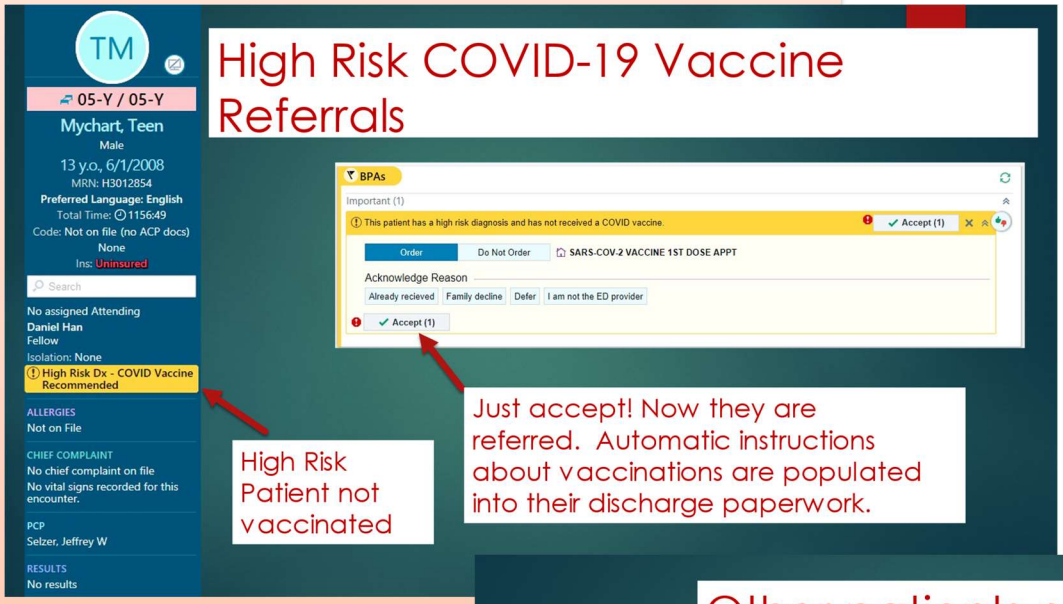
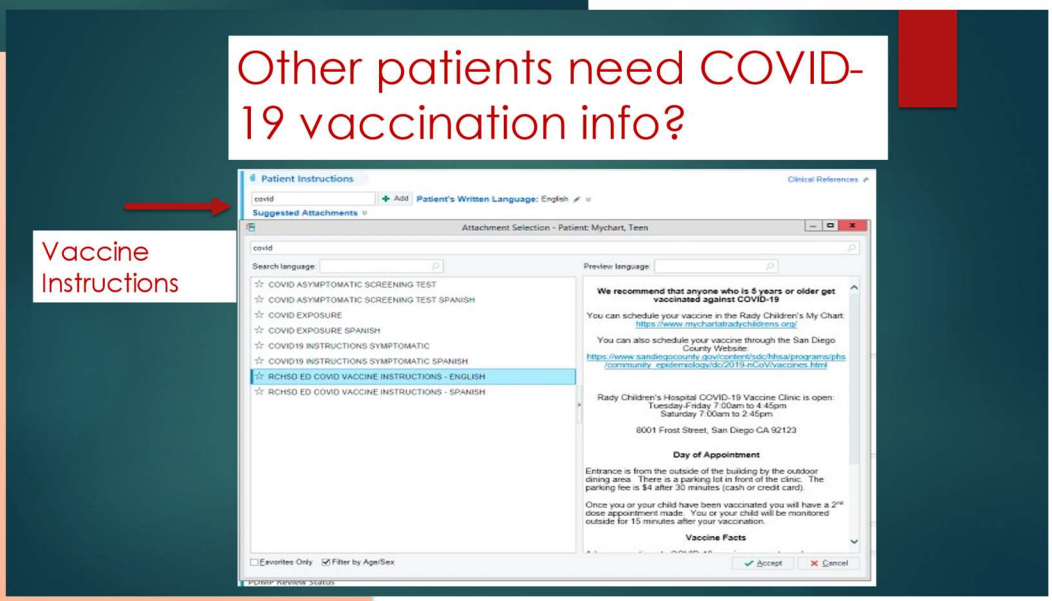
NEWSLETTER

November 2021

Division updates:

COVID-19 Update:



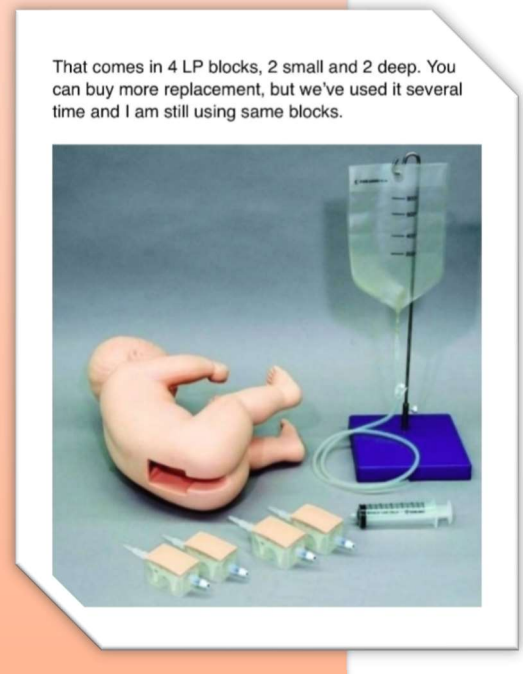


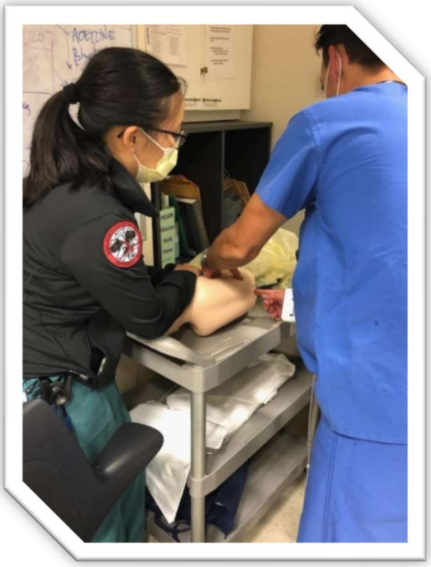
Microsoft Teams

- Teams will be **replacing Slack** for our division updates, by the end of this month.
    - If you login, you'll see you've been added to a division Team for updates with channels similar to Slack

Practice Makes Perfect!

Check out the new Lumbar Manikin in the ED!





Clinical Director Update

Scott Herskovitz, MD

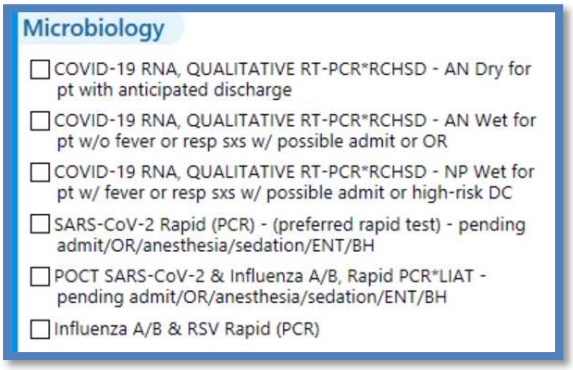
- *Schedule*
    - January schedule to be released this week
    - Please continue place all requests (recurring meetings, lectures, vacation, days off, etc.) in QGenda
        - If there are any issues placing requests, please contact Amber
        - Limit of 7 requested days off (unless vacation)
        - Lecture presentation/recurring meetings do not count toward days off requests
        - PEM conferences days don't count toward days off but if not presenting, then they can't be guaranteed
    - Winter schedule changes starting December 1

  - PG 7a-4p, PG 3p-12p, PG 11p-8a (new overnight winter shift)
  - PG 9a-6p, PG 5p-2a
  - O 9a-6p, O 5p-2a

- *Operations*
  - Behavioral Health (BH):
    - CSU (4 beds) to be reconverted to BH space once staffing improves – ETA TBD
    - BH Emergency Care Plans (ECP): Psychiatry to start documenting ECPs
    - **Please forward high resource patients to Dr. Ekta Patel if no ECP documented (i.e., ASD, aggressive, frequent BH visits)**
    - PG Overnight to take all BH Patients
  - PICU/PACU
    - PICU/PACU expansion still pending start date due to staffing

- *CPT*
  - Karen Yaphockun discussing updates to next CPT lecture/meeting
  - Tele-consult guidelines with families undergoing NAT evaluation under discussion with CPT leadership
  - CPS reports to be filed by CSW after initial evaluation to expedite disposition (regardless of workup being complete)

- *Epic*
  - Ketamine approved for non-sedation purposes
    - Non sedation ketamine order-set in progress
  - RSV/Flu testing now on quick list



- *COVID Update*
  - Monoclonal antibody treatment – **No further physician referral needed**

If your doctor or health system can't offer treatment, the County and its partners have several Monoclonal Antibody Regional Centers (MARCs) where you can get treatment at no cost. You don't need health insurance, and immigration status does not matter. You must have an appointment and wear a mask.

Call the MARCs at **(619) 685-2500** to ask questions, see if you are medically eligible, or schedule an appointment.

You can also email **COVIDtreatment@sdcounty.ca.gov** with any questions.

Compassion **A**ccountability **R**espect **E**xcellence **S**ervice

Margaret Nguyen, MD

"Dr. Nguyen has been working so hard to take excellent care of the pediatric emergency department patients during her night shifts. We all appreciate you!"

Improvement

Updates

Amy Bryl, MD

NEW PEM Fellow QI Project

- Expediting Decadron Administration in Asthmatic Patients – Andrew Kramer

FY21 Quality Incentive Project (QIP) Showcase

- November 4th, 1630-1800
- Best QI Methodology Award: Anaphylaxis – Laubach/Schroter

KUDOS! Sarika Sheth – Interprofessional Symposium Award

- Safe Sleep – Zimmerman

K QI Course (for fellows and faculty)

- 3F 0830-1030
- Next one: Dec 17th – QI Data

NEW ED Quality Incentive Project FY22

Discontinuing Antibiotics on Contaminant Urine Cultures – Yvette Wang

SMART Aim:
For patients started on antibiotics for presumed urinary tract infections but found have contaminant urine cultures, to increase the percentage of patients instructed by ED providers to discontinue antibiotics from 2% to 75% by May 31, 2022.

Updates:

- Every week, providers scheduled for CCB will receive an email reminder to discontinue antibiotics for patients with urine cultures consistent with contaminants

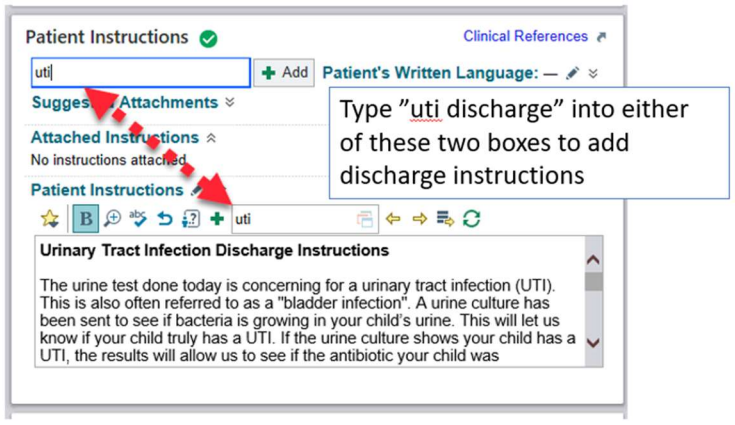
Resources added to Microsoft Teams (under CCB → Files):

- Culture Call Back Tip Sheet - updated with contaminant/UTI definitions
- Calling Tip Sheet - has instructions on using Doximity dialer
- Epic Tip Sheet

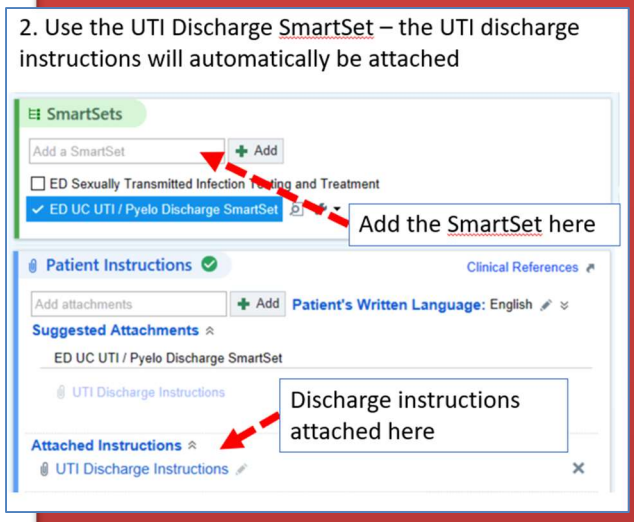
New Smart Phrases

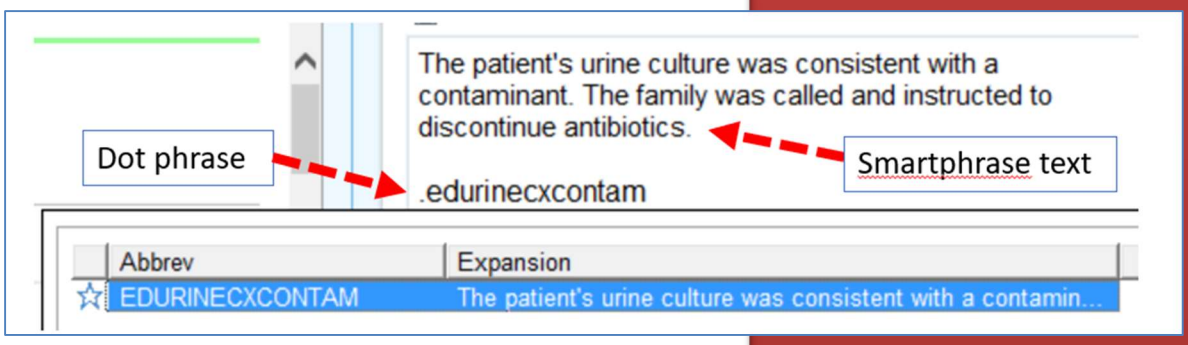
- UTI discharge instructions – discuss possibility of discontinuing antibiotics pending urine culture results
- Urine culture contaminant callback documentation smartphrase

1. Add the UTI discharge instructions directly



2. Use the UTI Discharge SmartSet – the UTI discharge instructions will automatically be attached





Research Update

Kathy Hollenbach PhD, John Kanegaye MD, Michael Gardiner MD, & Margaret Nguyen MD

Spring Abstracts

- Details of the major spring meetings are as follows:

Meeting, site	Location/date	Abstract deadline	Int Review Due: 2359 PST on:
Pediatric Academic Societies https://www.pas-meeting.org/scientific-abstracts/	Denver, CO 4/20-27/2022	Jan 5, 2022	Dec 15, 2021
Society for Academic Emergency Medicine https://www.saem.org/detail-pages/event/2021/11/01/default-calendar/abstracts	New Orleans, LA 5/10-13/2022	Jan 4, 2022	Dec 14, 2021]

- In order to qualify for division support and incentive, submit abstract drafts for internal review to pemresearch@rchsd.org at least 21 days before the submission deadline. Drafts do not need to be in submission form but must contain description of methods, analysis, and data to allow review team to make meaningful comments.

Other Planning Tasks

- The PAS site includes pre-submission steps such as COI statements from co-authors. Please allow extra time to collect before deadlines.
- If you are relying on anyone else for analysis, start the process early. Data need to be cleaned and formatted for analysis. Please arrange to speak with a member of research team if you need guidance with the cleaning step.
- Draft your manuscript in parallel with drafting of abstract and tables so that you can submit to a journal within 60 days of abstract presentation.

Queries and drafts to: pemresearch@rchsd.org

KD, MIS-C, and RAs

RAs are screening the Track Board on selected shifts. Please be receptive to them when they introduce themselves and when they ask if patients in your zone meet study criteria. Remember that patients do not need to be highly certainly KD or MIS-C to be valuable. Also, the ED clinician does not have to be an enroller or even CITI-certified in order for the RA to recruit the patient.

Coming soon: Research Round Table

This meeting has been reviewing studies and providing consultation on an ad hoc basis and will soon become a standing meeting for division members to share ideas, develop collaborations, obtain, and give recommendations, trouble-shoot studies, provide updates, and help get studies to completion. After we find a standing date that maximizes ability to attend, we will send invitations. The only transactions to carry out in legacy e-IRB are project terminations during the 21-22 AY.

Study – Stephanie Schroter

International COVID-19 Parental Attitude Study (COVIPAS) Group: COVID-19: What Families think and do

Introduction:

- COVIPAS- COVID-19 Parent Attitudes Study of parents presenting to the ED during the COVID-19 Pandemic (16 sites in 7 countries)
  - International cross-sectional survey
  - Previously evaluated predictors of parent intent to vaccinate
  - Parent willingness to accept expedited research on vaccines
  - Factors associated with parent willingness to enroll child in COVID-19 research
  - Willingness to vaccinate against influenza during COVID-19 Pandemic
- Phase 3
  - 27 sites in 4 countries

Specific Aims for Phase 3

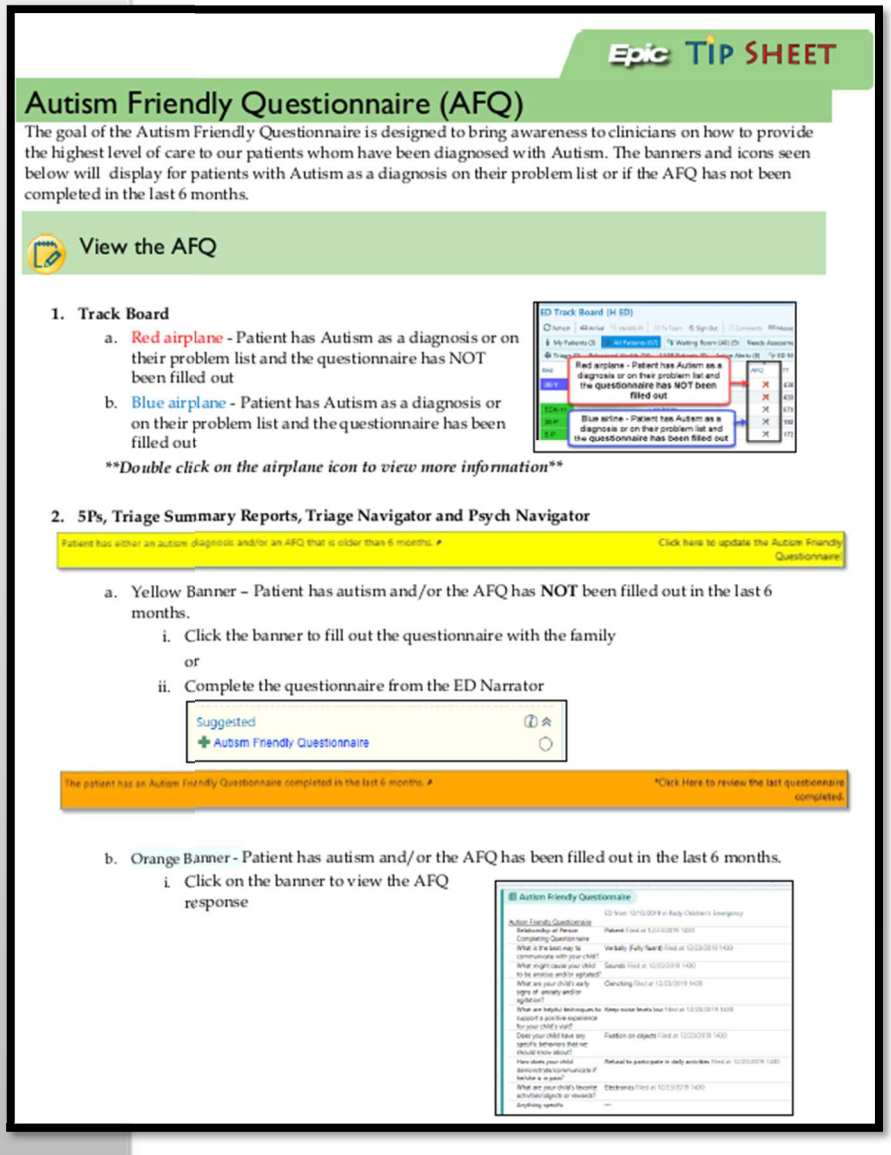
- We plan to determine the factors associated with parental acceptability of requiring COVID-19 vaccines in schools and day cares, and we will assess if resistance to pediatric vaccine requirements would lead some parents to remove their children from schools and daycares and seek alternative childcare options.

Site expectations

- Enroll 200 patients per site – ideally within one month

Behavioral Health Updates

Fareed Saleh, MD MHA



Epic TIP SHEET

Autism Friendly Questionnaire (AFQ)

The goal of the Autism Friendly Questionnaire is designed to bring awareness to clinicians on how to provide the highest level of care to our patients whom have been diagnosed with Autism. The banners and icons seen below will display for patients with Autism as a diagnosis on their problem list or if the AFQ has not been completed in the last 6 months.

View the AFQ

1. **Track Board**
   a. Red airplane - Patient has Autism as a diagnosis or on their problem list and the questionnaire has NOT been filled out
   b. Blue airplane - Patient has Autism as a diagnosis or on their problem list and the questionnaire has been filled out

   Double click on the airplane icon to view more information

2. **5Ps, Triage Summary Reports, Triage Navigator and Psych Navigator**

   Patient has either an autism diagnosis and/or an AFQ that is older than 6 months. Click here to update the Autism Friendly Questionnaire

   a. Yellow Banner – Patient has autism and/or the AFQ has **NOT** been filled out in the last 6 months.
      i. Click the banner to fill out the questionnaire with the family
      or
      ii. Complete the questionnaire from the ED Narrator

   Suggested
   Autism Friendly Questionnaire

   The patient has an Autism Friendly Questionnaire completed in the last 6 months. *Click Here to review the last questionnaire completed.

   b. Orange Banner - Patient has autism and/or the AFQ has been filled out in the last 6 months.
      i. Click on the banner to view the AFQ response

Resuscitation Director Update

Matthew Murray, MD

Resuscitation Policy:

For this month, a quick policy/process review followed by an equipment update:

1. **For Adult Code Blues** - The ED physician should always respond as we are in charge of adult codes and bringing patient to the ED.
2. **To get ECMO for an ED patien**t - Call a Code Blue to the ED.
3. **For a Difficult Airway Response Team (DART) page outside of the ED** - An ED physician should always respond.

As winter months and an increasing need for respiratory support equipment is looming, I wanted to give everyone an exciting equipment update. Often our hospital is in short supply of nasal CPAP devices as well as BiPAP machines, and there have been multiple cases with delays starting the appropriate level of respiratory support.

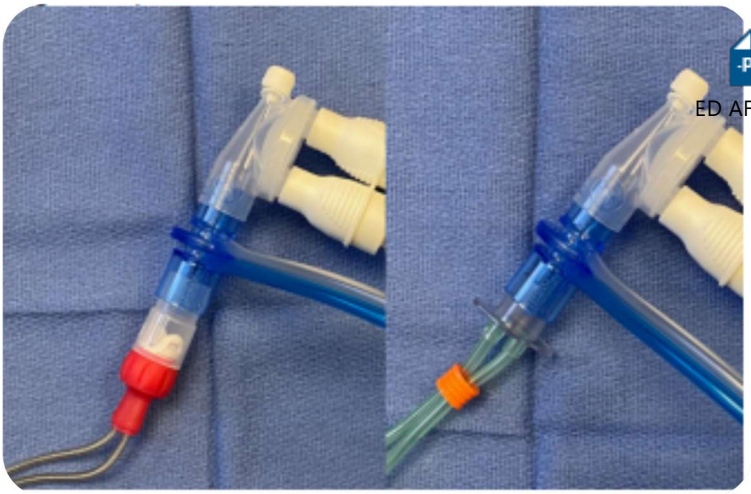
The Hamilton C1 Ventilator that is in the back of the trauma bay can do all of the non-invasive ventilatory settings, including nasal CPAP, BiPAP and high flow ram cannula. Pics below are of nasal CPAP in neonatal mode.

There is always backup Hamilton C1's that can be brought to the ED if you need to use the vent to start nasal CPAP, BiPAP etc. and want to make sure you are still ready for an incoming critically ill patient who may require intubation. The RT's will all have been trained how to set the vent up appropriately for these settings and should know that it is OK to use the vent for this purpose. Additionally, over the next year we will hopefully be getting another two C1 vents for the ED, so we can have 3 ventilators stocked in the ED at all times.

If you encounter an RT who is uncomfortable with this, request they call the Charge RT in the ICU to come to the ED. We met with RT leadership this week and they are completely on board with this process. If there are any issues, please let me know so I can follow up on it. We are also working on improving the stocking of all different size BiPAP masks, high flow cannula's etc. The goal of all of this is to minimize the time getting patients onto the respiratory support they need. As always, let me know if you have any questions.

Thanks,

Matt



.pdf

ED AFQ.pdf