8th Annual
Canadian Society of Hospital Medicine Conference

September 24th - 26th, 2010
Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto, ON Canada

Course Directors

Ritesh Mistry, MD, CCFP
Course Director,
William Osler Health Centre
Toronto, Ontario

Ajay Kapur, MD, FRCP
Co-Course Director
St. Joseph’s Health Centre
Lecturer, University of Toronto
Toronto, Ontario
WELCOME FROM THE CHAIR

IT is with great pleasure that I welcome you to Toronto for the 8th Annual National Hospital Medicine Conference. This conference has grown by leaps and bounds in the last few years, and we hope to continue that trend with your support.

Hospital Medicine is a challenging field, with forces pulling us in different directions. As we get busier and busier, throughput increases, and length of stay pressures rise, often the clinical experience is left behind. The National Hospital Medicine conference aims to be a focal and comprehensive symposium for all practitioners to refresh and re-energize while gaining new skills and knowledge.

This year's conference will be an exciting experience. The highly successful Procedural Skills Lab has returned with hands-on opportunities in airway, vascular access, thoracentesis, and more.

In addition, we will be introducing CSHM's first National Quality Pre-Course which includes high-level speakers from Canada and the U.S., who will be exploring issues of patient safety and quality improvement.

The main conference is packed with sessions that lend themselves easily to your daily work. From Hepatitis to Stroke to CHF and Antibiotic Resistant Organisms, your dilemma will be trying to be at two places at once!

Our sister organization, the Society of Hospital Medicine, has sent an Ambassador in Dr. Joseph Li (President Elect) to start our conference with an invigorating keynote speech on Saturday morning.

The Gala for 2010 features the renowned astronaut and physician, Dr. Roberta Bondar as our evening keynote speaker.

We hope you take advantage of this great educational experience!

Welcome to Toronto, and welcome to your conference.

Sincerely,

Dr. Ritesh Mistry
Chair, 2010 National Hospital Medicine Conference

Directions to Toronto Marriott Eaton Centre Hotel

From the Airport:

Take Highway 427 South to Queen Elizabeth Way (QEW)/ Gardiner Expressway East.
Take York/Bay Street Exit.
Go North on Bay Street. Hotel is on the right, North of Queen Street and just South of Dundas Street.

When traveling on Highway 401, or the 407 ETR:

Take the Don Valley Parkway South Exit. Travel South to Richmond Street exit.
Travel West on Richmond Street (which is just South of Queen Street), to Bay Street. Turn right and travel North on Bay Street to just South of Dundas Street.
Marriott Hotel is on your right (South-East corner Bay/Dundas).

FLOOR PLAN

Toronto Marriott Eaton Centre Hotel

[Diagram of hotel floor plan showing meeting rooms and key locations]
JOSEPH LI MD FHM • President-Elect, Society of Hospital Medicine
Saturday September 25 (08:10 – 09:00) Salon A&B

Joe Li is the Director of the Hospital Medicine Program and Associate Chief, Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center (BIDMC). Dr. Li received his BS in Pharmacy and Medical Degree from the University of Oklahoma. After serving as Chief Medical Resident at BIDMC in 1998, Dr. Li became the first hospitalist at BIDMC. Located in Boston’s Longwood Medical Area, the BIDMC is a major teaching affiliate of Harvard Medical School where Dr. Li serves on the fulltime faculty as an Assistant Professor of Medicine.

Dr. Li is a Charter Member of the Society of Hospital Medicine (SHM) and an elected member of the SHM Board of Directors. He founded and remains the President of the SHM Boston Chapter. He is the President – Elect for SHM for 2010-2011. He is also a member of the Massachusetts Health and Human Services Stroke Hospital Care Advisory Committee and a member of the Massachusetts Medical Society House of Delegates.

DR. ROBERTA BONDAR
Gala Dinner Saturday September 25 (7:00 – 8:00 PM) Trinity Ballroom

Dr. Roberta Bondar is a much sought-after speaker who embodies the spirit that captures change, life-long learning, transferable skills and adaptability.

With innovative ideas about how to navigate in uncharted territory, she offers her abilities as a leader and visionary to corporations and organizations globally. Dr. Bondar demonstrates the adaptive thinking necessary for changing perspectives in our contemporary world and knowledge economy with an emphasis on change and adaptation. She engages her audiences with her informal, light and humorous speaking style, outstanding visuals and wide ranging answers to questions as she seamlessly crosses disciplines. Dr. Roberta Bondar is an example of her own advice, insight and leadership of self. An integrated thinker, entrepreneur and the world’s first neurologist in space, she is globally recognized for her pioneering contribution to space medicine research and for making exciting connections between how our brains adapt in space and how we can adapt to constantly-changing business environments here on Earth.

2010 KEYNOTE SPEAKERS

2010 SPEAKERS
**PROCEDURAL SKILLS LAB - FRIDAY SEPTEMBER 24TH, 2010**

Location: Mt. Sinai Hospital, 600 University Ave. Level 2, Room 250, Toronto

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<td>Morning Session</td>
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**1ST ANNUAL SAFETY AND QUALITY PRE-CONFERENCE COURSE - SEPTEMBER 24TH 2010**

Location: Toronto, Marriott Eaton Centre
Room: Bay, Convention Level

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<tr>
<td>07:30</td>
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<td>08:20</td>
<td>Opening Remarks: Vandad Yousefi</td>
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<td>08:30</td>
<td>The Quality Improvement and Safety movement: Review of History and Introduction to Basic Principles Vandad Yousefi: Toronto, ON Learning Objectives: 1. Review the history and development of the quality and safety movement 2. Provide an overview of basic principles and methodologies of QI</td>
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<td>09:10</td>
<td>Quality and Patient Safety: Are we not engaged? Chris Hayes: Toronto, ON Learning Objectives: 1. Understand the traditional medical model of health care delivery 2. Understand a physician's perspective on safety and quality and potential barriers for engagement 3. Learn about strategies that physician and others can use to increase physician participation in safety and quality</td>
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<td>The Hospitalist's Role in Improving the Quality of Care Transitions Jeff Greenwald: Boston, MA Learning Objectives: 1. Have a framework for considering the reasons patients have an unsuccessful transition out of the hospital 2. Be familiar with several successful tools for improving this transition 3. Recognize key principles in engaging colleagues on this topic</td>
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<td>10:50</td>
<td>The BC VTE Collaborative: Learnings from a multicentre QI collaborative Rod Tukker: Vancouver, BC Learning Objectives: 1. Create common goals: How to get buy in from multiple sites or multiple physician in from multiple sites or multiple physicians 2. Understand some of the challenges around data collection, and data collection tools 3. Identify and engage non-physician stakeholders: What you wished you had done in the beginning</td>
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<td>Panel Discussion: Vandad Yousefi, All morning speakers</td>
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<td>Ontario Medical Association, Hospitalist Medicine Section Hospital Medicine in Ontario and the Central Role of QA Kunuk Rhee, Bill Coke Learning Objectives: 1. Examine briefly the current status of Hospital Medicine Groups in Ontario 2. Review QA initiatives being implemented by the MOH, and the potential impact on Hospitalists 3. Explore resulting QA opportunities and challenges for Hospital Medicine</td>
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<td>14:00</td>
<td>Keys to Successful Implementation Ed Etchells: Toronto, ON Learning Objectives: 1. Analyze factors associated with successful implementation of quality and safety improvements 2. Apply these factors to case studies</td>
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<td>QI / Pt Safety Short Snappers and Implementation of a Catheter-Associated UTI Reduction Strategy Amir Ginzburg: Toronto, ON Learning Objectives: 1. Develop a framework for selecting local quality improvement / patient safety initiatives 2. Sample a menu of hospitalist-ready initiatives ranging from “low hanging fruit” to long-term projects 3. Review a completed initiative from planning and implementation through sustainability and spread</td>
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<td>Computer Provider Order Entry: Ascending to New Heights &amp; Crossing Thresholds into the Next Generation of Inpatient Care Pieter Jugovic: Toronto, ON Learning Objectives: 1. Understand the basics of the Who, What, Why, Where, When and Hows of implementing Computer Provider Order Entry to enhance the care of inpatients 2. Understand the barriers in implementing CPOE and appreciate their potential solutions 3. Discuss the potential benefits and possibilities that CPOE can deliver and understand where can CPOE bring hospitalism</td>
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### Day at a Glance – Saturday September 25

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<th>Timing</th>
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<td>Keynote Address: Dr. Joseph Li, President-Elect, Society of Hospital Medicine</td>
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### Objectives for CSHM 2010 Topics

**Breakout Sessions – Saturday September 25**

**Acute Hepatitis**

*Rationale*: Elevations in liver enzymes are common, either in isolation or in conjunction with other systemic issues. Appropriate recognition and management will lead to effective and cost-efficient hospitalizations.

**Objectives**:  
- Approach to Transaminitis AST/ALT  
- Evaluation of Bill, ALP, Amy with or without AST/ALT Elevations  
- The differential  
- Diagnostic approach  
- Rational use of U/S and CT abdo

**Acute Pancreatitis**

*Rationale*: Pancreatitis presents itself in various populations in the Hospital setting. Although manageable, the condition is very serious and has both local and systemic complications as well as acute and chronic complications. A general knowledge of Pancreatitis is appropriate and vital for all Hospitalists.

**Objectives**:  
- Presentations  
- Causes  
- Local acute Complications  
- Systemic acute Complications  
- Chronic Complications  
- Role of Risk calculators (Rankin etc…)

**Oncologic Emergencies**

*Rationale*: Patients with Oncologic diagnoses, symptoms, and complications are often managed by Hospitalist. Recognition and knowledge of common cancer or cancer-related Emergencies/urgencies allows for effective and timely care.

**Objectives**:  
- Review of four to five common Oncologic emergencies, including risk factors, symptoms/signs, treatments  
- Could include: Febrile Neutropenia, Tumor Lysis Syndrome, Compressive Syndromes, Para-neoplastic syndromes, Chemotherapeutic/Radio therapeutic Reactions, etc....

**TEN RULES FOR HOSPITALIZED SENIORS**

*Rationale*: With a few exceptions, Hospital based physicians are treating patients in the Geriatric age range. All too often, these frail people are managed similarly to their younger counterparts. Pearls of wisdom from Geriatric specialist will create safer and more effective health care for this growing population.

**Objectives**:  
- Management (Medical, dietary, interventional [e.g. drains], and surgical)

**Update on AECOPD**

*Rationale*: Acute Exacerbations of COPD are one of the most common admission diagnoses, and a leading cause of death. Keen recognition of what modalities are useful and effective in the hyperacute, acute, and chronic (i.e. upon discharge) can make for efficient use of the hospital system.

**Objectives**:  
- Brief review of pathophysiology and signs/symptoms  
- Review of acute pharmacologic management  
- LABAs vs SABAs  
- NebS vs MDIs

**Antibiotic Resistant Organisms**

*Rationale*: The prevalence of AROs are increasing not only in the Hospital setting but also in the community. MRSA and ESBL are common in the community setting. Suspicion, recognition and knowledge of appropriate treatment will lead to better utilization of antibiotics and healthcare resources.

**Objectives**:  
- Review of Current common AROs (HA-MRSA, CA-MRSA, ESBL, VRE, C.Diff etc….)  
- Populations to suspect these organisms (for example, certain
populations are at higher risk of CA-MRSA
• Precautions to take in hospital once identified
• Empiric management if suspecting one of these Organisms

INPATIENT MANAGEMENT OF HYPERGLYCEMIA
Rationale: as the incidence and prevalence of Diabetes rises, the number of patients with hyperglycemia in hospital will rise as well. A rationale and evidence based approach to its management will lead to more effective and efficient care.

Objectives:
• Review of hormones involved with glucose homeostasis
• Review of hormonal disturbance in acute illness, especially in diabetics
• Rationale for and against glucose control in various hospital settings (CCU, ICU, Stroke, MI, medical patients)
• Role of oral hypoglycemics in inpatient glucose control
• Role of insulins in inpatient glucose control
• Appropriate role of Supplemental/sliding scales

ECHOCARDIOGRAPHY FOR THE HOSPITALISTS
Rationale: Echocardiography is one of the most common test ordered by hospitalists. However, a better understanding of the technical issues, information gained from echo, and role of echo, will lead to a more cost-effective utilization of this versatile resource.

Objectives
• Review of basic technical aspects of Echo (views of the heart, chambers seen, valves seen, flows, and limitations) – images would be nice
• review and roles of various types of echo: TTE, TEE, Stress echo
• Role of echo in various diseases (Diagnosis, followup):
  • MI (acute, and post-acute)
  • Pericarditis
  • CHF

RISK MANAGEMENT
Rationale: Hospital Medicine is intrinsically risky form a medico-legal standpoint: Changes happen quickly, SDMs/POAs are frequently not reachable, and multiple players are involved with various skill sets. A better understanding of the risks assumed by the Hospitalists, and knowing how to manage that risk, will lead to more comfort and, thus, more confidence in the workplace.

Objectives:
• Focus on points of contention
• unattached patients or those without good followup
• shared care or concurrent care
• corridor consults (which we all do!)
• the team approach: PT, OT, CCAC, Discharge-Planning are often involved. Who carries the responsibility for their assessments and decisions and why.
  • any new cases that have come light that can shed some precedence on Hospital Medicine

ACUTE PAIN MANAGEMENT
Rationale: Acute pain is one of the most common symptoms faced by a Hospitalist. Pain can be the manifestation of cardiac, respiratory, neurologic, infectious and traumatic diseases. The effective management of pain in its acute setting can lead to better patient outcomes, improved patient satisfaction, and reduced misuse of analgesic medications

Objectives:
• Review of common pathophysiology in acute pain
• Review the link between acute pain, chronic pain, depressive conditions and addiction medicine
• Review of common and novel analgesic modalities including indications and contraindications
• Appropriate application of analgesics in acute pain settings.

DAYS AT A GLANCE – SUNDAY SEPTEMBER 26

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<th>TIME</th>
<th>GENERAL INFORMATION</th>
<th>SALON A</th>
<th>SALON B</th>
<th>CRUSH</th>
<th>SALON C</th>
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**UPDATE IN ANTIPLATETS AND ANTIICOAGULANTS**

**Rationale:** in the last 5 years, there has been some changes in the role of ASA in primary and secondary disease prevention, as well as some changes in the role of dual antiplatelets. Also, new antiocoagulants have arisen, both oral and subcutaneous. A better understanding of these roles will provide hospitalists an evidence based application of these modalities.

**Objectives:**
- Primary prevention with ASA
- Secondary prevention with ASA
- Secondary prevention ASA+Plavix
- Primary stroke prevention in Afib with ASA+Plavix
- Role of Fondaparinux – evidence for which diseases
- Role of Dabigatran – evidence for with disease

**CAPACITY ASSESSMENT**

**Rationale:** As our population ages, and the incidence of dementia rises, the capacity of our patients will come into question more often. Substitute decision makers will become more frequent. Appropriate evaluation of capacity will be key in the efficient and ethical care of hospitalized patients.

**Objectives:**
- Components of Capacity
- Who should assess capacity
- When to assess capacity (Only when patients decline interventions that we recommend?)
- Ranking of Substitute decision makers
- Patients rights when deemed Incapable

**IV CONTRAST REACTIONS**

**Rationale:** IV Contrast, in various modalities, are common practice in Hospital. As the number of patients exposed increase, so does the risk of adverse outcomes. The rationale use of such investigations will lead to safer, more effective, and more cost-efficient healthcare.

**Objectives:**
- Types of contrast in use (CT, MRI)
- Are some more harmful than others (regular contrast versus visipaque)
- What concerning conditions may arise post exposure - Allergy, angioedema, SJS/TEN, anaphylaxis, Nephropathy, Gad induced Nephrogenic-Systemic Sclerosis
- Who is at risk
- What is the risk of reaction, what is the risk of morbidity and mortality if the condition develops
- What can be done to mitigate the risk (avoid contrast, IV NS, Bicarb, prednisone, etc...) and what is the evidence for these maneuvers.

**BREAKOUT SESSIONS**

**INITIATING A QI PROJECT:**

**BASED ON REAL WORLD EXAMPLE INTRODUCTION TO QUALITY IMPROVEMENT METHODS**

**ACUTE SURGICAL ISSUES FOR THE HOSPITALIST**

**Rationale:** Surgical issues are commonly becoming the realm of Hospital Medicine. Not only are Hospitalists joining their surgical colleagues on the surgical floors, but more often, surgical disease are handled by Hospitalists before and after the surgical period (Obstructions, Gall stones, renal stones, severe pancreatitis, abscesses, wounds, hip fractures, urinary retention etc...)

**Objectives:**
- Top 5 surgical emergencies arising in Hospitalized Medical patients
- How to recognize, manage, and when to know to call for help

**CHF UPDATE**

**Rationale:** CHF is one the most common admitting diagnoses in Hospitals across Canada. It is also one of the most common reasons for frequent re-admissions. As the population ages and the co-morbidity rate increases, so will the prevalence of CHF, and the readmission rates. A better understanding to the approach to HF, both systolic and diastolic, diagnosis, management as well as prevention are will be the key to cost-effective care in our hospitals

**Objective:**
- Review of the hormonal disturbances/unbalance in acute CHF
- Review of evidence based therapy – acute and chronic
- Anecodal or evidence-based tactics to prevent readmissions for CHF.

**HYPONATREMIA AND FLUID MANAGEMENT IN HOSPITAL**

**Rationale:** Hyponatremia is arguably one of the most common lab abnormalities seen in acutely hospitalized patients. Although often under-recognized, and undertreated, inappropriate correction can cause morbidity, especially given the rampant use of Hypotonic fluids in the hospitals

**Objectives:**
- Review of hormones involved in Sodium homeostasis
- Review of how acute illness alters these hormones
- Review of how routinely prescribed medications perturb these hormones
- Brief review of Approach to Hyponatremia (Osmolarity, volume assessment etc...)
- Review of management of Hyponatremia
- Evidence or theories leading away from routine use of hypotonic solutions like 2/3+1/3 or 1/2NS etc...
- Review of situations where Hypotonic solutions would be appropriate

**HYPERTENSIVE EMERGENCIES AND URGENCIES**

**Rationale:** Hypertension is very prevalent. Although crisis may not be common place, accurate labeling, treatment and workup will enhance patient care and would be cost-effective.

**Objectives:**
- Differentiation from other types of Hypertensive episodes (HELLP, Withdrawal from ETOH, Acute Retention etc...)
- Consequences if untreated/unrecognized
- Acute management
- IF THERE IS TIME: Differential, Work up and management of Secondary HTN

**UPDATE ON STROKE AND TIA**

**Rationale:** in the last 5-10 years, stroke management has radically changed. Hospitalists awareness of the active acute role in stroke is critical to its effective management and even prevention.

**Objectives:**
- Brief review of TPA efficacy and expanded time window
- Plug for NIH stroke scale and how it plays into TPA decision
- Evidence for acute initiation of statins
- Evidence for ACEI/ARBs in secondary stroke prevention
- Plavix vs Aggrenox comparison in secondary stroke prevention
- Evidence for Stroke units
- Evidence for aggressive HTN control in non-cardioemolic strokes

**EXHIBITION SPONSORS**

**IMPORTANT INFORMATION**

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to 18 Mainpro-M1 credits. This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada.