to ensure timely and time-efficient early ECG reads for patients waiting to be seen.

There are guidance criteria for the RNs regarding which ECGs should go through this review pathway and which should not go through this pathway. We continue to further develop this criteria. In the meantime;

- please review your SC messages during this scheduled portion of your shift
- when requested, review the ECG for the patient attached to the SC as soon as feasible
- please communicate with the requesting RN any action that you feel should result from your ECG interpretation through the SC or via a phone call if felt beneficial/necessary.
- please use the **CC ED Course** to chart a brief interpretation of the ECG +/- anything else pertinent
- you can view James Andruchow's ECG macros created for this under his name on CC

Please do not;

- chart on a paper copy of the ECG (if one has been created)

This pathway is being routinely revisited in order to make it better for patients, MDs and RNs. For example, we will continue to communicate that the ECG indications are contained in the SC request. Of course, please send me your constructive suggestions. – Adam Oster

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## Grand Rounds and Journal Club

### Journal Club Hosts Needed

The residency programs are still looking for a few Journal Club Hosts for the New Year. Remaining dates are:

- January 11th
- March 14th
- April 18th

Each journal club is a Thursday, and the session runs from 1800h-2100h. Reimbursement is provided up to \$750 for hosts to provide dinner and non-alcoholic drinks. Hosts are not responsible for any academic requirements of the evening.

**If you are able to host one of our remaining journal clubs for the year, please email Cody Dunne at [cody.dunne@ucalgary.ca](mailto:cody.dunne@ucalgary.ca)**

Thank you for your ongoing support of our residency programs!

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## Grand Rounds – CITY WIDE – Thursday, November 23, 2023 0900 – 1000

Topic: City Wide Emergency Rounds

Time: Nov 23, 2023 09:00 AM Edmonton

Presenter: Dr. Mary Tong

Join Zoom Meeting

<https://ucalgary.zoom.us/j/98771528027?pwd=WkNQbmE5NGw0ZnZVSTIDR2taaHNOZz09>

Meeting ID: 987 7152 8027

Passcode: 293344

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## Pearl of the Week

This week's topic: Methotrexate Part II:

Accidental Daily Methotrexate Exposure: A potentially deceiving toxicity.

[https://secure.campaigner.com/media/77/776142/Emergency Medicine/November 2023/MTXpart2Nov2023.pdf?id=c93dcj0?f\\_type=file&f\\_name=MTXpart2Nov2023.pdf](https://secure.campaigner.com/media/77/776142/Emergency%20Medicine/November%2023/MTXpart2Nov2023.pdf?id=c93dcj0?f_type=file&f_name=MTXpart2Nov2023.pdf)

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## Departmental News

### Kudos Corner

The Residency program would like to extend a heartfelt thank you to our amazing pharmacy colleague **Cheyenne Boehm** (for those of you who might not know her, she is a Clinical pharmacist at the FMC ED but also works in ICU, Infectious diseases, and at the Sheldon Chumir) who offered to host Journal club. Bringing the pharmacist lens to our JC content was very much appreciated. In addition, Cheyenne provided an absolutely scrumptious homemade meal to all of the residents, staff, and students in attendance which was above and beyond! Thank you!

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### 2023/2024 ED Staff Sim Sign Up

Please check your availability and sign up with the sign-up genius link below. Thank you. There is still one spot available on December 19th at SHC at 9:30 AM, and spots available in the new year.

**Sept - Dec 2023 Sign Up:**

[https://www.signupgenius.com/go/5080d4ca5ac2eaaff2-20231#/#/](https://www.signupgenius.com/go/5080d4ca5ac2eaaff2-20231#/)

**Jan - June 2024 Sign Up:**

[https://www.signupgenius.com/go/10C0844AAAD22A5F8C25-46179322-2024/32137917#/#/](https://www.signupgenius.com/go/10C0844AAAD22A5F8C25-46179322-2024/32137917#/)

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## Job Postings

### Locum coverage for the Red Deer Emergency Department.

The background on this staffing crisis is related to some challenges we have had securing work permits for two international physicians that were supposed to start work December 1, 2023. Currently their expected start date is undefined and could be anytime between December 13, 2023 and sometime in January 2024.

Currently I will be working to ensure seamless coverage during our shifts that contain periods of solo coverage, 2200-0400 and 0400-1000, in the month of December in the effort to avoid any disruption to service. There will likely be other shifts posted after these and providers would be welcome to work. I will be working on locum privileging for interested providers once they have signed up for shifts. For AHS staff that process is very quick. I would just need to add their email to our scheduling Platform Metricaid (they would email the provider).

Current urgently needed coverage gaps  
(N=2200-0400, ED=0400-1000)

#### **December 2023**

Dec 13 N  
Dec 22 ED, N  
Dec 27 ED, N  
Dec 30 ED  
Dec 31 ED, N

Happy to discuss further by email: [Timothy.Gash@albertahealthservices.ca](mailto:Timothy.Gash@albertahealthservices.ca)

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### **Emergency Medicine FRCP Program Director**

The Department of Emergency Medicine invites applications for the position of Emergency Medicine FRCP Program Director. More details on the attached PDF:

[https://secure.campaigner.com/media/77776142/Emergency\\_Medicine/November\\_2023/EmergencyMedicineFRCPProgramDirector.pdf?id=3ve3xnl?f\\_type=file&f\\_name=EmergencyMedicineFRCPProgramDirector.pdf](https://secure.campaigner.com/media/77776142/Emergency_Medicine/November_2023/EmergencyMedicineFRCPProgramDirector.pdf?id=3ve3xnl?f_type=file&f_name=EmergencyMedicineFRCPProgramDirector.pdf)

To apply for this opportunity, please email me a cover letter highlighting your interest and skillset for this position, along with an updated CV. Cover letters and CVs should be emailed to: [scott.banks@albertahealthservices.ca](mailto:scott.banks@albertahealthservices.ca) and should be received no later than **December 4, 2023**.

Thanks - if you have any questions about this role, please feel free to call or email me, or speak directly to Catherine at [catherine.patocka@gmail.com](mailto:catherine.patocka@gmail.com) or by phone 403-919-6973 about the role.

Scott

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### **EM Health Services Researcher - Associate Professor Level**

The Department of Emergency Medicine is recruiting an emergency medicine clinician-scientist to lead a research program in health services research.

Full details can be found at: <https://medicine.careers.ucalgary.ca/jobs/13480926-emergency-medicine-health-services-researcher-department-of-emergency-medicine-cumming-school-of-medicine>

For more information please contact: Dr. Eddy Lang: <mailto:eddy.lang@ahs.ca>

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## **Research**

### **Hodsman Planning Committee**

The Hodsman planning committee is looking for 2 new community members at large.

If you are interested in helping shape the Hodsman Legacy Lecture each year, please reply to [jillian.vandenbrand@ahs.ca](mailto:jillian.vandenbrand@ahs.ca) and express your interest!

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## **CME Learning**

**Bookmark the link below for up-to-date information.**

The latest EM CME workshops can be found here:

<https://cumming.ucalgary.ca/departments/emergency-medicine/professional-development/workshop-and-courses>



## 40th Annual Emergency Medicine for Rural Hospitals

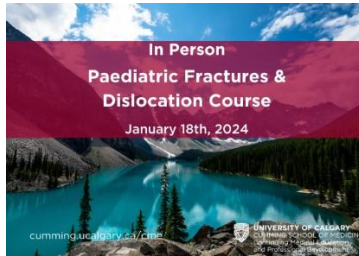
**Date and time:** 5:30pm - 12:00pm Jan 19 - Jan 21

**Location:** Banff Park Lodge, 222 Lynx Street, Banff AB

More information about this course can be found here:

<https://events.ucalgary.ca/cumming/cme-pd/event/443430-40th-annual-emergency-medicine-for-rural-hospitals>

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## Paediatric Fractures Course

**Date and time:** January 18th 2024 All Day

**Location:** Banff Park Lodge, 222 Lynx Street, Banff AB

More information about this course can be found here:

<https://events.ucalgary.ca/cumming/cme-pd/event/443427-paediatric-fractures-dislocation-course>

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## Mindful Practice in Medicine Workshop

**Date and time:** February 21st 6:00pm to February 24th 2:00pm, 2024

**Location:** In-Person at the Banff Centre for Arts and Creativity

More information about this course can be found here:

<https://events.ucalgary.ca/cumming/cme-pd/event/450091-mindful-practice-in-medicine-workshop>

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## Other Opportunities

### Invitation to Participate in a Provincial Study on Cancer Diagnosis in Alberta's EDs

This initiative is a partnership among the Cancer Strategic Clinical Network (SCN), the Emergency SCN, and the nursing team at the South Health Campus Emergency Department (Calgary), Alberta Health Services.

- Quick Overview: Study Focus: Understand the perspectives and experiences of healthcare providers in Alberta's EDs concerning the cancer diagnosis period. End Goal: Refine and optimize cancer diagnosis pathways to improve patient care across the province.
- Why This Matters: Many patients diagnosed with cancer in Alberta are identified following an ED visit, often at later stages, which complicates treatment. Your insights are invaluable as they are key to ensuring timely diagnoses and improving patient outcomes.
- Participation: Engage in a 45-60 minute interview (in-person, phone, or virtual platforms). Opportunity to review and provide feedback on the study's key findings (optional).

If you are interested in participating in this initiative, or have any questions, please directly contact Cassandra Carrier [Cassandra.Carrier@ahs.ca](mailto:Cassandra.Carrier@ahs.ca) or Dr. Anna Pujadas Botey [Anna.PujadasBotey@ahs.ca](mailto:Anna.PujadasBotey@ahs.ca), co-principal investigators.

For a more comprehensive overview, the study information sheet is attached.



## Translating Emergency Knowledge for Kids

Translating Emergency Knowledge for Kids (TREKK), a national pediatric emergency knowledge mobilization network, would like to test how useful our evidence-based resources are for emergency healthcare professionals. This test is one part of the Canadian Institutes of Health Research (CIHR) funded study: Knowledge to Action in Pediatric Emergency Care during COVID-19 Pandemic.

Your participation in a short survey is greatly appreciated and will contribute to the improvement of our resources to help better manage children presenting at any emergency department.

You will be asked to review two new resources in development (Pneumonia Bottom Line Recommendations and Respiratory Distress Algorithm) linked within the survey and answer a series of usability questions, followed by demographic questions. You are not required to have used the resources to respond to the survey. The survey should take 10-15 minutes of your time. Your participation in this study is entirely voluntary. The survey data will be kept anonymous.

<https://redcap.link/TREKKRUS3>

If you have any questions about the study, please do not hesitate to contact me. For more information about TREKK and the resources it provides, please visit <https://trekk.ca/>

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## Sugammadex (Bridion)

Many of you will be aware of the requirement to implement Sugammadex (Bridion) across the Calgary Zone (CZ) as part of a broader Provincial initiative and phased implementation at 106 surgery and acute care sites in Alberta. Sugammadex is a formulary restricted medication used for urgent reversal of neuromuscular blockade from rocuronium. Ahead of CZ implementation, I am writing to share physician-specific educational materials prior to our go-live date Wednesday, November 22nd.

These educational materials have been developed after broad interdisciplinary stakeholder consultation and high fidelity simulations involving MDs, Nursing, RTs, and Human Factors specialists to trial changes and new processes prior to going live. Please take the opportunity to review the attached documents.

[https://secure.campaigner.com/media/77/776142/Emergency Medicine/November 2023/DCCMCZSugammadexMDEd.pdf?id=scs9rt6?f\\_type=file&f\\_name=DCCMCZSugammadexMDEd.pdf](https://secure.campaigner.com/media/77/776142/Emergency%20Medicine/November%2023/DCCMCZSugammadexMDEd.pdf?id=scs9rt6?f_type=file&f_name=DCCMCZSugammadexMDEd.pdf)

[https://secure.campaigner.com/media/77/776142/Emergency Medicine/November 2023/AMPALG2023-10FINAL.pdf?id=g3c16o1?f\\_type=file&f\\_name=AMPALG2023-10FINAL.pdf](https://secure.campaigner.com/media/77/776142/Emergency%20Medicine/November%2023/AMPALG2023-10FINAL.pdf?id=g3c16o1?f_type=file&f_name=AMPALG2023-10FINAL.pdf)

There are a few highlights from the educational materials that merit emphasis:

1. Sugammadex is restricted to the reversal of rocuronium-induced neuromuscular blockade in the following life-threatening clinical situations:

a) Where immediate reversal of rocuronium neuromuscular block is required in a life-threatening emergency situation requiring Rapid Sequence

Induction (RSI);

b) In patients with a difficult airway (e.g., known difficult airway, airway trauma, edema, or bleeding, restricted airway access, obesity/OSA) to avoid Cannot Intubate Cannot Ventilate (CICV) morbidity and mortality and to reduce the risk for re-intubation.

2. Given critically ill patients require intubation for non-elective purposes, routine administration of Sugammadex is not anticipated for the patient with the known difficult airway.



3. A Sugammadex band dosing reference card has been developed to guide administration in a crisis scenario. One key learning from simulation was the real-world time considerations required for administering Sugammadex. A minimum time of approximately 2 to 2.5 minutes for nursing is required to draw up Sugammadex from vials and administer the drug. The onset of reversal of neuromuscular blockade, practically speaking, is likely not before 5 minutes. Therefore, a decision to administer Sugammadex should NOT delay preparation for Front of Neck Access (FONA).

4. Given the restricted indications for Sugammadex, physicians are expected to fill out a Sugammadex User Reporting form any time the drug gets used.

We look forward to your engagement, leadership, and interprofessional collaboration to facilitate successful implementation of Sugammadex. Thank you for all that you do for patients and their families in the Calgary Zone. Sincerely, Jonathan Gaudet

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## 2023 Faculty of Health Sciences Women's Symposium

When: Nov 29, 2023

Time: 12:00–16:00

**Only One Week Left to Register**

For more information and to register:

[https://cpd.healthsci.mcmaster.ca/events/womens\\_symposium\\_23/?](https://cpd.healthsci.mcmaster.ca/events/womens_symposium_23/?)

[utm\\_source=BenchmarkEmail&utm\\_campaign=Women%27s\\_Symposium\\_2023\\_Brochure\\_x\\_6\\_-\\_1\\_week&utm\\_medium=email](https://cpd.healthsci.mcmaster.ca/events/womens_symposium_23/?utm_source=BenchmarkEmail&utm_campaign=Women%27s_Symposium_2023_Brochure_x_6_-_1_week&utm_medium=email)

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## Newsletter Process

Submissions can be sent to: [natalie.sun@albertahealthservices.ca](mailto:natalie.sun@albertahealthservices.ca).

For reoccurring submissions, there is a **max three week run**. If you would like to re-run your submission, please resubmit with updates.

- Submissions will run for a period of one week unless specified.
  - Body copy will be edited at the discretion of the editor to optimize communication.
  - Deadline is Tuesday at noon.
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