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UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

July 22, 2025

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

DEM News Subscriber

Operations

Notes from Catherine

A quick correction to last week's announcement about promotions. Bryan Weber was promoted to **Clinical Assistant Professor** (not Clinical Associate Professor, as previously stated). Apologies for the oversight.

Notes from James:

Save the Date: Saturday, Sept 13: BBQ and Bikes at Jimbo's Farm

In an effort to recognize the outstanding group of doctors, nurses, residents, allied health and admin team members in our department, I will be hosting a get together at my cabin in **Bragg Creek on Saturday, September 13, starting at around 1100 and going until about 1800.**Families and significant others welcome!

For the bike nuts who want to get in a rider hikers looking to go for a family stroll, the paved TransCanada Trail is only about 200m away and the West Bragg trails are 8km away. I'm sure we

family activities including wagon rides.

Expect to see an RSVP going out shortly.

ED Imaging Orders – Use the Correct Order Priority

In an effort to ensure that all diagnostic imaging studies can be appropriately triaged by our radiologists, ensure all ED diagnostic imaging orders have the appropriate prioritization:

- Most imaging orders should be ordered as “**urgent**” and should have appropriate clinical information (including the diagnosis of concern) to help the radiologist help you. Studies ordered as “**routine**” may not be done in a timely fashion.
- All studies required on an emergent basis should be ordered as “**STAT**” and should be followed up immediately by a call to radiology by either the physician or nurse to ensure appropriate prioritization and closed loop communication.

We are working with DI to create a uniform STAT US process across the zone – expect to hear more in the next couple of months.

Changes to Weekend, Self and Selective Scheduling

Weekends:

Over the past several years, many of our members have been granted FTE reductions, to the extent that at present less than 40% of our physicians are working a 1.0 clinically. Because the assignment of shifts to this point has been proportional to the overall FTE worked, this resulted in physicians at higher FTE working a higher number of weekend shifts, discouraging higher FTE work. The PRC has recognized this and to encourage greater equity among our entire group, beginning in January 2026 weekends will be assigned equally to all members regardless of FTE worked, up to a maximum of 2-weekends in a 4-weekend month, and 3-weekends in a 5-weekend month.

Analysis by our schedulers shows that this will result in:

- 178 physicians having a small decrease in weekends
- 29 physicians with no changes in weekends
- 20 MDs with an increase in weekends

Physicians with very low FTE or weekend scheduling for other roles will have some adjustments made to ensure all of their assigned shift are not weekends.

Self- and Selective Scheduling:

As many of you may be aware, rapid growth of the self-scheduling pool to accommodate a growing number of members in administrative roles over the past several years has made further expansion of the program unsustainable. Consequently, the PRC has identified that it has become necessary to limit full self-scheduling privileges to selected administrative/educational/research positions critical to the daily function of, or with specific strategic value to, the DEM.

However, we want to continue to provide scheduling flexibility to the many DEM members with significant extra-clinical contributions that benefit our department, either directly or indirectly. Consequently, after receiving and incorporating feedback from current and past self- and selective schedulers we have updated our Special Scheduling Guidelines. ([PRC Policy Update - Special Scheduling Privileges - 2025-07-11.pdf](#)).

Now all DEM members with extra-clinical positions of 0.1 FTE or more providing identifiable direct or indirect benefits to the DEM will now be eligible for selective scheduling based on their extra-clinical FTE, as follows:

Protected (red) half-days per month based on FTE:

- **0.1 FTE:** 4 protected half-days per 28-days
- **0.2 FTE:** 8 protected half-days per 28-days
- **0.3 FTE:** 4 protected half-days and 4 protected full days per 28-days
- **≥0.4 FTE:** 8 protected full days per 28-days

We hope this updated proposal will both meet the needs of our current staff with important admin roles and allow us to better support other members in roles with extra-clinical contributions benefiting our department.

If you believe you are eligible for selective scheduling based on the current guidelines in your current role and have not already been approved, please reach out to me directly and copy your scheduler(s).

These updated special scheduling guidelines will be implemented on a trial basis beginning with the January 2026 schedule. The PRC will also be reviewing the impact of these changes after the January 2026 schedule has been released to look for opportunities to refine and improve them.

Thank you for your understanding as we work through these changes. Feedback is always welcome.

James

james.andruchow@ahs.ca

Connect Care Updates

Digital Medical Certificate of Death

With the recent updates to the Discharge Gateway, a new Digital Medical Certificate of Death is now available in Connect Care. The form will pull in a number of required pieces of information, which then currently needs to be printed/wet ink signed/faxed to Vital Statistics per usual processes. In the future, Vital Statistics will be moving to a workflow that will allow a digital signature and direct fax from Connect Care (anticipated late fall 2025). **For now, print and sign** - it will print to the nearest printer, similar to prescriptions.

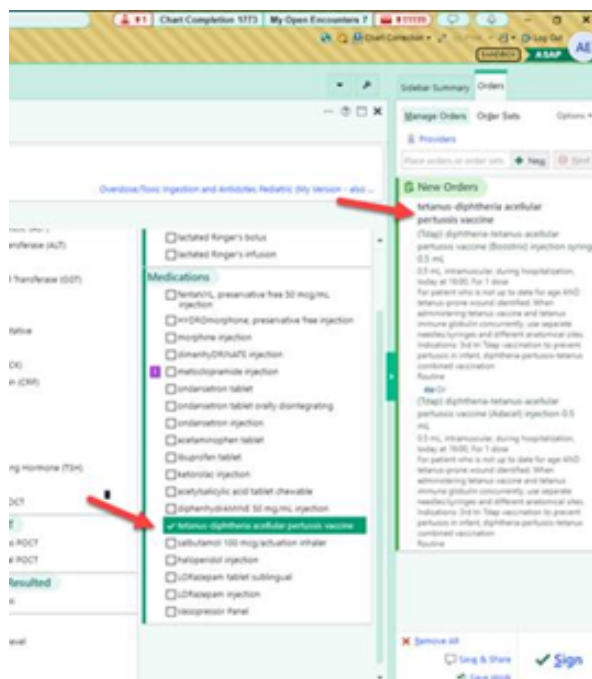
The manual has an updated section here <https://manual.connect-care.ca/workflows/patient-movement/discharge-deceased#h.rrgk54yiirx> and a tip sheet is available here [Tip: Digital Medical Certificate of Death](#).

The "Progress Note" and "Death Summary" sections are not necessary in the ED assuming you have charted the events surrounding the patient's death in your ED Note.

Tetanus Update:

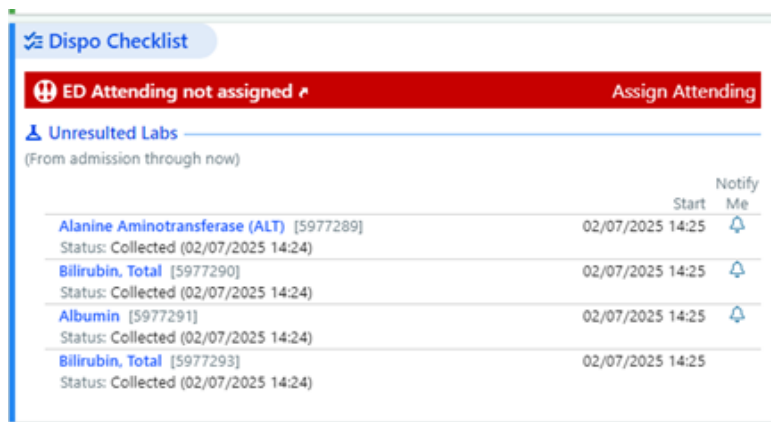
The Tetanus order in CC has been updated. You can now order it from the Quick List under "Adult Quick Orders", or order it from the Order Set, without modifying the order/removing the Boostrix.

Nursing is now able to scan either the Boostrix or Adacel, whichever is in stock. Ordering from the Quick List instead of the Order Set will save a couple of clicks.



There is a new bright red banner that will trigger if you attempt to discharge a patient without signing up for them. There is another new section that will trigger if you have uncollected or unresulted labs pending upon discharging the patient.

Here is what the banner and Unresulted Labs section looks like:



Dispo Checklist	
<div> ED Attending not assigned Assign Attending </div>	
Unresulted Labs (From admission through now)	
	Notify
	Start Me
Alanine Aminotransferase (ALT) [5977289] Status: Collected (02/07/2025 14:24)	02/07/2025 14:25
Bilirubin, Total [5977290] Status: Collected (02/07/2025 14:24)	02/07/2025 14:25
Albumin [5977291] Status: Collected (02/07/2025 14:24)	02/07/2025 14:25
Bilirubin, Total [5977293] Status: Collected (02/07/2025 14:24)	02/07/2025 14:25

Geri EM: Care Coordination Icon Highlight:

The Geriatric Emergency Medicine group would like to highlight and share information about the Care Coordination Icon:



The new icon is called **the Care Coordination Program icon**. 

There is a lot of information stored on this icon which is found on the story board next to the patient's picture:

- If a home care client only (lodge or residing in own home): it will say Continuing Care Home Care. It will tell you if it is active or not (large blue writing), when it was activated and which department they are receiving care from i.e. seniors south or Strathmore. There will also be information regarding who is in their care team - case manager or other services i.e. PT/OT

Living Care identified and the date they were waitlisted.

- If patient is from a supportive living facility: it will say Continuing Care Supportive Living Care. It will tell you their admission date to the site and the name of the site where they reside. There will also be information on case managers and additional teams involved ie social work.
- If from LTC: it will say Contracted LTC facility tracking. It will state the name of the facility and the date they arrived there.
- If from a Private Assisted Living that allows home care to access site: It will be Continuing Care Home Care, but the department will be Integrated Supportive /Facility Living.

Sincerely,
Tash Wright

Grand Rounds, Journal Club, and Clinical Pearls

Clinical Pharmacology and Toxicology Pearl of the Week

ThisWeek's Clinical Pharmacology and Toxicology pearl is on neurotoxicity from intravenous acetylcysteine (NAC).

[CPT_pearl IV acetylcysteine neurotoxicity.pdf](#)

Clinical features of this condition are consistent with increased intracranial pressure, including headache, intractable vomiting, and altered mental status.

The Clinical Pharmacology (CP) physician consultation service is available Mon-Fri, 8am-5pm, excluding stat holidays. The on-call physician is listed in ROCA on the AHS Insite page. CP consultations are also available through Netcare e-referral, Specialist Link, and RAAPID. You can also find us in the [Alberta ReferralDirectory](#) (ARD) by searching "Pharmacology" from the ARD home page. Click [HERE](#) for more details about the service.

The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414(AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found in [Alberta ReferralDirectory](#) (ARD) by searching "Toxicology" from the ARD home page.

Mark Yarema

Teaching Opportunities

Staff Examiners Required FOR CCFP-EM ORAL EXAMS:

Thursday's September 18th, 2025 – In Person

The CCFP-Residency Program is in need of 8 staff examiners for the oral exams for:

- **September 18th, 2025, from 1230 – 1430**

These exams are In-Person sessions.

Please check your availability and let me know if you can help on **September 18, 2025**, please send the responses to TriSurendra.Malasani@albertahealthservices.ca

Your help and assistance are very much appreciated!! Once confirmed Tris will send Calendar invites

Research

Research Funding Announcement:

Title: Optimizing Operations of Emergency Departments Using Multi-Agent Large Language Models

Principle Investigators: Jessalyn Holodinsky & Steve Drew

Co-Investigators: Braden Teitge, Jiayu Zhou, **Eddy Lang**, Tracie Risling, Tyler Williamson, Zack Marshall

Amount: \$250,000

This funding will enable research on utility of large language models in the Emergency Department to ease documentation burden and improve patient flow. There will be opportunities for clinicians to participate in this research and provide feedback on technology development – watch your inbox in the coming months!

Conferences, Workshops and Courses

ICEM2026 call for speakers open!



ICEM 2026 | Hamburg, Germany | June 9–13, 2026

We're excited to announce that the **25th International Conference on Emergency Medicine (ICEM)** will take place in **Hamburg, Germany**, from **June 9-13, 2026**, in collaboration with the **German Society for Emergency Medicine (DGINA)**.

The theme for ICEM 2026 is **#wetogetherforward**, highlighting the importance of unity, innovation, and global collaboration in emergency medicine.

Key Deadline You Need to Know:

[Call for Speakers](#) until 30 September 2025

[Call for Abstracts](#) until 30 October 2025

[Early Bird Registration](#) until 9 February 2026



In Case You Missed Last Week

Preceptors Needed for POCUS

We're looking for two more preceptors (or four half-day spots) to help teach basic hands-on ultrasound (POCUS) to Physician Assistants.

- When: August 15 – AM & PM sessions
- Where: [TBD]
- UME rate: \$125/hour

So far, we have three preceptors confirmed. We just need two more to round out the day. The sessions will focus on practical, hands-on teaching, and it's a great opportunity to support PA learners and build your teaching hours.

once we finalize preceptor availability.

If you're interested or know someone who might be, please reply to this email. Robert.Johnston1@ucalgary.ca

Thank you – Bobby

Updated Newsletter Process

Submissions can be sent to: natalie.sun@ahs.ca and CC Ruchi Sharma (ruchi.sharma@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
- Deadline is **Tuesday at noon**
- **Late** submissions will run in the next edition

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**.

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