

The DEMOCRAT

Department of Emergency Medicine Operational Clinical Research and Academic Tabloid

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Capacity Concerns

Recent operational data from all sites confirmed the uptrend in ED overcrowding noticed since the second half of 2014. Although multiple factors have to be taken into account, given the fact that patient inflow, LOS for discharged patients, and ED physician performance have remained steady, a clear reason behind ED overcrowding is hospital access block. The volume of admitted patients and their length of stay in ED stretcher areas have drastically increased. In the last trimester of 2014, the number of admitted patients in the ED neared an all-site average increase of 200%, when data gathered at peak hours from the same period of 2013 was compared. The same trimester comparison also saw a 62.4% increase in LOS from triage to hospital admission. The average time elapsed from admission request to actual admission increased 169% in the last year, reflecting the difficulties encountered to secure an in-hospital bed, despite the significant expansion of hospital services brought about by the SHC.¹ Along with these issues, there has been a slight increase in the number of patients leaving the ED without being seen by a physician, and an important decrease in the percentage of EMS transfers of care done within the 30-minute goal, likely repercussions of the backlog caused by hospital block.

Meeting with Minister Mandel

On January 22 2015, provincial Health minister Stephen Mandel met with ED leadership to discuss present issues and their possible solutions within the department. Besides major concerns over poor outflow given by inpatient bed blocking and consultation delays, issues related to sub-optimal ED resources, limited nursing staffing, and high inflow due to inadequate primary care were analyzed.

FMC ED – CUPS Coordinated Care Team

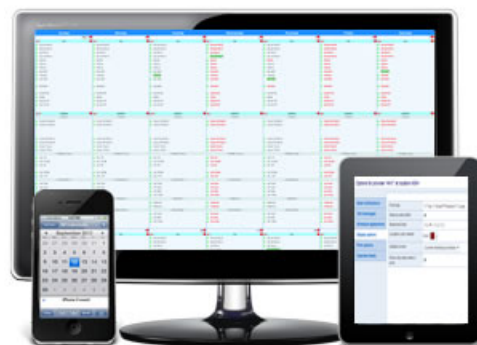
(Canadian Urban Project Society)

CUPS/FMC-ED Coordinated Care Team hopes to provide intensive case management and transition care to vulnerable, low-income patients presenting to the ED at FMC. The target populations are: 1) Existing CUPS-attached patients or patients attached to other clinics serving similar populations (The Alex, Elbow River healing lodge, East Calgary family care clinic, Mosaic refugee clinic), 2) Frequent ED users who are homeless, low-income, medically and socially complex; 3) Unattached patients with similar socioeconomic status, who then will be followed by CUPS or other appropriate clinic for primary care.”

This team of one RN and a psychiatric RN anticipate the following benefits: 1) Improved support for vulnerable population, 2) Improved communication and collaboration between AHS, EDs, CUPS health clinics, EMS, shelters, DEAP team, police, and other community clinics; 3) Reduce ED demand and enhance collaboration between ER and community-based health care providers; 4) Improved knowledge of demographics, medical diagnoses, and social needs of this population, particularly of frequent ED users, as an attempt to understand the reason behind frequent ED consultation, and other potential future investigations.

New Scheduling Software

Bytebloc Mock Trial: After experiencing a temporary breakdown of the current physicians scheduling system when first going live, and the subsequent generalized frustration over the product, a group of physicians led by zone manager Scott Banks engaged in the search of scheduling software able to suit the needs of our large and growing department. They came across an interesting product named Bytebloc that seems to be satisfying the expectations of several emergency departments in North America. During a meeting with a representative of the company, an agreement was reached to have a mock trial of the product for two months. The purpose of this trial is to have every ED physician access her/his mock clinical schedule with the new software and trade shifts as in real life, and thus determine if this software is capable of enduring the dramatic spike in server demand caused by heavy shift trading on the first days of schedule releases. A two-month trial will also give physicians enough time to appreciate software features as well as to familiarize with the product. The input of each physician willing to contribute during and after the trial will be greatly desired.



Our software investigations team will also be proceeding with an online demonstration of a physician scheduling software program called Chyma to ensure that we are fully aware of all the products on the market before making a final decision.

U of C Emergency Department



In order to establish our online presence as an academic department, we will officially start making use of the space provided for this purpose on the University of Calgary website. As a first step to populate our departmental website, ED faculty members that consented will have their contact information published in the university directory, which is in the public domain. We hope this will help learners connect with the right preceptor when looking for research supervision, which may represent valuable opportunities for our faculty. In the near future, we will regularly update our U of C department website with important calendar information, operational dispositions, relevant clinical content etc. Contribution and feedback will be gladly received as the website development moves along.

New Disposition for Discharging Patients

- Ongoing concerns exist around patients being discharged from the ED without the responsible physician staff being aware. The recent case was a patient discharged by a consulting service resident with an adverse outcome for the patient. In its February meeting, the Physician Executive committee adopted the following dispositions: 1) that all patients being discharged from the ED must have an ED Discharge order entered into SCM by the ED physician responsible for that patient, some exceptions may apply; 2) all patients being discharged from the ED must have discharge instructions entered into SCM. More information on these discharge dispositions and on information expected to be found in SCM discharge instruction can be found in the recently re-launched emergency department website.

New Social Media Strategy

- The department is considering adopting a new social media strategy to facilitate engagement of physicians with programs and academic opportunities, as well as to help physicians stay up-to-date with relevant medical information delivered in a timely fashion. At this time, we are hopeful to introduce our own departmental Twitter and Facebook accounts by the summer. We will value the input from ED physicians on how you envision an effective way to massify the use of these tools, so that a constant inflow of valuable handy ideas and knowledge is disseminated and adopted quickly by the members of our department. Dr. Chris Bond will act as our social media strategy lead, and will gladly receive your ideas and any information you feel is pertinent to help our physicians stay well-briefed through social media on the daily basis.

Announcements

Results from Accreditation – March 2015

- Our CCFP(EM) Residency Program received preliminary full accreditation.
- Our FRCPC Residency Program received full accreditation.

Manpower

We heartily welcome the newly accepted ED physicians that have incorporated (or soon will do) to our department, definitively one of the largest departments of emergency medicine in Canada.

Aseem Bishmoi
Puja Chopra
Natalie Choo

Scott Lucyk
Joe Maclellan
Hannah Park

Kip Rodgers
Erik Saude
Ashlea Wilmott

CaRMS Matches

We are happy to announce that all our CaRMS positions were filled in the first iteration of the match! We extend a hearty welcome to:

FRCPC Residents

Ken Chan - UBC
Steven Liu - Uof C

Dave Mainprize - Western
Nick Packer - Western

CFPC-EM Residents

Ali Abdalvand - U of A
Brett Elsdon - UBC
Grenvil Gracias - U of A

Emma Logan - UBC
Jerusha Millar - UBC
Rory Thomson - UBC

Brett Wilson - Memorial
Charles Wong - U of C

Two New Research Grants Awarded

- Early this year, and after months of hard work, Drs. Eddy Lang and Grant Innes, with their respective research teams, were able to secure two very important AIHS research grants for the department. The first one is a PRIHS grant for the project entitled: “Improving the Stewardship of Diagnostic Imaging Resources in Alberta Emergency Departments”. The second is a KTA grant for the project: “Utility of a Clinical Diagnostic Algorithm to Reduce CT Imaging for ED Patients with Suspected Renal Colic”. These two projects are expected to kick in during this spring and summer.

