



EMERGENCY

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KEY PARTNERS

**Alberta First Nations Information Governance
Centre**

Alberta Medical Association

Emergency Medical Services (EMS)

Academic Departments of Emergency Medicine

**Plus many AHS teams, community programs &
services**

SENIOR MEDICAL DIRECTOR

Dr. Brian Holroyd, MD, MBA,
FACEP, FRCPC, University of Alberta,
AHS

ASSISTANT SCIENTIFIC DIRECTOR

Dr. Patrick McLane, MA, PhD, AHS,
University of Alberta

SCN MANAGER

Andrew Fisher, BTh, ACP,
AHS

Major initiatives and achievements, 2021-2022

Partnerships with First Nations organizations advance knowledge and research in emergency care

The Emergency SCN (ESCN) and its Scientific Office continue to partner with First Nations organizations on projects that address the emergency care of First Nations members. This work is supported by an Elder Advisory group that includes members from the three Treaty areas in Alberta. Over the past fiscal year, we have continued to advance understanding within the medical community about the experience and care of First Nations patients in emergency departments (EDs) and translate learnings into actions that address systemic and institutional racism and improve care and outcomes for First Nations members.



Patrick McLane (Assistant Scientific Director, ESCN) and Lea Bill (Executive Director, Alberta First Nations Information Governance Centre)

Evidence synthesis and knowledge sharing - Following on publications reported in prior years, we published the only provincial peer-reviewed [analysis of First Nations members' emergency department use](#) in any Canadian jurisdiction. Results show higher age and sex standardized per capita use of EDs by First Nations members than non-First Nations persons in all AHS zones, which we argue stems from gaps in primary care coverage.

We also published an analysis in the [Canadian Medical Association Journal](#) demonstrating that First Nations members are less likely to receive the most urgent triage scores in EDs than comparable non-First Nations patients. The article was covered locally, provincially and nationally in print, radio, and television by 21 news outlets. Importantly, it provides statistical support to First Nations members' longstanding reports of discriminatory treatment within emergency departments.

Project leads have presented qualitative and quantitative results provincially to First Nations organizations, AHS zone executives, Alberta Health, at conferences such as the Rural Emergency Medicine Conference, at Grand Rounds at the University of Calgary, and nationally to the [Canadian Association of Emergency Physicians \(recording\)](#). The work was also featured in [AHS' 2020-2021 Annual Research & Innovation Report](#). This knowledge translation work will drive action to address racism that First Nations members face in emergency departments.

New funding has been received through a Canadian Institutes of Health Research (CIHR) grant to develop anti-racist simulation training in partnership with First Nations organizations and the Métis Nation of Alberta. Building on work underway by the AHS Indigenous Wellness Core and the provincial eSim Team, these funds will ensure that project findings inform anti-racist education for providers. AHS has also provided \$190,000 to develop an intervention project with First Nations organizations to make EDs more culturally safe for First Nations members.

Outreach and engagement - In July 2021, the ESCN supported provincial engagement sessions led by the Alberta First Nations Information Governance Centre in partnership with provincial EMS. The study team presented statistics and collected qualitative data on First Nations transitions in care involving paramedics. Results are currently being analyzed.

New care model for long-term care residents in times of medical urgency

Evidence demonstrates that emergency department care often has adverse consequences for long-term care (LTC) residents. Through PRIHS funding, Dr. Jayna Holroyd-Leduc (University of Calgary) is leading a standardized LTC-to-ED care and referral pathway supported by a centralized telephone triage system, community paramedics, and early identification tools for acute medical issues (INTERACT® tools).

Guided by a Resident and Family Council, the project was implemented in over 40 LTC facilities in the Calgary Zone. To date, 325 care providers have been trained through a train-the-trainer model to implement the program. Evaluation of program impact has been significantly confounded by COVID-19, but is ongoing.

Research to support responses to the opioid crisis

In addition to continuing to advance CIHR-funded projects on the impacts of COVID-19 on opioid use disorder treatment, members of the ESCN leadership team are co-investigators on a project led by Dr. Grant Innes (University of Calgary) on how emergency physician opioid prescribing relates to patients developing opioid use disorder. We are also supporting a project led by Dr. Jessica Moe (University of British Columbia) examining a new “micro-dosing” practice for opioid agonist treatment in emergency departments.

Other highlights

Provincial coordination and support during the ongoing COVID-19 pandemic

Alongside other efforts over the past year, the ESCN created a COVID-19 vaccination program within select EDs to serve populations who may not routinely access care outside the ED.

Improving Access to Care

In February 2022, members of ESCN leadership, in collaboration with operational leaders, presented and advocated to the AHS Clinical Operations Executive Committee for system-wide solutions to address ED in-patients (EIPs) and access block. Subsequently, a half-day provincial “Patient Movement Improvement” session was held in June to brainstorm potential short- and long-term solutions to system access in Alberta.

Impact on health and care in Alberta

Through its partnerships with key stakeholders and commitment to embed research into clinical practice, the ESCN is improving emergency care in Alberta. Over the past year, its work has included:

- Supporting AHS’ response to the COVID-19 pandemic
- Addressing gaps in knowledge around health equity and emergency care
- Supporting patient and provider safety in emergency settings.

In collaboration with AHS Workplace Health and Safety and operational site leaders, the ESCN has introduced and supported implementation of the Prevention of Harassment and Violence (POHV) Strategy and Behavioural Safety Program at 2 EDs (2 others are currently in progress).

The ESCN has included equity considerations in its application process for summer studentship and systematic review competitions. We are also leading work to develop pan-SCN practice for equity in scientific competitions.



Actions and areas of focus

- Improve patients’ and families’ experience in EDs/UCCs through enhanced communication, timely patient access and quality patient care
- Support care of patients with opioid use disorder, reduce overdose deaths and align initiatives with the opioid crisis across Alberta
- Build emergency research capacity, advance and disseminate knowledge
- Support clinical research projects and implementation of Connect Care and Choosing Wisely™ guidelines
- Improve patient and provider safety in emergency settings

EMERGENCY

Grants and Publications



22

Peer-reviewed Publications



30

Workshops & Presentations

Outcomes and Impact

44%

of Alberta EDs referred patients to the Virtual Opioid Dependency Program in 2021-22



\$1.72M

Research Grants



32

Research Members

121

clinicians, ED managers, operations leaders, nurse educators, and others attended the 2022 ESCN Quality Improvement and Innovation Forum

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