



# Emergency

## Email

[emergency.scn@ahs.ca](mailto:emergency.scn@ahs.ca)

## Key Partners

Academic Departments of Emergency Medicine  
Alberta Health Services (AHS) teams, community  
programs & services  
[Emergency Medical Services \(EMS\)](#)  
Alberta Health

[Alberta First Nations Information Governance Centre \(AFNIGC\)](#)  
[Alberta Medical Association](#)  
[Physician Learning Program](#)

## Major milestones and achievements, 2023-2024

Through its partnerships with patients, clinicians and other key stakeholders, the Emergency Strategic Clinical Network (SCN) has continued to evaluate performance and advance quality improvements, health research and innovation in emergency medicine. It is committed to addressing capacity pressures, improving patient flow, and improving the experience of patients and families who receive care in emergency rooms, urgent care services, as well as the experience of healthcare providers and emergency medical services who deliver emergency care across the province.

Its work aligns with key provincial priorities to reduce emergency department (ED) wait times and improve patient flow in emergency settings. The network has also co-led work focused on advancing anti-racism and equity-oriented care in emergency care and responding to the needs of patients and the health workforce. Some key examples of initiatives from the past year are highlighted below.

### Understanding and reducing ED crowding and access block

The Emergency SCN has partnered as problem solvers, supporting Clinical Operations with priority initiatives focused on reducing ED wait times, improving system flow, and supporting safe and efficient EMS transfer of care.

It has supported the implementation and evaluation of several initiatives aimed at improving patient flow in hospital settings, including the introduction of allied health and pharmacy resources in EDs and the ED-staffed EMS Transfer of Care initiative. As part of this work, the SCN contributed to a Impact and Value Estimation Report evaluating the benefits and challenges of these changes.

The Emergency SCN also requested and sponsored an update to a crucial set of national reports on ED crowding and solutions. The reports, published by the Canadian Agency for Drugs and Technologies in Health (CADTH), compile evidence and provide guidance to inform decisions about evidence-based interventions to address ED overcrowding. [See the full report and recommendations](#)  
This work has significance to EDs across the country as evidence suggests ED overcrowding is worsening in many jurisdictions.  
[See the full report series](#)

### Developing data tools and products to enable practice improvement and reduce unwarranted variation

AHS Clinical Departments of Emergency Medicine in the Calgary and Edmonton Zones, and AHS Data and Analytics, facilitated by the ESCN, have developed an Emergency Medicine Practice Improvement Dashboard in Connect Care that includes metrics for adult and pediatric patients using emergency services in Alberta. This tool supports data-enabled decision making at various levels of the healthcare system, and provides the information clinical leaders and frontline providers need to better understand and optimize performance, efficiency and quality of care. Physician lead and former ESCN Senior Medical Director Dr. Brian Holroyd worked with Dr. Douglas Woodhouse and Dr. Jennifer Thull-Freeman to refine and use this dashboard to provide a provincial audit and group feedback intervention.

Over the past year, the Emergency SCN also supported the creation of two AHS Atlas of Healthcare Variation products, including the use of computed tomography for mild traumatic brain injury, and ED lengths of stay. These knowledge products share important information that can be used to improve care and reduce unwarranted variation across regions and sites.

## Impact on health, care, quality, or performance

The Emergency SCN has also positively impacted care through development of provincial protocols to standardize care in all EDs and urgent care centers (UCCs), and through research with First Nations organizations. Over the past year, this work has included:

- ▶ Development of nine provincial protocols, such as the Seizure-Adult Protocol and Gastrointestinal Bleeding protocol. When a physician is not readily available to see an arriving patient due to high patient volumes or patient acuity or, in the case of rural settings where there may be limited physician resources, frontline staff can implement a protocol for patients who meet the inclusion criteria. This may include initiating laboratory tests and initial treatment for some patient conditions. Protocols have been shown to improve patient satisfaction with the care they receive and decrease overall length of stay.
- ▶ Securing a \$1.75M Canadian Institute of Health Research (CIHR) grant to advance an anti-racism and equity-oriented care initiative over the next four years. The initiative was launched with operational partners at three emergency sites and is being completed in partnership with First Nation organizations. Project co-leads are Lea Bill, Executive Director of the AFNIGC, Dr. Esther Tailfeathers; and Patrick McLane, Assistant Scientific Director, ESCN (through Adjunct Associate Professor, Department of Emergency Medicine, University of Alberta). This work builds on nationally recognized research conducted with eight First Nation partner organizations on the quality of emergency care for First Nation members, which showed that 9.4% of all ED visits over 5 years were by First Nations members, while comprising only 4% of the provincial population; First Nations members use EDs almost 3 times as much as non-First Nations members; and First Nation members are triaged as less urgent than comparable non-First Nations members.
- ▶ The Emergency SCN was also successful in obtaining funding for two Health Evidence Reviews on (1) strategies to address physician and employee moral distress and burnout and (2) effective approaches to address the care needs of people who frequent the emergency department often. These reviews are expected to inform actions to address these areas of priority.

## Perspectives from our patient advisor



### Supporting innovation in health care

*“As a PFA [patient and family advisor] with an equal voice at the table, I worked with the ESCN team to develop a tool to personalize communication between frontline providers and patients. The tool builds on the NOD segment of the collaborative care model and will be revamped to “NOD-ED”. The acronym aims to help providers communicate more clearly with patients and families in the busy emergency department environment. Together, we continue to work on this project and expect to roll it out by year end.”*

**Gloria Wilkinson, Patient & Family Advisor, Emergency SCN**

### EMERGENCY SCN

#### Publications & Grants



30

Peer-reviewed Publications



21

Presentations & Workshops



\$1.3M

Research Grants



89

Research Members

#### Outcomes and Impact

Improved patient satisfaction & reduced overall length of stay

with development of nurse-initiated provincial protocols\*

\*Based on data from Alberta's 16 highest-volume EDs and UCCs (10/2022-04/2024)