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UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

June 10, 2025

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

DEM News Subscriber,

Operations

Notes from Catherine

Indigenous Support Line

I just wanted to make all physicians aware that the Indigenous support line is now available for patients and providers in the Calgary zone (it was previously available in other zones). The confidential indigenous support line is free to call and is available across Alberta. Call **1-844-944-4744** or 811 <https://www.albertahealthservices.ca/info/Page18213.aspx>. It is primarily intended for patients to receive support but there may be times that physicians can call (to get translation help or if there are questions about how to provide culturally appropriate care).

Measles

Measles continues to surge in the province. The ACH ED team suggested that we ensure that that staff are all immunized for Measles and have proof of this. If you have an exposure and are not immunized you will be off work for 7-21 days.

PADIS Medical Director

Please see the full announcement below, but I wanted to take a moment to congratulate **Dr. Jacqui Hiob** on her appointment as Medical Director of PADIS. I would also like to extend my sincere thanks to **Dr. Mark Yarema** for his 16 years of dedicated leadership, during which he oversaw numerous advancements—including the successful launch of the Royal College Clinical Pharmacology and Toxicology Fellowship Program. We look forward to working with Dr. Hiob in her new role!

Grand Rounds, Journal Club and Clinical Pearls

QAER Emergency Medicine Grand Rounds

Thursday June 12, 2025 (0900—1000) (1.0 Education Credit)

Room: Clara Christie Theatre (HSC)

Zoom Link: <https://albertahealthservices.zoom.us/j/65876053204?pwd=jSOpQ9sLKif0kH5eSs2whSG6pZp6EM.1>

Meeting ID: 658 7605 3204

Passcode: 817531

Note this session will not be recorded

Speaker: Dr. Tess Loch FRCPC R3

Moderator: Dr. Tyson Savage MD FRCPC

Title: From HindSight to ForeSight- SI in the ED

Description: Quality assurance rounds of a mental health case in the emergency department.

[DEM Academic Grand Rounds Evaluation](#)

Grand Rounds Archive

Clinical Pharmacology and Toxicology Pearl of the Week

This week's Clinical Pharmacology and Toxicology pearl is on ["Do Not Use" Abbreviations](#).

There is a Do Not Use List of Abbreviations, Symbols, and Dose Designations developed by Institute of Safe Medication Practices (ISMP) Canada. The elimination of the use of dangerous abbreviations, symbols, and dose designations applies to all medication-related documentation.

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 Referral Directory](#) (ARD) by searching “Pharmacology” from the ARD homepage. 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 Referral Directory](#) (ARD) by searching “Toxicology” from the ARD home page.

More CPT Pearls of the Week can be found [HERE](#).

Mark Yarema

April/May Journal Club Updates

Thank you to our April/March staff preceptors – Drs. Andrew McRae and Omar Damji – as well as our staff hosts — Drs. Ryan Deedo and Mark Francis! Also a huge thank you to our resident leads for these two sessions: Drs. Park, Soh, Simmons and Gunn - great work!

April 2025

Overview: A multicenter randomized controlled trial comparing high-flow nasal oxygen (HFNO) to non-invasive ventilation for adults for acute respiratory failure in emergency departments and ICUs.

Bottom Line: HFNO met the criteria for non-inferiority compared to NIV for the outcomes of endotracheal intubation and death at seven days in patients with acute respiratory failure in four different patient groups (acute cardiogenic pulmonary edema, hypoxemic COVID-19, COPD with respiratory acidosis, non-immunocompromised with hypoxemia).

Summary: <https://www.calgaryem.com/admin/storage/uploads/2025/04/10/67f7dc899d9dfApr-2025--HFNO-vs-NIV-in-Resp-Failure.pdf>

May 2025

Overview: The NINJA trial is a multicenter RCT from the UK which enrolled children with nail-bed injuries requiring fingernail removal to repair and randomized them to either fingernail/substitute replacement following repair, versus no nail replacement and simply dressed as a normal wound.

Bottom Line: Replacing the nail on the nail bed does not appear to prevent infection or improve cosmetic outcome when compared with discarding the nail.

Department News

Kudos Corner – Patient Commendation

Alexandra Elizabeth Pistore Team – PLC

I visited the Emergency Department at almost midnight on May 7th. I was seen by Dr. Pistore and her residents. She was amazing, all the emergency nurses were great. Thank you.

Announcement – Medical Director, PADIS

On behalf of the Virtual Care, Access, and Navigation (VCAN) team and the Poison and Drug Information Service (PADIS) team, we are pleased to announce the appointment of **Dr.**

Jacqueline Hiob as the Medical Director for the Poison and Drug Information Service (PADIS), effective July 1, 2025.

Dr. Hiob is originally from Edmonton, Alberta. She completed a pharmacy degree, at the University of Alberta, and served as a Pharmacy Officer in the Canadian Armed Forces, before completing medical school at Queen's University and Emergency Medicine residency at Dalhousie University. She subsequently completed her Clinical Pharmacology and Toxicology fellowship at the University of Calgary. In addition to being an Emergency Physician and Clinical Lecturer in the Department of Emergency Medicine at the University of Calgary, she also provides consultation services for both the Poison and Drug Information Service and the Clinical Pharmacology Consult Service.

Outside of work, Dr. Hiob looks for any excuse to be outdoors on a hike with her partner Micah, and dog Darwin. She equally enjoys a patio ice cream with colleagues and friends.

We would also like to extend our deepest heartfelt gratitude to Dr. Mark Yarema for his exemplary leadership of PADIS over the past 16 years. During this time, Dr. Yarema oversaw the launch of the Royal College Clinical Pharmacology and Toxicology Fellowship program, of which Dr. Hiob is one of many graduates. We wish him all the best as he pursues the next phase of his career.

Jonathan Choy, MD, FRCPC Randal Blanton
Senior Medical Director Provincial Director, PADIS &
Virtual Care, Access, and Navigation Interpretation/Translation Services



Welcome to the World Baby Robert!

Robert Jeremy Koshan was born June 6 and is a first grandchild for Nathalie Lussier and Eddy Lang. Mom and baby are doing great.

Teaching Opportunities

2025 Emerg UME Simulation

Hey team! I am reaching out to recruit facilitators for the rest of the 2025 Emerg UME sim. Medical students (elective and mandatory clerks) rotating through emerg will have a simulation during their two week block. This is generally on **Thursdays from 09:00-11:00** in the Health Science's ATSSL (G820). Although it is **switching to Mondays in September** (unless there is a holiday Monday).

The group ranges between 6-14 learners and will typically require two facilitators per session. Your role will be to pre-brief, manage the scenario, and facilitate debriefing. I will send you the case including a review of discussion topics so it is low preparation.

Remuneration is at the UME teaching rate \$125/hr.

Sign up included below:

<https://docs.google.com/spreadsheets/d/1WUNmBmUr4b80G0gOB1RH2f1PcLb8nKqdWCcStlC-iuU/edit?gid=798666948#gid=798666948>

Thank you for considering! Please let me know if you have any questions.

Ryan Wilkie

rdwilkie@ucalgary.ca

403-390-6047

In Case You Missed Last Week

G7

The 2025 G7 Leaders Summit will be hosted by the Government of Canada in Kananaskis, Alberta, from **June 15–17**, the G7 countries include Canada, France, Germany, Italy, Japan, United Kingdom and the United States. There may also be other country delegations that will be in Calgary during that time but are not part of the core G7 members. Health Canada is leading medical support efforts for the G7 and has been working with AHS to ensure that health needs of participants and other visitors can be met. The G7 team is responsible for healthcare coverage for approximately 100 international protected persons (IPPs). IPPs include diplomats, heads of state, and other individuals under international protection, and may also include accompanying family members. We are expecting appropriately 10,000 people to be attending the event in various capacities (entourage, media etc.).

The G7 team will have 3 fixed medical clinics, 2 mobile clinics and 14 ambulances staffed by 11 emergency physicians, 10 nursing staff and 80-100 paramedics that are expected to be able to meet the majority of medical needs for the event. However, in the event that a higher level of care is required, **FMC is the designated facility for transport** (except in the event that specialty services such as Vascular, Ophthalmology or Urology are required). Should a patient require transport, patients will arrive via STARS or ground transport as deemed appropriate and we have tried to keep usual processes as much as possible. For privacy reasons IPPs will move confidentially through the system for the duration of their stay.

If transported to the hospital IPPs will be triaged based on their acuity, but they will not wait in public waiting rooms due to concerns with privacy and safety. The FMC operations team has been involved in the planning and have designated appropriate care spaces for these individuals and their security teams. Many IPPs arrive with their own health care team but their teams do not have medical privileges in Canada and treatment of any patient should follow standard clinical practice. Collaboration (whenever possible) with IPPs medical teams is up to the treating provider. There are health care liaisons for any IPP and Health Canada will help to facilitate communication as they will be the ultimate custodian of any records. I would just reiterate that should our providers find themselves caring for an IPP, processes and protocols should continue as usual (ie. Treatment, Consultation as deemed appropriate, Level 1 trauma activation, Cath lab activation). Billing of patients should proceed as you would for any out-of-province or out-of-country patient.

We also believe that there is a heightened chance of a **CODE ORANGE** during the time of the G7 (this could take place at any of our sites) and have been training and testing our code orange processes in the lead up. There is also an upcoming tabletop exercise to walk through the

process and administrators on call have been invited to ensure they are up to speed on processes as well. Dr Granberg (our department disaster lead) will send a separate email about any updates/reminders related to Code Orange.

Catherine

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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