



NEWSLETTER

June 2020

Division Updates

Leadership Transition Reminder:

No change in plan for transition of leadership and are currently working towards this transition. If you have an issue and are unsure which one of us to direct your question to; feel free to email us both and we will manage.

Medical Director (role comes from the hospital)

- Transition to **Seema Shah** was completed January 2020
- Current assignments: oversight of operations, scheduling, conferences, etc.
- Direct reports: Director of Operations and Staffing, Quality and Resuscitation

Division Chief (university based role)

- Keri Carstairs' current oversight: anything to do with FTEs, finances, academic promotion
- Direct reports: Ultrasound, EMS, Education, Research, Rancho Springs and Urgent Care
- **Seema Shah** will take the Interim Chief role August 1st until a new chief is hired
- Official posting for the Chief position occurred February 4th. Accepting applications, however, interviewing on hold for short term.



Congratulations to Joelle Donofrio and Matt Murray on their recent promotion to Clinical Associate Professor - Step II!

THANK YOU!

To everyone who attended
Drs. Wai
and
Edwin-Enyenihi's
going away Zoom party!

They will be missed!



ED RESULTS ROUTING SCHEME HAS BEEN UPDATED:

In an effort to decrease missed readings and abnormal lab/cardiology results, we have updated the results routing scheme, effective immediately.

SEE BELOW SCHEMA.

Background Information: Several cases were reported of x-ray abnormalities that were not received in the ED results pools. Additionally some lab results were not communicated to families as the results were not routed appropriately. Part of the issue stemmed from the way results routing handled the patient's hospital admission status.

What you should know: More results are now going to display in the ED Results Pool. The following results are going to be sent:

- All Send Out Lab Tests
- All Results on a Patient who is marked as transferred or ready to go, but is not discharged out of EPIC
- EKG results post discharge marked as abnormal
- ECHO results post discharge
- Radiology Results that are marked as Critical/Incidental Finding and patient is marked ready to go or discharged out of Epic
- Radiology Results that are marked with a discrepancy and patient is marked ready to go or discharged out of Epic
- All Radiology Results if No Wet Read is completed by the Provider
- Positive COVID19 tests are continuing to come to the in-basket

Additional Information:

- If there is a critical/incidental finding, you will see a banner with findings to be reviewed.

As a reminder:

1. Please remember to enter a WET READ on all plain films ordered after official radiology reading times
2. If ordering a send out test from the ED, please attempt to document the reasoning behind the test, as well as the requesting provider/specialist (if there is one)

This will help the CCB provider identify which tests can be forwarded to sub-specialists or appropriate PCP's, as well as decreasing the number of normal XR results that need to be reviewed.

Thanks for your help.

Marc Etkin, M.D., F.A.A.P

If there is a critical/incidental finding, you will see a banner with findings to be reviewed.

QuickActions - Done | Result Note | Reviewed | Encourger | Result Review | Chat

Result | More Info | ED Summary | Visits/Patient Info | Call patient about abnormal result | Manage QuickActions

XR Chest 2 Views
Status: Final result | Visible to patient: No (Inaccessible in MyChart) | Order: 25066069

Findings to be Reviewed

Finding: Unknown, grossly malpositioned artificial airway/accidental placement of NG in trachea | Acuity: Critical | Comment: oh no | Entered On: 05/12/2020 01:30 PM | Entered By: Joseph Smiler, CRT | 858-866-8182

Details

Reading Physician	Reading Date	Result Priority
Lee A Harvey, MD	5/12/2020	STAT

Narrative & Impression
EXAMINATION: XR CHEST 2 VIEWS
HISTORY: test
COMPARISON: None

If there is a discrepancy, you will see the discrepancy below the result

QuickActions - Done | Result Note | Reviewed | Encourger | Result Review | Chat

Result | More Info | ED Summary | Visits/Patient Info | Call patient about abnormal result | Manage QuickActions

XR Chest 2 Views
Status: Final result | Visible to patient: No (Not Released) | Order: 25066220

Details

Reading Physician	Reading Date	Result Priority
Lee A Harvey, MD	5/12/2020	STAT

Narrative & Impression
EXAMINATION: XR CHEST 2 VIEWS
HISTORY: discrepancy.
COMPARISON: None

FINDINGS:
The lungs are clear. There is no pleural effusion or pneumothorax. The cardiomeastinal contour is within normal limits.

IMPRESSION:
Within normal limits

Signed by Su Radiant, MD 5/12/2020 1:48 PM

Specimen Collected: 05/12/20 13:48 | Last Resulted: 05/12/20 13:48

Discrepancy

If there is no wet read, it will display the result only.

QuickActions - Done | Result Note | Reviewed | Encourger | Result Review | Chat

Result | More Info | ED Summary | Visits/Patient Info | Call patient about abnormal result | Manage QuickActions

XR Chest 1 View
Status: Final result | Visible to patient: No (Not Released) | Order: 25064426

Details

Reading Physician	Reading Date	Result Priority
Lee A Harvey, MD	5/12/2020	STAT

Narrative & Impression
EXAMINATION: XR CHEST 1 VIEW
HISTORY: test
COMPARISON: None

FINDINGS:
The lungs are clear. There is no pleural effusion or pneumothorax. The cardiomeastinal contour is within normal limits.

IMPRESSION:
Within normal limits

Signed by Su Radiant, MD 5/12/2020 2:10 PM

Specimen Collected: 05/12/20 14:10 | Last Resulted: 05/12/20 14:10



Dr. Stephanie Schroter

“On a typical busy flu season day, Dr. Schroter took the time to answer a parent’s questions who only wanted to speak with the physician, multiple times actually via an interpreter to ensure the father felt ok/safe to take the patient home with the flu, answering any and all questions reassuring the father. Dr. Schroter went above and beyond and took the extra time to provide father with multiple resources and instructions.”

Dr. Katherine Mandeville

“She was very helpful and made sure my kids had everything they needed to get better. She answered every question we had. She was very sweet.”

ULTRASOUND SPOTLIGHT

Atim Uya MD, Kathryn Pade MD and Mylinh Nguyen MD

Machine Cleaning in COVID Times

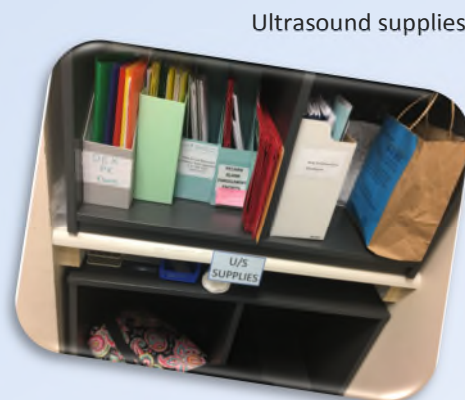
- POCUS supplies are removed from machine prior to entering patient room (gel, IV supplies, covers, wipes, etc.) are kept on POCUS supply carts
- Probe covers and machine covers will be used for select populations
- Use SINGLE-USE gel packets
- Disinfect the entire POCUS machine pre and post exams using the EPA-approved **PURPLE** Sani-Cloth germicidal wipes
- Minimum **2 minutes** wet time using the **PURPLE** Sani-Cloth to ensure proper disinfection



Coming Soon....



Covers



Ultrasound supplies area

Clinical Director Update

Fareed Saleh, MD, MHA

COVID-19 Testing

- All patients will be notified of COVID-19 testing (positive or negative) by RCHSD nursing
- Patients admitted directly to NICU should not 'go through the ED' for COVID-19 test (can be transferred directly)
- https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Slides_05_19_2020.pdf → CDC website on MIS-C
- Domestic travel is no longer high risk
 - No self-quarantine but continue to self-monitor for symptoms and take your temperature for 14 days
 - No work restriction unless symptomatic or exposed to known COVID-19 patients; Check CDC and Johns Hopkins site for activity

Scheduling

- July / August to be published within the next week
- If assigned to FLEX shift (2p to 8p PG; 8p to 2a PG) please be receptive to coming in 1-2 hours early or staying 1-2 hours later
- Hours deficits continue to be monitored aggressively; please accommodate requests to back-up / surge coverage for June if possible

PPE

- N95 Respirator masks (small) currently very limited supply
- Continue to place your masks in bins for sanitization and reuse + log in binder on top of bins



Behavioral Health

- Psych ED planned to open 6/15/2020
 - 6 beds +1 de-escalation area
- CSU still available (if staffing available)

Other

- Outreach: GI fellows request to complete survey on QI initiative for celiac disease
- Committee involvement: If interested in joining committees for the upcoming year, please read out to respective committee chairs

	Not-tested for COVID-19	COVID-19 Negative	COVID-19 Rule-out	COVID-19 Positive
Isolation Type	<ul style="list-style-type: none"> ● Standard Precautions or appropriate Transmission Based isolation precautions 	<ul style="list-style-type: none"> ● Standard Precautions or appropriate Transmission Based isolation precautions 	<ul style="list-style-type: none"> ● Contact/Droplet Isolation Use airborne isolation room for AGPs (preferred) 	<ul style="list-style-type: none"> ● Contact/Droplet Isolation Use airborne isolation room for AGPs (preferred)
PPE Needed	<ul style="list-style-type: none"> ● PPE based on Standard or Transmission Based Precautions Use N95 during AGPs 	<ul style="list-style-type: none"> ● PPE based on Standard or Transmission Based Precautions 	<ul style="list-style-type: none"> ● Gown Gloves Face shield/Goggles Surgical mask for routine care Use N95 during AGPs 	<ul style="list-style-type: none"> ● Gown Gloves Face shield Surgical mask for routine care Use N95 during AGPs
N95 Use Guideline	<ul style="list-style-type: none"> ● Same mask may be used between patients (if not used for AGPs) Can be reused if low-risk AGPs* performed → send for UV decontamination Discard N95 if high-risk AGPs** performed or visibly soiled 	<ul style="list-style-type: none"> ● N95 only needed for airborne transmissible diseases Same mask may be used between patients Can be sent for UV decontamination 	<ul style="list-style-type: none"> ● Same mask may be used between patients (if not used for AGPs) Can be reused if low-risk AGPs* performed → send for UV decontamination Discard N95 if high-risk AGPs** performed or visibly soiled 	<ul style="list-style-type: none"> ● Mask can be reused for single patient; do not use for multiple patients Can be reused if low-risk AGPs* performed. Discard N95 if high-risk AGPs** performed or visibly soiled Discard N95 at end of shift. Do not send for UV decontamination.

Note: AGP: Aerosol Generating Procedure (intubation, chest compressions, nebulization, HFNC)



Improvement

Updates *Seema Shah, MD and Amy Bryl, MD*

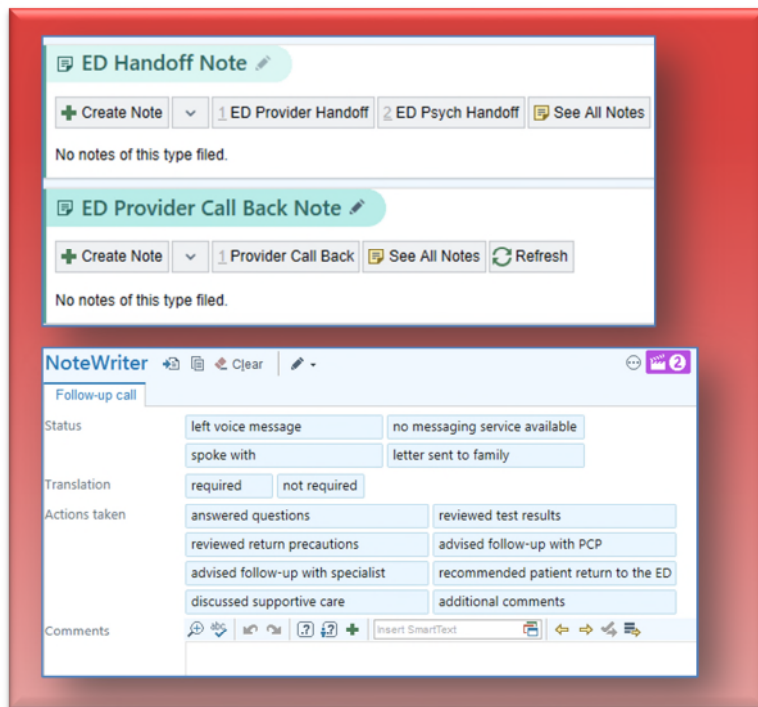
ED Call Backs

4/20 – 6/1

- We have made 343 calls (~8 / day)
- Spoke with 226 families (66%, ~5 per day)

Remember to:

- Document all calls using the note
- Add patients to the ED Callback List
- Draft letters when families can't be reached for results



CLAVICLE FRACTURE (Shaft)

Description
A shaft clavicular fracture is a complete or incomplete break (fracture) in the middle third of the collarbone (clavicle) in the shaft. This is the most common location of clavicle fracture.

Common Signs and Symptoms

- Pain, tenderness, and swelling at the fracture
- Deformity or bump if the fracture is complete and the bone fragments separate enough to distort the normal appearance of the top of the shoulder
- Bruising at the site of injury (usually within 48 hours)
- Loss of strength or pain when attempting to use the affected arm
- Occasionally, numbness or coldness in the shoulder and arm on the affected side if the blood supply is impaired
- Uncommonly, shortness of breath or difficulty breathing

Causes

- Usually, impact or falling on the tip of the shoulder or a direct blow to the shoulder
- Less commonly, an indirect stress, such as falling on an outstretched hand or on the tip of the elbow

Risk Increases With

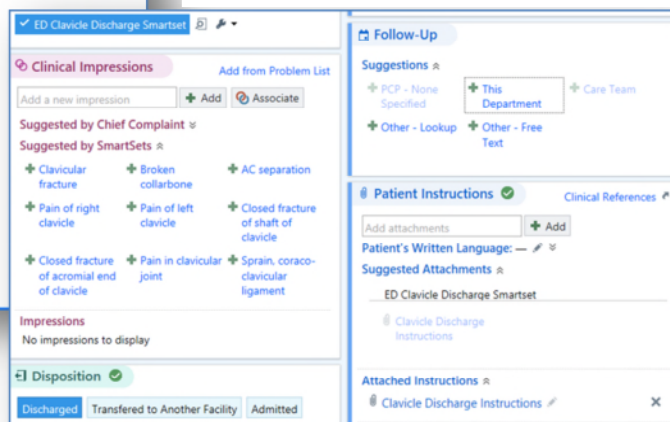
- Sports that require contact or collision, such as football, soccer, hockey, and rugby
- Sports with high risk of falling on shoulder, such as rodeo riding, mountain bike riding, or cycling
- Previous shoulder sprain or dislocation
- Inadequate protective equipment
- History of bone or joint disease, especially osteoporosis

Preventive Measures

- Maintain appropriate conditioning, particularly neck, shoulder, and arm muscle strength, endurance, and flexibility.
- Ensure proper protective equipment fit (such as shoulder pads).
- Use proper technique and have a coach correct improper technique (including falling and landing).

Expected Outcome
This condition is curable with appropriate treatment. It is important to allow adequate healing time before resuming activity.

Clavicle Fracture Discharge SmartSet (now available in EPIC)





Updates

Scott Herskovitz, MD

Get to know your fellow faculty!

Fareed Saleh:

Personal Achievements:

- Fareed and his wife, Elizabeth, finally had their wedding on June 15, 2019 at Mount Woodson in Ramona, CA
- Joined (>40 year-old) soccer league this winter to lose weight that I gained following my wedding

Professional Achievement:

- Lots of opportunities to work with multiple Rady/UCSD non-PEM and PEM team members in my new administrative role



Scott Herskovitz:

Personal Accomplishments:

- Finally made it to Asia
- Finished the 3914 pages of King's Dark Tower series

Professional Achievement:

- Updated and authored 2 book chapters



Wellness Curriculum Development

We're building a lecture series to address wellness topics/ needs for the department

Please send any desired topics to the committee and let us know if you're willing to volunteer

Post-COVID Social Events

Beaches and Book Club!

Next pick is at the end of June



ResearchUpdate

Kathy Hollenbach PhD, John Kanegaye MD & Michael Gardiner MD

The Division of Emergency Medicine is pleased to announce:

Drs. **Michael Gardiner** and **Margaret Nguyen** have joined Drs. Kanegaye and Hollenbach to expand the PEM research team! Both come to their positions with extensive research experience during their training and faculty years.

Dr. Nguyen has conducted research in geographic information systems, qualitative studies, and health disparities and will take a lead role in promotion of junior faculty.



Dr. Gardiner has conducted research in asthma, infectious diseases, and Kawasaki disease and will take a lead role in fellow mentorship.



In these roles, they will each have 6 hours per week of office availability in addition to those by Dr. Kanegaye. Together the research team will run a research boot camp for the incoming fellows and will create templates and instructional materials to aid division members in project initiation