Alberta Health Services | UNIVERSITY OF CALGARY CUMMING SCHOOL OF MEDICINE

December 17, 2024 Edition

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

DEM News Subscriber,

Operations

Notes from Catherine

Remembering Chris Godfrey

Dr. Chris Godfrey was a pioneer of emergency medicine in Calgary, starting at Holy Cross and Rockyview Hospitals in the 1970s. As site chief of Emergency, he worked tirelessly, balancing 16 shifts a month, including nights throughout his career. Known for his sharp wit, Chris brought humor and ease to the ER, making a lasting impression on patients, nurses, and colleagues. Chris and others from Calgary helped shape emergency medicine as a specialty in Calgary, inspiring many to follow in his footsteps. Later, he worked abroad in Saudi Arabia but always returned to Calgary, where his dedication and unique charm left an enduring legacy.

Catherine

Notes from James

PERT Activation

Many thanks to Anil Keshvara for his excellent grand rounds on PE Management last week. During the following Q&A, a question was asked about who is the appropriate first call for patients with high risk PE. Here is what Paul Boiteau (Intensivist and Calgary PERT Co-Founder) recommends:

PERT is now considered a zonal program and the PERT physicians are willing to take calls from all sites and provide recommendations over the phone, although they may not be able to see patients in person at all sites.

- If the patient is hypotensive and the clinician suspicion is high for acute pulmonary thromboembolism (APTE), the first call should go to the ICU team as their ultimate destination will be ICU for these High Risk patients. The decision to activate PERT for assistance is left to the site attending Intensivist.
- If patient is normotensive and meets the activation criteria (mBOVA 5 or higher) the call should indeed go to the PERT On Call MD. We have agreed as a group that on

occasion if there are mBOVA 4 patients that worry the ED physician we would be happy to take a call to discuss the case for optimal patient care.

IV Glucagon No Longer Available

We recently received a communication from the Medication Quality, Safety and Policy group that parenteral glucagon will no longer be available in AHS as a result of it being discontinued by Canadian manufacturers. Health Canada has apparently permitted the exceptional, temporary importation of US Glucagon injection at a significantly higher cost that will be limited to patients under 4 years of age.

Given that IV glucagon has been used as a treatment for beta blocker overdoses, our Clinical Nurse Specialist Heather Boucher reached out to PADIS and received the following guidance from our Toxicology Section Lead Dr. Mark Yarema:

"With IV glucagon is no longer available, some centres may have stock remaining that they may use at their own discretion. He also mentioned that Glucagon should not be routinely recommended by PADIS, and that its use can be discussed in consult with the Medical Toxicologist on a case-by-case basis if the centre has stock available. Centre's wishing to do so can contact PADIS through the regular process.

Otherwise, he indicated that after decontamination, the management of beta blocker toxicity should remain as follows in a step wise fashion:

Step 1 = Crystalloid fluid boluses, trials of atropine, calcium gluconate
Step 2 = HDIG and norepinephrine
Step 3 = Addition of other vasopressors and inotropes
Step 4 = Other modalities (transvenous pacing, ECMO)"

Link: PADIS High Dose Insulin-Glucose Guidelines

Patients who Leave Without Being Seen (LWBS)

Please note that AHS has developed a new procedure entitled ***Management of the Patient Who Chooses to Leave Without Being Seen*** which is **effective December 11, 2024**.

The provincial Management of the Patient Who Chooses to Leave Without Being Seen Procedure was initiated by the former Emergency Strategic Clinical Network™ through the Clinical Governance Documents working group and is now supported by the Emergency & EMS Program Improvement and Integration Network (PIN).

The Procedure standardizes a process for the management of the patient who chooses to leave without being seen (LWBS) prior to assessment by a Physician or Nurse Practitioner (NP) at Emergency Department (ED) or Urgent Care Centre (UCC) sites.

Key Elements of the Procedure:

- ED or UCC sites that implement Emergency Provincial Protocols containing laboratory tests prior to a Physician or NP initial assessment shall have a process in place for the review and follow-up of any outstanding critical / clinically significant laboratory testing results for patients who choose to LWBS.
- Provides direction to ED/UCC health care professionals (nursing staff) with the appropriate steps to follow if the patient chooses to LWBS and has had laboratory diagnostics initiated, including reasonable notification criteria when results are within normal or outside of normal laboratory ranges.
- Recommends a standard approach to inform the Physician or NP of abnormal laboratory results. The Physician, NP, or their delegate will perform any necessary follow-up with the patient.
- Outlines documentation requirements for the patient who chooses to LWBS and includes the steps to follow in Connect Care.

An **Emergency Department/Urgent Care Centre Protocol Frequently Asked Questions (FAQ)** has been developed to support the use of ED and UCC Provincial Protocols. This

resource can be accessed at: Emergency Department/Urgent Care Centre Protocol Frequently Asked Questions (FAQ).

James

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Emergency & EMS PIN Leadership Team

Connect Care Update

Changes to Female Genitourinary Panel

Some of you may have noticed that the order panel for female genitourinary swabs has been changed to have default selections for chlamydia/gonorrhea testing and the full vaginitis screen (ie - it no longer defaults to include the trichomonas screen in addition to the full vaginitis screen). This will help to reduce our 'click burden' since we will no longer be forced to deselect one of the swab options (yay!) but comes with some caveats. Please refer to the clinical guidance that has been added to the order panel (see screen capture below) to reduce unnecessary testing you will still need to remember to deselect the full vaginitis screen in those patients who do not need it. In general, only patients with symptoms of vaginitis or those with certain high risk features (detailed in the guidance) need to have a full vaginitis screen including BV, while the trichomonas-only swab should be part of general STI screening.

As always, if you have any questions please don't hesitate to contact me

chris.hall@ahs.ca

Chris

Female Genitourinary Panel

Testing for Bacterial Vaginosis should only be performed in the following scenarios:

1. patients with symptoms of vaginitis
2. pregnant patients at risk for preterm labor
3. patients undergoing gynecological instrumentation (e.g. IUD insertion, gynecologic surgery, induced abortion)

Chlamydia and Gonorrhea Screen -- Vagina   Accept   Cancel

Reference Links: • Community Services Test Directory • APL Test Directory

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Grand Rounds, Journal Club and Clinical Pearls

Grand Rounds Thursday December 19, 2024 (0900—1000) (1.0 Education Credits)

NOTE: FR PGY1, 2 and EM residents are attending DAM Course. Room has changed the room to 1405A.

Room: 1405A – HSC (see map)

Zoom Link: https://albertahealthservices.zoom.us/j/61834756597?pwd=Skg1ZmdXOGdRWmgxMUc0U3lNMjR5Zz09

Meeting ID: 618 3475 6597 **Passcode:** 407952

Speaker: Dr. Shannon Ruzycki
Dr. Shannon Ruzycki is an assistant professor and general internist in the Departments of Medicine and Community Health Sciences. She has a Masters degree in Public Health from Johns Hopkins with concentrations in epidemiology and in quality, patient safety, and outcomes research. She is the Vice Chair of Equity, Diversity, Inclusion and Accessibility in the Department of Medicine and the Research Director in the Health Equity and Systems Transformation Portfolio at the Cumming School of Medicine.

Title: Addressing Equity Gaps: The Precision Equity & Anti-Racism Toolkit

Description: Gaps in equity for patients and physicians are well-documented. Addressing these disparities is challenging, and individual physicians may be unsure where to start. We have developed a theory-informed, evidence-based toolkit to help physicians, leaders, and systems measure and address inequities in their settings.

Evaluation Link

To view archived grand rounds, please visit our website

Clinical Pharmacology and Toxicology Pearl of the Week

The topic for the Pearl of the week is: Drug-Induced Liver Injury

Mark Yarema

Department News

Kudos Corner

Congrats to Dr. Aaron Johnston for this important paper.

[Challenging perceptions about rural practice using narratives: a living library approach in medical education]

Kudos Patient Commendation

Congrats to Dr. Tony Chad

I wanted to give kudos to several people that I encountered during my several visits to the hospital. I was needing some medical attention and Dr. Tony Chad happened to be the doctor I saw. My visit there was really good. He made me feel comfortable and encouraged me a lot given the diagnosis that I had gotten.

Job Postings

South Health Campus Site Chief

ED Physicians:

After serving very successfully for several years as the SHC Site Chief, Dr. Daniel Joo has decided to step down and pursue other interests. Dan has done a great job implementing change at the SHC and dealing with challenges along the way. He has been a highly valued member of our leadership team and will be missed!

The SHC Site Chief position is an AHS funded 0.3 FTE position that pays $81,450 annually. The start date for the new SHC Site Chief will be determined through mutual agreement between the department and the selected candidate.

To apply, please email a letter of interest describing your interest in the role the role and detail how your experience aligns with its responsibilities, along with your CV, to scotth.banks@albertahealthservices.ca by **January 7, 2025**. Or if you prefer, you can apply online at

http://yyzc1a.rfer.us/ALBHEALTHbl7se

ACCOUNTABILITIES:

In a competent and professional manner, the Contractor will:

1. Have high visibility and availability on the site and be a strong advocate for the members of the Department at that site.

2. Encourage clinical and professional development of site members; promote excellence in patient care delivery; ensure adequate site-specific orientation for new emergency MD staff.

3. Coordinate clinical care for the Emergency Department at their designated acute care site; report directly to the Deputy Department Head on all operational matters.

4. In collaboration with the Deputy Department Head and/or Department Head, establish and periodically update any policies and procedures relating to the operation of the Emergency Department consistent with the AHS and University of Calgary mission, roles and goals.

5. Participate in the strategic and operational planning of emergency care in the Calgary Zone; attends all monthly zone department meetings relating to clinical operations.

6. Be an active member of the department's Physician Resources Committee and provide input on physician performance including but not limited to clinical competence and professionalism. The site chief will aid in compiling feedback in relation to new physician hires during their locum and probationary periods and when available, will be a participant in the interviewing process of potential physician hires.

7. Coordinate and oversee the reviews/complaints of all patients, physician, consultant, and resident training at your designated site as it pertains to emergency care, in a prompt manner and in accordance with the zone medical bylaws; communicates and collaborates with the Deputy Department Head on all escalating reviews or when deemed necessary.

8. Collaborate and participate in emergency medicine Safety & Quality Improvement monthly meetings and activities.

9. As a Site Chief in emergency medicine, will be responsible for the day-to-day administrative duties in the Emergency Department at the designated site by monitoring benchmarks and measurement mechanisms in accordance with the departmental quality assurance framework.

10. Attend and participate in site specific Emergency Medicine and other interdepartmental meetings relating to clinical operations i.e. site flow committees, site specific disaster committees; site QAC, site leadership.

11. In collaboration with the Deputy Department Head, monitor patient volumes as they relate to wait times and physician manpower including but not limited to, the implementation of strategic physician shifting, shift additions and removals, and shift start times and durations.

12. Collaborate and communicate with assistant site chiefs to designate site specific tasks and divide site chief workload as appropriate; assistant site chiefs will report directly to the site chief and Operational Lead as appropriate.

13. In collaboration with the Zone Department of Emergency Medicine research section, support approved research activities of all disciplines within the designated Emergency Department.

14. Represent Emergency Medicine in dealing with site specific management issues in a timely manner, assist in the Site-Specific strategic planning and provide Site specific leadership on issues relevant to the Emergency Department as needed; attend at site leadership meetings when appropriate.

15. Participate in site specific Emergency Department and hospital redesign/rebuild planning meetings when appropriate; provide updates of departmental construction or rezoning to the physician executive and physician large group as necessary.

16. Facilitate open and effective communication between the site and the Zone Department of Emergency Medicine as well as with other disciplines and departments.

17. In collaboration with department leadership, develop, review, revise and implement AHS policies, procedures and guidelines relating to patient care in a timely fashion.

18. Provide input for an Annual Report or any other material relevant to the site as requested by the Deputy Department Head and/or Department Head; attend and deliver site report at annual Emergency Department Retreat.

Thanks, if you have any questions on this position, please contact Catherine at catherine.patocka@albertahealthservices.ca , me at scotth.banks@albertahealthservices.ca or Dan at daniel.joo@albertahealthservices.ca

.2FTE Deputy Head - Strategy & Engagement - Dept of Emergency Medicine

Calgary Zone Emergency Medicine Physicians

A new opportunity is now available for a 0.2 FTE Emergency Department Deputy Head of Strategy & Engagement. This position will support the Calgary Zone Emergency Department in enhancing operational resilience and preparing for future challenges and opportunities.

The Deputy Head of Strategy & Engagement will lead the development and implementation of strategic initiatives aimed at promoting peer support, mentorship, leadership development, and wellness, ensuring the department's long-term sustainability and success.

This role is ideal for a dynamic leader who values organizational health and is committed to fostering an inclusive, supportive, and high-performing work environment. The Deputy Head will work collaboratively across the department to ensure team members feel engaged, supported, and empowered in their professional growth.

This Alberta Health Services-funded 0.2 FTE position offers annual remuneration of $54,300 and is available as early as February 2025, or on a mutually agreed start date with the successful candidate.

To apply, please email a letter of interest describing your motivation for the role and how your experience aligns with its responsibilities, along with your
CV, to scotth.banks@albertahealthservices.ca by January 7, 2025. Or if you prefer, you can apply online at

http://yyzc1a.rfer.us/ALBHEALTHRdrsc

Key Responsibilities of Deputy Head – Strategy & Engagement:

Strategic Leadership

Develop and implement department-wide strategies to enhance operational resilience and engagement, in alignment with departmental and institutional goals. Identify areas of operational weakness and propose solutions to build long-term resilience through improved systems, processes, and leadership.

Lead efforts in organizational change management, ensuring alignment with the department's evolving needs and culture. In particular, revise and evolve the current AHS periodic review process.

Peer Support and Mentorship

Maintain and oversee the departments peer support network, fostering a culture of collegiality and shared responsibility.

Develop and manage mentorship programs that enhance career development, foster professional growth, and improve retention.

Leadership Development

Design and execute leadership development programs aimed at cultivating emerging leaders within the department.

Provide coaching, training, and resources for both current and aspiring leaders, focusing on skills such as communication, conflict resolution, and decision-making.

Wellness and Well-being

Establish and manage initiatives that prioritize the mental, emotional, and physical wellness of department members.

Collaborate with wellness officers to ensure alignment of departmental wellness efforts with broader institutional programs.

Conducting wellness assessments.

Professional Development

Work collaboratively with the Deputy education to develop initiatives to promote the ongoing professional development of department members, ensuring that all team members have access to resources for career growth.

Engagement and Culture

Promote an inclusive and positive work environment by leading efforts to engage staff and faculty in dialogue, feedback, and continuous improvement.

Drive initiatives that reinforce a culture of collaboration, transparency, and trust.

Specific tasks: Revising and reinvigorating the periodic review process, engaging in the hiring process, overseeing the annual DEM leader retreat, overseeing the annual retreat for greater DEM, collaborating with the Department Head and Deputy Department Head to outline annual strategic vision and plan.

Rockyview General Hospital Site Chief

ED Physicians:

After serving very successfully for 10 plus years as the RGH Site Chief, Dr. Nancy Zuzic has decided to step down effective March 31, 2025. Nancy has been a highly valued, continuous driving force on the leadership team, and she has made many significant and meaningful contributions to the Calgary Zone Emergency Department over several years. Her commitment and dedication to leadership within our department has helped the RGH ED to be a leader in finding new and innovative ways to improve flow and patient care. Nancy will be dearly missed in this role!

The RGH Site Chief position is an AHS funded 0.3 FTE position that pays $ 81,450 annually. The projected start date for the new RGH Site Chief will be April 1, 2025.

To apply, please email a letter of interest describing your interest in the role the role and detail how your experience aligns with its responsibilities, along with your CV, to scotth.banks@albertahealthservices.ca by **January 7, 2025**. Or if you prefer, you can apply online at http://yyzc1a.rfer.us/ALBHEALTHnBEsb

Accountabilities:

In a competent and professional manner, the Contractor will:

1. Report to and be accountable to the Emergency Department Zone Clinical Department Head and Deputy Department Head.

2. Be responsible for medical aspects of patient care at Rockyview General Hospital Site.

3. In conjunction with the Zone Clinical Department Head and Deputy Department Head, develops and implements site specific staffing and scheduling plans, including surge contingencies that will reduce wait times (to physician assessment) for patients with emergent and urgent problems.

4. Liaise with physician representatives from other Departments on any issue relating to the quality of medical care in the Emergency Department at the Rockyview General Hospital.

5. Be responsible for RGH Site budgetary planning, in collaboration with the Patient Care Manager.

6. Works with Patient Care Manager to coordinate efficient bed and resource utilization initiatives.

7. Be responsible for ensuring physician involvement in, and promotion of, quality assurance, research, and education initiatives, both site specific and department wide.

8. Is responsible for initial investigation of patient complaints originating on site which concern physician behavior or physician practice.

9. Be responsible with the Zone Clinical Department Head and Deputy Department Head for physician peer review and performance appraisal.

10. Is responsible for chairing monthly Site Operations Committee, providing site representation at Emergency Medicine Operations Committee, Physician Executive Committee, Physician Resources Committee, and acting as the Emergency Medicine liaison on other site-specific medical committees.

11. Will work the majority of clinical time at Rockyview General Hospital Emergency Department. * All Emergency Department Site Chiefs are responsible for providing regular verbal updates at PEC meetings.

Thanks, if you have any questions on this position, please contact Catherine, me at scotth.banks@albertahealthservices.ca or Nancy at nancy.zuzic@albertahealthservices.ca

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Research

Call for Abstracts

It's time to showcase your scholarly activity!

Department of Emergency Medicine Research Day abstract submission is now open!

Research Day is coming up May 8, 2025 from 0800-1600. We are excited to partner with Pediatric Emergency Medicine to deliver a high-impact, high-quality, clinically relevant and engaging research day, with both adult and pediatric EM topics!

Please save the date and consider submitting your work! New this year, learners can receive feedback on their abstracts from abstract reviewers. Please use the attached form for submission to christina.cherian@ahs.ca

Abstract submission deadline: January 10, 2025 at 1600h.

Updated Newsletter Process

Submissions can be sent to: natalie.sun@ahs.ca and CC Jordan-Rose.Detillieux@ahs.ca.

- Submissions will run for a period of one week
- Body copy will be edited at the discretion of the editor to optimize communication
- The deadline is **Tuesday at noon**

For reoccurring submissions, **there is a max two week run and this must be requested**. If you would like to re-run your submission after two weeks, please submit with updates.