

CHIEF PROGRESS REPORT- Emergency Medicine January 2022

Morbidity and Mortality (M&M) Framework

The WRH Emergency Department (ED) participates in number of initiatives that are dedicated to the enhancement of patient safety and to the delivery of quality patient care. Case reviews and continual assessment of patient care processes have been a mainstay to improvement in patient emergency department care at Windsor Regional Hospital (WRH).

Quality Practice Committee (QPC) – Currently Dr. Mason Leschyna is our ED representative on the QPC committee. The group is currently examining patients who have been noted to be high utilizers of ED resources with recurrent presentations to the emergency department. Outpatient resources are being development to transition these patients to outpatient care settings after their primary ED visit. Additionally, Dr. Ayodeji Akinlaja recently presented an ED case review before the QPC which highlighted a rare presentation of a post-partum emergency which occurred in a patient who presented to WRH ED. Recommendations for triage and management of post-partum patients with hypertension were made and the events of the case and recommendations were reviewed with the ED department physicians and ED extended providers in follow up at the monthly department meeting.

QCIPA – The current ED Medical Directors, Dr. Jody Stasko (Ouellette Campus) and Dr. Ayodeji Akinlaja (Metropolitan Campus) attend all QCIPA meetings which involve any direct or indirect emergency department care. Both directors independently review cases brought forward for review through identified staff concern, RL6 process or flagged sentinel events.

Patient Advocate Office – Our Medical Directors additionally support the Patient Advocate Office by reviewing patient complaints, engaging in chart reviews and participating in family meetings to address any concerns in care or patient and family questions about care.

Code Committees: Code STEMI, Code Stroke, Code Trauma – Quarterly Meetings occur for each code committee where departmental leads and community stakeholders attend and review all cases that occur over a 3-month period. Recommendations for improvement are then made and acted upon.

Code 7 Committee – Led by Dr. David Ng, engages in annual review of ED destination protocols followed by EMS in order to optimize patient care by ensuring safe and expedited access to various hospital programs. Appropriate allocation of EMS to the site with the appropriate hospital program pertinent to the patient presenting complaint is paramount. Robust destination protocols minimize delays in care and ambulance offload delays due to maldistribution of EMS arrivals between the 2 ED sites.

Community Disaster Planning – Dr. Paul Bradford is the physician lead for community disaster planning. Biannual disasters drills are planned and run from the community to the emergency department with post drill debriefing and feedback.

Ontario Health Emergency Department Return Visit Quality Program – Both WRH Emergency Department sites participate in the Return Visit Quality Program. All cases of return visits to the ED within 7 days of initial presentation for 3 sentinel diagnoses of pediatric sepsis, myocardial infarction and subarachnoid hemorrhage are reviewed. Additionally, 100 randomly selected charts are assessed and analyzed for ED return visits within 72 hours. The aim of the initiative is to identify gaps in care and to supplement current performance indicators for the Pay-for-Performance (P4R) program.

Morbidity and Mortality Rounds – To date the emergency department has engaged in regular but non-structured case reviews. The department plans on implementing structured M&M rounds through upcoming guidance provided from the Quality Practice Committee.

Professional Staff Engagement

The ED leadership has attempted to regularly engaged with the ED physician group, ED nursing staff and ED extended provider group. Engagement in the department has been prioritized through regular group and individual meetings involving all ED care providers.

Monthly ED Department Meetings – Meetings provide important updates to the staff. ED physicians have the opportunity to inquire about department concerns, changes or revisions in care processes. Guest speakers regularly attend from other hospital departments to liaison with the ED physician group.

ED Physician Counsel – A subcommittee of ED physicians was formed and over the last 6 months they have met regularly to define department rules and expectations for physicians practicing within the department.

ED Feedback Binder and WRH Email – Both department sites have a feedback binder where physicians can document any patient care issues of concern. This feedback focuses on failures in department processes or resource deficits. This feedback binder is reviewed on a monthly basis. Additionally, a WRH email address was also created to address flow or process issues in a more confidential manner for staff who may feel uncomfortable documenting issues that require some discretion or confidentiality.

Mentorship – All physicians new to practice in the ED are assigned a physician mentor to allow them a smooth transition to practice. Mentorship takes place over a 2-year period with physician evaluations performed every 6 months.

Physician Assistant (PA) Touch Base Meetings – Monthly meetings take place with our physician assistants and ED leadership to review responsibilities and to regularly assess where the PAs can assist with ED patient flow.

Nursing Rounds: Weekly meetings in the form of standardized rounds with members of the ED Leadership to facilitate ED throughput and escalate any barriers to disposition.

Recruitment and Retention

Physician recruitment has been an ongoing priority for the emergency department and ED leadership has been working with the hospital through medical affairs to attract new physician candidates to WRH.

New ED Physicians – In the last 6 months several physicians have been recruited to work acute care shifts at both ED Sites.

Return of Service EM Residency Training Program – Through Pay-for-Performance funding, the WRH ED has funded a residency training position locally. Upon completion of training, the graduated resident undertakes full time employment in the WRH emergency department under a return of service agreement of 4 years. In July of 2022 an additional second funded position has been added which will provide 2 additionally trained physicians who will service our local community as of July of 2023.

ED Orientation Package – A comprehensive orientation package has been developed and supplied to the Recruitment and Retention Committee. The package is provided to all new Emergency Medicine Physicians.

Physician Retention – Physician retention has been an important issue in the ED. ED leadership has attempted to provide a fair and open forum to address physician work concerns. We have developed a fair distribution of shifts and compensation for shift work. ED scheduling is a priority and ED schedules are released in a timely manner to allow department members the opportunity to adequately schedule work and life activities. Vacation and personal time off requests are generally well accommodated.

Nursing Retention – The ED continues to experience an ED nursing shortage. The department has hired unregulated nursing employees (UNEs) to assist current nursing staff in patient care and flow in the department. Additionally, ED leadership has developed extensive contingency plans to keep all ED sections open even when resources are scarce. A regular ED float pool of nurses has been formed to provide additional support to our existing ED nursing group and are called in when additional support to are ED nurses is required.

Performance and Leadership Evaluations

Emergency department performance is measured by a number of parameters that assess patient care and flow during an ED visit. The ED Pay-for-Performance Program allocates ED funding based on department comparator ranking on various parameters reflecting flow of patients through the department from triage to disposition. Several initiatives have been developed to increase awareness of physician and department performance and to improve department efficiency and flow.

ED Physician Scorecard – In consultation with decision support, a physician scorecard was created. The first iteration of the card features the number of patients seen by the physician per shift and patients dispositioned per shift. Physicians were given comparator statistics which allowed them to see how they ranked against other colleagues working similar shifts. Each physician was given their own data to review. The ED leadership met with each department physician to review the scorecard and to set professional goals. The scorecard will be released on a quarterly basis. Future cards will feature additional parameters including patient “bounce back rates”, average patients per hour and resource utilization.

P4R Weekly Scorecard - The department has developed a graphical scorecard that reflects the department’s P4R performance on a weekly basis. The performance card is sent to physicians, nurses and extended providers in the department so that all team members are aware of the ED’s regional standings on a weekly basis.

Weekly ED Operations Meeting – ED physician and nursing leadership meet weekly with the ED director and VP to review department performance and barriers to patient care.

Mental Health Assessment Unit (MHAU) – The Emergency Department and the Psychiatry Department have worked collaboratively to develop and rollout the MHAU. Patients who meet the criteria are fast tracked to the mental health unit where they are assessed by the psychiatry team. The initiative has decreased the number of psychiatric patients housed at our Ouellette campus ED and has improved department performance with this subgroup of ED patients in terms of overall length of stay.

WRH/EMS Offload Program – The WRH Emergency Department has worked collaboratively with Windsor Essex Emergency Medical Services (EMS) to develop a program with the aim to decrease code blacks (no EMS trucks available for calls in the community). EMS staff have paired with ED offload nurses and are monitoring paired patients in the department while waiting for an ED bed. This allows the second EMS crew to promptly leave the hospital to attend the next EMS call. Since the recent institution of the program, our EMS offload performance has improved considerably and there have been no community code blacks since the program was initiated.

Academic and Research Vision

The WRH ED is heavily involved in Undergraduate and Graduate Academic Teaching and Training. The majority of WRH ED physicians hold an adjunct professor position with Schulich. Many ED physicians regularly facilitate small group learning sessions and training experiences for the medical school. Both WRH ED sites regularly take medical trainees which include medical residents, medical students and physician assistant (PA) students.

Medical Resident Training - Dr. Megan Muccuccio is the residency co-ordinator for emergency medicine training. She oversees the placement and training experiences of family medicine and emergency medicine residents who train locally. Additionally, she oversees WRH Return of Service Emergency Medicine Residency Program offered in Windsor.

Medical Student Training – Dr. Anothony Pozzi is the co-ordinator for the undergraduate medical student ED rotation locally. The department routinely takes 3rd and 4th year medical students for clerkship training rotations. Medical Student Observership have been facilitated by Dr. Edward Sabga who has taken a keen interest in the mentorship of early medical learners in our community.

Physician Assistant Training – Dr. Paul Bradford has co-ordinated PA placement at the Ouellette Campus department. PA trainees from McMaster University and The University of Toronto rotate regularly through the department and they work with our ED physicians to complete their acute care training in emergency medicine.

Many of our ED physicians are actively involved in academic research and hold additional leadership positions outside of the ED department. Some examples include but are not limited to the following:

Dr. Alice Tsui:

- **Leadership Roles:**
 - Windsor Campus Clerkship Director
 - Schulich Medicine Clerkship and Electives Committee Co-Chair
 - Year 2 Transition to Clerkship Course Co-Chair
 - Undergraduate Medicine Windsor Simulation Lead
- **Research and Academic Presentation:**
 - Medical education research project co-investigator “Understanding learner perceptions of their clinical preparedness after a novel four month transition to clerkship curriculum pilot program”
 - Presenter at the Canadian Conference on Medical Education 2022 April “Enhancing Readiness for Clerkship – A Transition to Clerkship Curriculum”

Dr. Jay Macdonald:

- **Leadership Roles:**
 - Executive and Board of Directors of Canadian Underseas and Hyperbaric Medical Association
 - Vice Chair of OMA Hyperbaric Medicine group
- **Research and Academic Presentation:**
 - Investigator on the NIH funded Hyperbaric Oxygen Brain Injury Trial (HOBIT)
 - **Dr. Rob Woodall and Dr. Jay Macdonald** – Development of the “Canada Hood” – provides continuous positive airway pressure as a CPAP hood. Initiative in partnership with Crest Mold in Oldcastle with application to Health Canada for patenting. Partnership with St. Clair College and We-Spark grant awarded.

Dr. Paul Bradford:

- **Leadership Positions:**
 - Lead Physician for Local Disaster Management

- Lead Physician for EMS Prehospital Care
- Physician Co-Lead for WRH Trauma Program
- **Research and Academic Presentation:**
 - A Pragmatic Strategy Empowering Paramedics to Assess Low-Risk Trauma Patients with the Canadian C-Spine Rule (CCR) and Selectively Transport them Without Immobilization
 - CanROC Epinephrine Dose: Optimal versus Standard Evaluation Trial – EpiDOSE
 - Canadian Resuscitation Outcomes Consortium – CanROC/OPALS
 - Canadian Sudden Cardiac Arrest Network – C-Scan OPALS
 - What Influences safety in paramedicine? Understanding the impact of stress and fatigue on safety outcomes (JACEP)
 - Fatigue and Safety in Paramedicine (CJEM)
 - STEMI Management in Windsor-Essex and Chatham-Kent A Retrospective Chart Review Assessing Guideline Adherence and Treatment Outcomes

Dr. Roy Diklich:

- **Leadership Positions:**
 - Team Physician travel with Hockey Canada and Alpine Canada
 - Windsor Spitfire Team Physician
 - University Sports Medicine Clinic for Varsity Athletes

Dr. Mason Leschyna:

- **Research and Academic Presentation:**
 - Lead Physician working with The University of Windsor Researcher Dr. Defoe and Biafore Associates Inc. working on a low-cost ventilator that can be assembled from off-the-shelf components and has almost no moving parts. An NSERC grant funding the project.

Dr. Riley (Michael) Jakob:

- **Leadership Positions:**
 - ED Assistant Residency Program Director - St. John Hospital, Detroit, MI
- **Research and Academic Presentation:**
 - Research Study on Aortic Dissection - St. John Hospital, Detroit, MI
 - Book author - Royal College - Critical Care Management for Residents

Dr. David Ng

Leadership Positions:

- ED clinical lead for Erie St. Clair, Ontario West Region
 - Represents the Erie St. Clair Region in Ontario West at Provincial Emergency Services Advisory Committee, which advises the provincial policy as it relates to the ED and also to help disseminate the latest provincial ED directives.
- Chair of the ED COVID Response Table
 - Moderator for weekly meetings with all the ED's in our LHIN to help coordinate ED response/wait times during COVID, plus report to the weekly Regional COVID response table on ED issues.
- Administrator/Advisor for the P4R program
 - Monitoring ED wait times/CDU/Return Quality Visit Program, Ambulance Offload, Health Force Ontario liaison, communication with CCAC/home care assist with system flow and with Hotel Dieu Grace Hospital with their community opiate response work.