

**Doctors of BC - Section of Emergency Medicine (SEM)  
Annual Report – 2016 - 17**

<b>President</b>	David Haughton (BCCH)	
<b>Secretary</b>	Steve Fedder (Richmond)	<b>APP Committee Chair</b>
<b>Treasurer</b>	Krystaleah Lindsay (SPH)	
<b>Members at Large</b>	<b>Site</b>	<b>Tasks/Committee</b>
Michael Ertel	Kelowna	<b>FFS Chair</b>
Nick Szpakowicz	Surrey (SMH)	FFS Committee; Membership
Gord McInnes	Kelowna	FFS Committee
Kris Weibe	Chilliwack	FFS Committee
Jasper Ghuman	SMH	FFS Committee & Health Authority/IT
Anthony Chahal	VGH	APP Committee
Peter Balcar	RCH	APP Committee
Kevin McMeel	Nanaimo	APP Committee
Angus Gilchrist	Delta	APP Committee
Rob Street	RCH	Overcrowding; Health Authority/IT
Jon McGrogan	LGH	Health Authority/IT
Jon Braunstein	RCH	Health Authority/IT/ Website
Keith Hutchison	Kamloops(RIH)	Health Authority/IT
James Heilman	Cranbrook	Health Authority/IT
Brian Farrell	Victoria General	Health Authority/IT
Quynh Doan	BCCH	Physician Extenders; Conference/Academic Medicine
Lloyd Oppel	UBC	Provincial Privileging Project
Shannon Hamersley	Campbell River	Small Sites Liaison
Mike Holloway	Langley	FFS Advisory role

**SEM Executive.** We have an active executive, with diverse representation of **Emergency Physicians (EPs)**: regional, educational certification, academic vs. clinical, urban vs. rural, FFS vs. APP. Meetings of the Executive remain open to all interested members. Our AGM is on Monday May 15, 2017, after our Annual “Spring in Vancouver” Emergency Medicine Conference.

**Membership** – SEM membership in 2015-16 exceeded 400 members.

**APP Issues:**

- Although the recent PMA did not create a rational, long-term process to address prospectively the problem of increased patient utilization at APP Emergency sites, limited money was set aside and Health Authorities each year allocate this funding to some of the APP groups under their auspices. The SEM each year “runs” our Work-load Model, developed with the Ministry of Health, with up-to-date numbers from each of 18 ED sites, to inform each Health Authority’s decision-making process.
- Contract negotiations with Health Authorities are beset by newly introduced language - particularly regarding invoicing of “hours” - that is inconsistent with the FTE definition agreed upon in the 2002 PMA. Constant vigilance by all APP Emergency groups is imperative.
- Many APP groups are following the lead of St Paul’s Hospital ED, revisiting the option of returning to a FFS model out of frustration with inadequate responsiveness of the Ministry to increased ED patient Volumes as well as disputes over egregious APP contract language.

## **Collaboration with Government to improve the System**

Emergency doctors are participating in collaborative committees such as the Emergency Services Advisory Committee (ESAC), and are seeking ways to hold all parts of the system accountable and help the system measure tangible but clinically relevant data.

Emergency Medicine remains the government's most natural *potential* ally in creating and maintaining a sustainable health care system. For our Emergency Departments to function well, *every other part of the system* must be working – we have no “favorites”.

## **Overcrowding and Access Block - Addressing the ongoing Crisis in Emergency**

We again surveyed all BC Emergency Departments this year, to evaluate where progress has been made over the last 5 years. Overcrowding is at a crisis-point as many hospitals are continuously over 100% capacity, leaving admitted patients blocking Emergency stretchers for hours, if not days. All sites now have the goal of a 10-hour ‘door-to-door’ time, and measure the % compliance with this rule.

The Fraser Health Authority CEO has made the situation in his HA dramatically worse by eliminating overcapacity protocols that shared the burden of admitted patients awaiting inpatient beds throughout all the hospital wards. The cost to individual Emergency Department patients and staff is obvious; the cost to the rest of the system is hidden, but likely immense. Difficulties in EP & nursing recruitment and staffing at some sites offer evidence that we are at a tipping point.

**Electronic Health Record** – The Section gathered input from Emergency Physicians and Health Authority administrators across the province, and help from Doctors of BC Policy Department to Draft the ***SEM Position Paper on EMR in Emergency Departments:***

### ***Section of Emergency Management Position***

- *Doctors of BC's Section of Emergency Medicine recognizes the potential benefits of responsive and effective Electronic Medical Record (EMR) and Computerized Provider Order Entry (CPOE) systems and supports a trial of their integration into emergency departments in BC if adequate design, transition, training and mitigation strategies are in place and funded.*
- *To ensure the optimal integration and use of EMR and CPOE systems in emergency departments, the Section of Emergency Medicine recommends:*
  - Standardization across emergency departments of EMR and CPOE systems that are easily navigated, seamlessly integrated, and field-tested by end-users for safety and efficiency.*
  - Development, in consultation with emergency physicians and allied health providers, of an implementation strategy that, at a minimum, addresses transition planning, education and training, and mitigation of potential negative impacts on healthcare services for patients in BC emergency departments.*

*Robust and regular evaluation of, and transparent reporting on, the impact of these systems on productivity and the quality of patient care provided.*

The EMR and CPOE systems in VIHA and VCHA clearly were NOT designed with these principles and hence the roll-out has ranged from stalled to catastrophic