

Department of Emergency Medicine

Weekly **email**

Updates for ED Physicians

September 19, 2023 Edition

Notice:

Hello, we have noticed some inaccurate reporting of bounces of the Emergency Newsletter. If you notice:

- You are not receiving newsletters
- You are receiving the newsletters twice

Please reach out to the Communications Analyst for additional support: <mailto:natalie.sun@ahs.ca>

Newsletter Updates

We're introducing some minor changes to make the newsletter a more effective communication tool!

- 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.

Thank you for your cooperation:) If there are any concerns, please email me at: natalie.sun@ahs.ca

Operations

Notes from Eddy

September 19, 2023

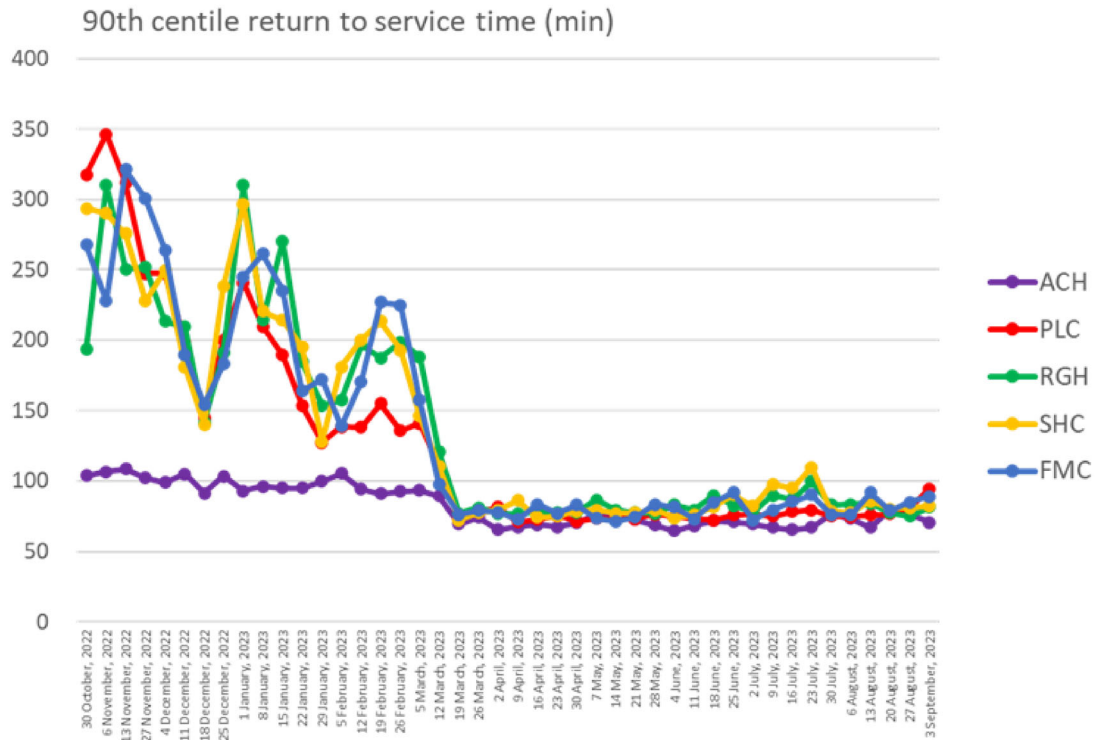
Dear colleagues

Sincerest thanks and admiration for the dedication and hard work that you have provided in exceptional patient care over the summer months and well prior of course. I'll start with the good news.

Operational Achievements

One of the more remarkable achievements that we can claim in the Calgary Zone is the progress that has made in the elimination of EMS park. This is to my knowledge, is the only such occurrence in the history of Canadian EM for hospitals that don't permit a simple drop and go approach by paramedics. Please let me know if you know otherwise. These changes have involved the redeployment of precious nursing resources out to the ED Park that can impact flow in the department at large through bed closures.

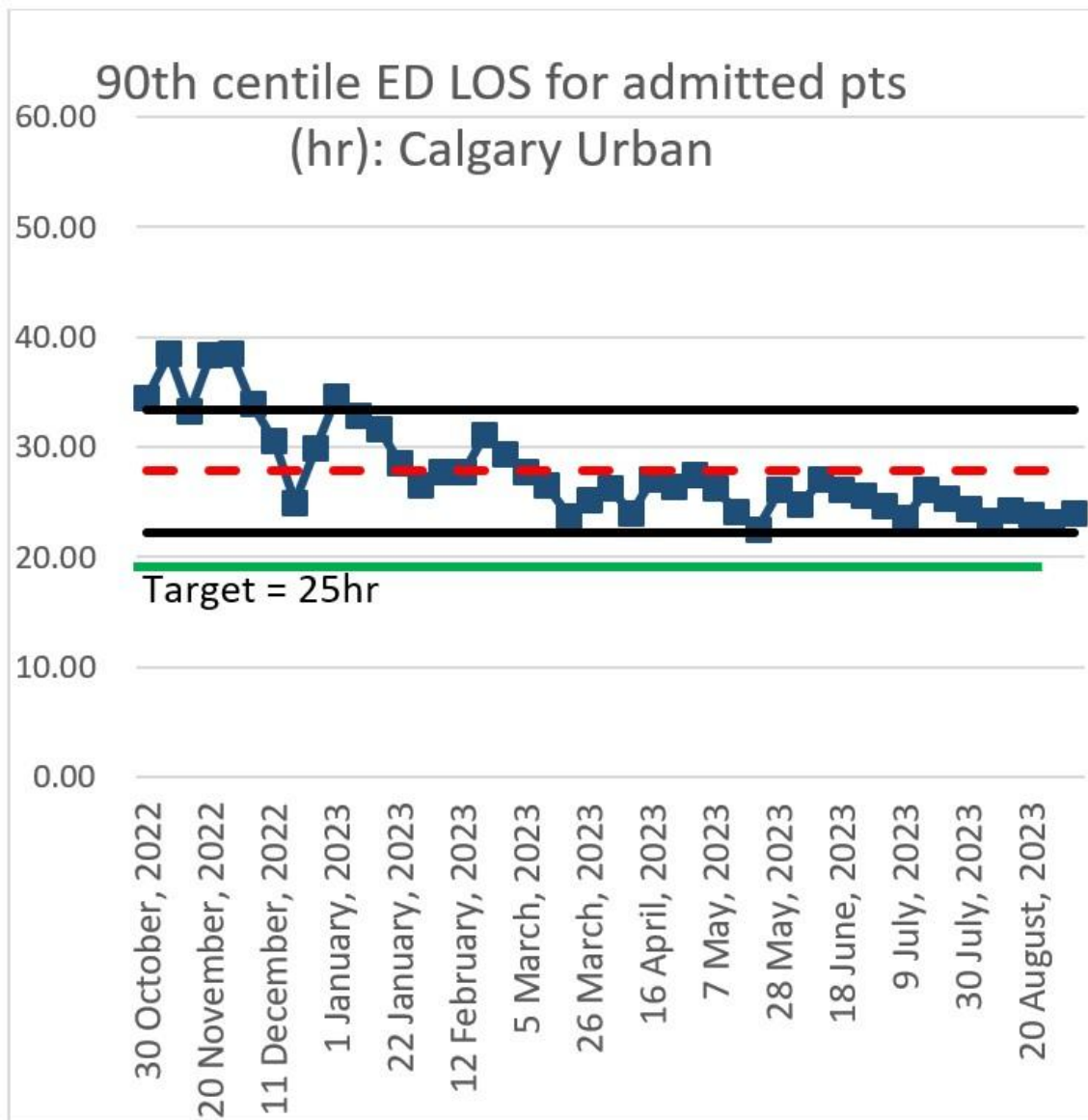
90th percentile return to service by EMS



I would invite you (and also consider it to be part of informed followership) to know how our departments are faring over the last 12 months and see how we compare to similarly sized EDs in Edmonton. Please review this informative and interactive link related to EIP load to see how we are doing. All improvements are the result of intense advocacy from your hard-working and engaged multidisciplinary leadership teams. Our close collaboration with Family Medicine is also at play in these improvements in that the support of hospitalists translates into lower ED length of stay for admitted patients in comparison to Edmonton and that improved EMS statistics relate in part to diverting crews from Acute Care to Urgent Care when criteria are met. I would also point out that Calgary Zone operates with 1/3 the number of EDs as Edmonton Zone nearly completely as a result of the five Zone urgent cares which siphon off most of our low acuity / primary care business.

<https://focus.hqca.ca/charts/length-of-time-admitted-patients-wait-for-hospital-bed/>

See also:



Service disruptions and consultant issues

The leadership team and I are acutely aware of the frustration that is being caused by current and planned service disruptions i.e. limiting admissions to FMC hospitalist service 2am – 6am and the imposition of a census cap as of October 1. We acknowledge how developments such as the surgical diversions places our team in a difficult position and compromises patient care and ED flow. I can also assure you that the problematic and unsafe nature of these service disruptions by inpatient services are highlighted extensively to senior AHS leadership who are tackling this issue and have the responsibility and primary oversight to affect it. Notably, there has been a reduction in surgical diversions due to AHS efforts in September, but we are not out of the woods yet and more may be on the horizon.

This announcement by the hospitalist FMC group has triggered a number of meetings and discussions. This topic will be raised in a meeting I am having with Dr. Ann Vaidya, the interim DH for Family Medicine AHS and at meetings I am having with the Zone Medical Director and at the Zone Clinical Department Head meeting. The Physician Exec meeting this Thursday will focus on these matters as well.

In regards to recent reports of consultants not accepting calls overnight, it is important for you all to appreciate that services “not taking pages / calls” is unacceptable and constitutes a violation of AHS bylaws and CPSA requirements. You all have the authority to call whoever is on the service roster, regardless of what arrangements they may have made with locating if you deem it necessary. If you need to contact a consultant for reasons of patient care or ED flow and they are not responding, you should also feel completely empowered to call the admin on call 24/7. If asked, you can tell them that I have given you the authority to reach out to consultants who are “not to be called” as well as to the admin on call if needed.

Any unprofessionalism is also unacceptable in the discourse between the consultant and yourselves; please report these to your site chiefs with copy to me. As part of my expectations of you, and your

followership responsibilities, I need you to submit RLS reports when compromised patient care is a result of service gaps or delayed response issue by our consultants.

What is going on with these service gaps?

As I mentioned in the spring Town Hall, the physician staffing crisis we are seeing across Calgary and beyond is unprecedented. It was also foretold at the E. Garner King Memorial Lecture last year when Dr. Verna Yiu spoke of the long-term repercussions of the pandemic. Resignations, retirements, quiet quitting have all occurred beyond the period of high COVID hospitalizations. My take home from her presentation was that repairing the damage to our healthcare system will require ingenuity, compassion and patience. <https://www.youtube.com/watch?v=tqb0EgM29kk>

These service gaps and diversions are nearly always the result of an exodus of physicians retiring early, reducing their clinical commitments, and leaving the hospital setting to work in private clinics. Also at play are residency training programs that are seeing physicians in training moving to other programs or programs at risk of losing accreditation. The gaps, as I see it, are not the result of the shirking of responsibility or malice towards the ED or gaming the system; the crises were largely unexpected and would have been very difficult to plan for. Filling the gaps will take time and the three-to-five-year horizon will include more Clinical Assistants, Nurse Practitioners, and Physician Assistants, especially once the UofC PA program graduates its first cohort. In comparison to other departments in the Zone the Emergency Department enjoys a far better MD staffing situation, in large part the result of our working conditions and sustained recruitment efforts over the past 15 years.

How should our department react to what seems to be other services leaning on our department and using our EDs as a dumping ground? What I would like to share, from my vantage point, is that when I arrived here from the McGill system in 2009 and took on my current leadership role in 2013 as the DH, I was most struck by what was remarkable support from hospital services (24/7 admissions and CT access) and the collegial and collaborative nature of the DH table. This was in stark contrast to Montreal where there are no nighttime admissions and only critical CTs are permitted after 10pm. This is still the case in at least one very large Montreal hospital (personal communication with chief). As a result of strained resources, the consultant culture in my hospital and what I knew of the leadership table was characterized by acrimony, turf protection and distrust.

When the PEC meets this Thursday, we will reflect on next steps, and we will decide by consensus on how to move forward but I will be of the view that threatening letters and unilateral actions that may harm patients will not serve our department or our patients well in the long term. I will instead be leaning on the advice of Dr. Yiu.

Stay tuned for further information regarding issues raised at the June 22 Town Hall after we have had a chance to connect as a PEC and with Zone leadership.

Respectfully, and at your service and always available to meet and hear your concerns and ideas.

Eddy

Grand Rounds and Journal Club

Grand Rounds Thursday September 21, 2023

Session #1 (0900 – 0945)

Speaker: **Dr. Alex Love, R3 CCFP-EM Resident Univ Of Calgary**

Topic: **"Don't be SCAR-ED"**

Description: Recognition and management of severe cutaneous adverse drug reactions in the emergency department

Session #2 (0945 – 1030)

Speaker: **Dr. Mika Hemphill, R3 CCFP-EM Resident Univ Of Calgary**

Topic: **Tuberculosis - Pearls from the Calgary Zone**

Zoom Link: [https://albertahealthservices.zoom.us/j/61358145309?](https://albertahealthservices.zoom.us/j/61358145309?pwd=cnJTVWN1Z3c5WjFWZEZ4ekdYNVo4Zz09)

[pwd=cnJTVWN1Z3c5WjFWZEZ4ekdYNVo4Zz09](https://albertahealthservices.zoom.us/j/61358145309?pwd=cnJTVWN1Z3c5WjFWZEZ4ekdYNVo4Zz09)

Passcode: 668897

Evaluation Link:

https://docs.google.com/forms/d/e/1FAIpQLScfE89aef_BC5V_zgP6JjXVrkJ3GP0fcyMezgAXKCKwvRog/viewform

Journal Club Updates

Monthly Emergency Medicine Journal Club is back and starts September 14. We are in need of:

- Hosts
- Preceptors

Sign up for either position with the link below:

<https://docs.google.com/spreadsheets/d/1vvFAvLG3tsm6zidZmLfz59y6Ld5ULo9lcsjQsQ3xJg/edit#gid=0>

More details and contact information are listed in the pdf link below:

[https://secure.campaigner.com/media/77/776142/Emergency Medicine/August 2023/Journal Club Updates.pdf?id=a2kbv93?f_type=file&f_name=Journal Club Updates.pdf](https://secure.campaigner.com/media/77/776142/Emergency%20Medicine/August%202023/Journal%20Club%20Updates.pdf?id=a2kbv93?f_type=file&f_name=Journal%20Club%20Updates.pdf)

Departmental News

Kudos Corner

Congratulations to those who are 2023 recipients of the **PGME Clinical Teaching Award**. This annual award recognizes outstanding resident teaching in all clinical disciplines at the Cumming School of Medicine.

Anker, Katie
Betzner, Mike
Cochrane, Haley
Fair, Sean
Francis, Marc
Fu, David
Huffman, James
Krook, Chase
Lee, Patricia
Lin, Katie
Mainprize, Dave
McNeil, Gord
Morris, Alyssa
Morris, Rick
Ness, Rhonda
Packer, Nick
Pandya, Anjali
Park, Hannah
Ragan, Kelsey
Ross, Marshall
Savage, Tyson
Shaw, Brett
Sherlock, Kelli
Su, Mike
Wang, Jessica
Wilkie, Ryan
Zaver, Fareen

Peer Support

The practice of medicine is rewarding but may be challenging. The University of Calgary Department of Emergency Medicine has a formal Peer Support Team. We encourage you to reach out to our trained peer supporters when dealing with personal or professional challenges such as relationship issues, poor patient outcomes, career-track indecision, occupational distress or mental health concerns.

Here is the list of formally trained Peer Supporters.

[https://secure.campaigner.com/media/77/776142/Emergency Medicine/September 2023/Sept 2023 Peer Support.pdf?id=89qq47l?f_type=file&f_name=Sept 2023 Peer Support.pdf](https://secure.campaigner.com/media/77/776142/Emergency%20Medicine/September%202023/Sept%202023%20Peer%20Support.pdf?id=89qq47l?f_type=file&f_name=Sept%202023%20Peer%20Support.pdf)

You can call the Physician and Family Support Program (PFSP) 24/7 at 1877SOS4MDS for help. You are entitled to free counselling for yourself and for your family members.

Emergency Department Gala - Tickets on Sale

When: Oct 19th, 2023

Where: Fairmont Palliser downtown

Who: All of the emergency MD's across the city and their significant others

Tickets: \$185 per person

- *****Etransfer (preferred) or Cheques accepted
- Etransfer to bakerla@shaw.ca and **please include your name in the message**
- Cheques can be made out to "Awards Group - Dept of EM"

Fairmont special room rate for our group on the evening of Oct 19th

- Fairmont - \$239
- Deluxe - \$259
- Junior Suite - \$329

For reservations call 1-800-441-1414 and identify yourself as being with the "Calgary Emergency Department Gala or CALG1023" for ease of booking.

Your ED Gala Planning Committee

2023 ED Staff Sim Sign Up

Please check your availability and sign up with the sign-up genius link below. Thank you!

<https://www.signupgenius.com/go/5080d4ca5ac2eaaff2-20231#/>

- Sept 27 SHC – one spot available
-

Research

Call for Publications

Have you had a publication recently published? Received a new grant? Send your information to <mailto:jillian.vandenbrand@albertahealthservices.ca>. This information will be recorded for the annual department reporting and featured in our annual report in 2024.

CanTreatCOVID Trial

There's a new Canada-wide clinical trial evaluating the effectiveness of paxlovid for patients with mild (ie well enough for discharge) COVID. Patients have to be <5 days from positive test (home tests are OK, don't need a nucleic acid test).

Physicians don't need to do anything, and no testing in the ED is necessary. Patients with ILI symptoms can do a test at home, and if they're positive, they can self refer to the study by going to <https://cantreatcovid.org/>

Dr. Andrew McRae created a connect care smartphrase about the study that you can put in your discharge instructions. It's "cantreatcovid".

Other Opportunities

HOPEithiopia 2023

This is a final callout for volunteer nurses and doctors to join the medical mission to southern Ethiopia Nov 19-Dec 1, 2023. This is the well established mission organized by Dr. Ralph Dubiensi and involves dentistry, ophthalmology, general medicine and veterinary medicine. Some of our emergency medicine colleagues have completed this previously and have many unforgettable stories to tell. Although the trip is quickly approaching we would be able to accommodate you as we are just starting to get supplies and flights organized with the help of fundraising already underway. Reach out to Dr Ralph Dubiensi at ralph.dubiensi@hopethiopia.com or Dr Carrie Hiscock at carrie.hiscock@shaw.ca or Dr. Karen Keats at karenkeats@mac.com

If it resonates with you the mission is gratefully accepting donations either generally or by way of individual participants. Tax receipts provided for any amounts, anonymous or not. Thank you!

https://www.canadahelps.org/en/charities/hopethiopia/p2p/November_Heath_Team/page/global-medicine-providing-resources-in-southern-ethiopia/
