

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

Natalie

Operations

Notes from Catherine

Welcome back to everyone after the summer slow down, it has definitely not been an easy start to September with multiple challenges related to surgical diversions/reduced capacity and call schedule changes.

Admin Update

Jordan-Rose (jordan-rose.detillieux@ahs.ca) is now back from a temporary leave and is the DH admin, please expect to see some emails from her on my behalf and if you need to meet with me please feel free to cc her – she's awesome and very responsive.

Operations

Cardiology: Those of you at FMC will be aware that on Sept 3rd, Cardiology changed their call schedule but failed to notify the ED, leaving everyone to scramble until this was discovered and clarified on Sept 6th. I made it clear to the Department of Cardiac Sciences that this was incredibly disruptive and have received a formal apology from their Cardiology site lead Dr. Angela Keeley for the significant oversight. Please thank Dr. Andrea Boone for her swift action and communication of the changes once discovered.

Surgical Diversions: This is a problem that doesn't seem to be going away. The ED perspective is that the situation is unsafe and untenable. James and I have requested meetings with zone leaders and the Department of Surgery (DOS) to understand why there has been no relief (wish us luck).

Learners and RAAPID: There is a troubling trend of residents refusing to see RAAPID transfers upon arrival citing safety concerns without an EDMD attached (I think this may be most problematic at FMC). I believe this is inappropriate and have begun addressing this directly with learners, program directors/department heads and PGME. Feel free to share case info with me via AHS email when this happens.

Catherine

Ultrasound Image Archiving Update

Hey team,

After a long fight with AHS IT, we ALL have access to Qpath. This is the link that you should add to your connect care link list: <http://wsqpathapp02.healthy.bewell.ca/Login>

QUICK Summary of steps for adding Qpath images to your connect care chart:

1. Hit the PATIENT key/button on the machine.
2. Hit NEW/END (bottom left)
3. Enter the patient info into the name and your AHS username under the operator
4. Take pictures and clips as indicated using the keys
- 5. When the study is complete, hit the NEW/END key to complete the exam and send the images to QPATH (THIS STEP IS VITAL & most often the reason images don't archive)**
6. Log into QPath using AHS credentials: <http://wsqpathapp02.healthy.bewell.ca/Login>
7. Find the POCUS examinations you've completed
8. Ensure you're listed at the 'Operator'. If you aren't, add yourself (there can be multiple operators)
9. Use the CTRL + SHIFT + S [windows] or COMMAND + CTRL + Shift + 4 [mac] to screenshot the still images you want in your chart
10. Paste the images into your connect care chart with a report.

Image archiving is crucial for several reasons:

- It ensures that patient records are complete and accessible while supporting your patient management decisions.
- Comparison of past and current images, aiding in tracking disease progression or treatment outcomes.
- Compliance with regulatory requirements for medical records.

Want to learn more? [Look at the guide](#)

Colin Bell

Grand Rounds and Journal Club

Grand Rounds Thursday September 12, 2024 Cancelled

Emergency Medicine QAER ROUNDS on September 12th are CANCELLED

Please note that due to an unforeseen circumstance there will be no QAER rounds on September 12th.

Thank you for your understanding.

[To view archived grand rounds, please visit our website.](#)

Department News

FRCPC Residency Program

The FRCPC Residency Program is happy to announce that effective July 2025 we will be expanding to five residents per year from the CMG pool! Please keep your eyes out for five new residents per year moving forward.

-Anjali & Kelsey

Department of Clinical Neurosciences, Movement Disorders Clinic

The Department of Clinical Neurosciences, Movement Disorders Clinic, is initiating a new treatment for advanced Parkinson's Disease. Vyalev (foslevodopa/foscarbidop) is a non-formulary medication delivered subcutaneously via continuous infusion, using the AbbVie Vyafuser Pump. The side effect profile is similar to conventional levocarb. 1mL of Vyalev contains approximately 170mg of equivalent levodopa. Vyalev also contains 42.4mg of sodium/mL.

[ED / EMS Quick Resource](#)

The patient must provide all medication, infusion supplies and replacement equipment. If the patient is unable to manage the infusion, then the infusion should be stopped.

If the patient is experiencing a medical emergency, stabilize the patient before addressing the pump.

Vyalev (foslevodopa / foscarbidopa) should remain infusing, except in the following situations:

- Suspected cellulitis related to the medication infusion.
- Patient is no longer able to maintain infusion (i.e. due to loss of consciousness).
- MRI (the pump is not MRI compatible, while the infusion set is. The infusion must be stopped and disconnected prior to the scan.)

Once the pump is stopped, oral medication must be started within ONE (1) hour.

Additional instructions for management, including (re)initiating oral medication is available via:

- Movement Disorders Clinic – Monday to Friday 08:00 to 16:00. Ph: 403-944-4364, option 4
- On-Call Neurologist: ROCA: Area: Clinical Neurosciences, Service: Neurology New Consults / Outside Calls
- Connect Care – Exceptional Care Plan (visible as Patient FYI Flag)

For more information:

[Vyalev Product Monograph](#)

[Vyafuser Pump](#)

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.
