



2025 ANNUAL REPORT

SREMI
SCHWARTZ/REISMAN
EMERGENCY MEDICINE
INSTITUTE



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SREMI focuses on conditions where emergency practitioners play a key role in patient care



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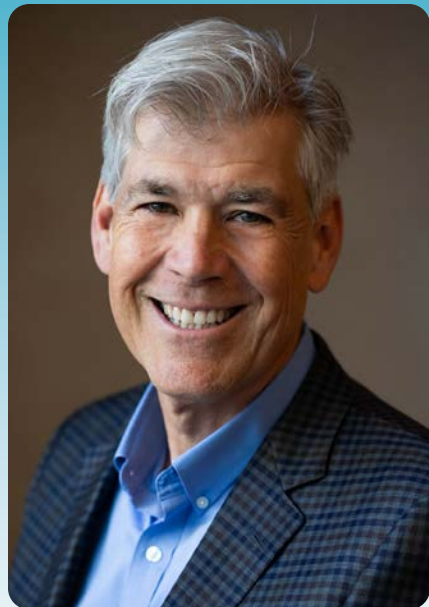
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Welcome from the Director

As always at this time of year, I am filled with pride as I reflect on the accomplishments and impact our SREMI faculty have had on emergency medicine locally, nationally and increasingly, internationally. As you will see in the pages that follow, 2025 has been a fantastic year of growth and achievement for SREMI. Our faculty continue to be recognized with prestigious awards and grants, lead provincial, national and international programs and projects, and innovate through their education and research with the singular goal of improving ED patient care. With so much to celebrate, I would like to mention just a few highlights.

This year, we renewed our partnership agreement between North York General Hospital and Sinai Health. Our hospital liaison team, with the support of both Dr. Everton Gooden and Dr. Gary Newton (CEOs of NYGH and Sinai Health respectively), finalized a multi-year agreement that provides dedicated support for Dr. Rohit Mohindra and ED research at the NYGH site, including funding for research personnel. This renewed partnership is a strong endorsement of Dr. Mohindra's tremendous progress to date and an important milestone in the evolution of SREMI.

Another highlight of 2025 was the increased presence of SREMI on the world stage. This year's Canadian Association of Emergency Physicians Annual conference in Montreal was held in conjunction with the International Federation for Emergency Medicine (IFEM) World Congress. As outlined in Dr. McLeod's Research Report, SREMI scientists and educators were invited to serve in very prominent capacities (invited speakers, track chairs, moderators) at the meeting, highlighting not only their individual work, but also their knowledge and expertise as internationally respected thought leaders in their fields. Earlier this year, Dr. McLeod was selected as the Vice Chair of the IFEM Research Group, and Chair of the IFEM Research Journal Club. This builds on the legacy of SREMI leadership established by Dr. Don Melady, who served as the Chair of IFEM's Geriatric Emergency Medicine Subsection and as a member of the IFEM organizing committee.

Building on that momentum, many SREMI faculty were invited to present and moderate sessions at the European Society for Emergency Medicine meeting in Vienna this past September. Their participation can only be described as a

huge success with plenary presentations, large, engaged crowds in attendance at all talks, and several faculty being invited to speak at upcoming national emergency medicine meetings across Europe in 2026.

We also achieved significant milestones closer to home. This year saw the establishment of the SREMI Emergency Medicine Chair in Addiction and Mental Health. The first in the world of its kind, The Wolf Lebovic & Harry Lebovic Chair will fund a clinician researcher/educator dedicated to developing innovative approaches to improve care for patients experiencing mental health and substance use challenges in the ED. Along the same lines, a very generous gift from the Slight Family Foundation has allowed us to expand our highly successful ED based "RBC Pathway to Peers" program to Michael Garron Hospital in Toronto's east end. This year we formalized our agreement, with the program beginning operations this month. We are thrilled that Bella Shulman, a valued and experienced member of our peer support team at Mount Sinai, will be leading this new initiative.

At SREMI, our mission remains clear: to develop and empower leaders who advance the discipline of emergency medicine and improve ED patient care. This mission continues to be inspired by our founding partners, Heather Reisman and Gerry Schwartz, whose vision and passion for emergency medicine laid the foundation for all that we do. We are profoundly grateful for their continued trust and for the generous support of Sinai Health leadership and our many donors. The innovative and important work you will read about in this report is only possible with this support, and we are all extremely grateful.

Dr. Bjug Borgundvaag PhD, MD, CCFP(EM)
Director, Schwartz/Reisman Emergency Medicine Institute





Chair's Report to the Board

Dr. Matthew Cooke

Welcome to the 11th annual Schwartz/Reisman Emergency Medicine Institute (SREMI) International Advisory Board (IAB) meeting and the 2025 SREMI report. I am honoured to serve as the new Chair of the IAB, following in the footsteps of Dr. Jim Christensen, whose wise and informed leadership ensured the board's international expertise was fully harnessed to support SREMI's mission. Across the world, emergency care faces the challenge of ever-increasing workload. Changing health-seeking behaviours, alongside the success of modern medicine in helping people live longer with more complex conditions, have all contributed to these pressures. These external factors are magnified by hospital patient-flow constraints, leading to overcrowded departments and intensified workloads for staff.

SREMI's research focus, particularly on the care of older people and on the impact of alcohol and substance use, directly addresses key aspects of this global challenge. Policy-related initiatives such as the POWER III study on accurate workload measurement, the continuing work on virtual care and CTAS, and an expanding research portfolio in digital health technologies all demonstrate SREMI's ability to adapt and remain relevant to modern emergency medicine.

However, this demanding environment also reduces the time available for education and makes recruitment to clinical trials more difficult. Despite these challenges, the SREMI team continues to deliver outstanding education and high-quality research, demonstrating agility and commitment in an ever-changing landscape.

This report showcases the breadth and depth of SREMI's research activities, both completed and in progress, and the impressive volume of resulting publications and presentations. Beyond academic outputs, the Institute's influence extends widely through its engagement with the Canadian Association of Emergency Physicians, provincial and national policymakers, and the media. These contributions are not only improving clinical practice in Canada but also ensuring that new knowledge reaches the public. Notably, Dr. Keerat Grewal and Dr. Catherine Varner were both nominated for national awards for improving access to healthcare.

SREMI's educational impact is equally impressive and continues to grow. EM Cases has expanded its international audience and continues to innovate in medical education. Reflecting this growth, we will soon be welcoming Dr. Katie Lin and Dr. Sara Brade as new Deputy Editors, joining Dr. Anton Helman. Our conferences, including the EM Cases Summit and the Emergency Department Administration Conference, remain oversubscribed, highlighting their ongoing value to the emergency medicine community.



Educational programmes linked to our research, for example, in early pregnancy and oncology, are also successfully translating research into practice. One key challenge for the coming year will be sustaining the global impact of our geriatric emergency medicine programmes following the retirement of Dr. Don Melady, whose leadership has been instrumental in this field.

Last year, we celebrated SREMI's national impact across Canada. This year, we can celebrate its truly international influence. SREMI featured prominently at both the International Conference on Emergency Medicine and the European Society for Emergency Medicine meeting, from posters and presentations to plenary sessions. Looking ahead, the International Advisory Board will explore how best to sustain and strengthen this global impact and future collaborations.

Like many academic emergency medicine groups worldwide, SREMI faces challenges in recruiting new academic clinicians. The reasons are multifactorial: workload, shift patterns, limited protected research time, funding models, and career identity among them. SREMI has already established a strong framework of opportunities for students, trainees, and post-doctoral fellows, encouraging them to combine academic and clinical careers. We look forward to further discussions at this year's board meeting on how best to support and expand these opportunities.

Respectfully submitted,

Professor Matthew Cooke
Chair, International Advisory Board
Warwick Medical School, UK
Former National Clinical Director for Emergency Care, NHS England

SREMI's success continues to be built on its collaborative foundation between Mount Sinai Hospital and North York General Hospital. This brings together the expertise and experience of academic and community hospitals to ensure our academic pursuits are applicable to a wide population of clinicians and the whole population. The renewal of the partnership between these organizations for a further three years is excellent news. This partnership, encompassing joint appointments, shared administrative and research support, and local research leadership at North York under Dr. Rohit Mohindra, continues to enrich our collective academic strength.

Education and research play a vital role in overcoming the challenges faced by emergency medicine, both clinical and organizational. The impact of research establishments is often assessed using factors such as the number of grants and publications, the alignment of research with "real-world" ED challenges and institutional integration (operational ED care + research + education) This reports highlights how successful SREMI has been this year against these measures. SREMI can take great pride in the impact it is having locally, nationally, and internationally to improve care for patients and populations.

On behalf of the International Advisory Board, I extend my sincere thanks to the entire SREMI team for transforming what began as a bold and ambitious idea eleven years ago into a thriving, world-leading research and education institute. Special thanks go to Dr. Bjug Borgundvaag, Dr. Shelley McLeod and Dr. Catherine Varner, whose leadership has created an environment where innovation and collaboration continue to flourish.

International Advisory Board

The IAB acts in an advisory capacity to the Director of SREMI to:

- Generally engage interdisciplinary thinking, stimulate dialogue, provide advice on shaping the research agenda and catalyse research, education, consulting, advocacy and public policy initiatives.
- Provide strategic advice on the activities and direction of the SREMI with the goal of making the SREMI the international leader in emergency medicine research and related teaching.

Service as an IAB member is voluntary. The Board reflects a diversity of interdisciplinary thinking and expertise in emergency medicine and related fields across the international health research community and society at large.



Dr. Matthew Cooke

is a retired emergency physician and Professor of Clinical Systems Design at Warwick Medical School. He is now an advisor to various digital healthcare companies. Dr. Cooke was previously the NHS National Clinical Director for Emergency

Care in England and a WHO advisor in emergency care. He was also Deputy Medical Director, and then Director of Strategy for a large NHS Hospital. He has extensive experience in supporting improvement and change in emergency care in the UK and internationally and has undertaken extensive research in emergency care.



Dr. Jim Christenson

is a recently retired emergency physician at St. Paul's Hospital and Professor and past Head of the Academic Department of Emergency Medicine in the Faculty of Medicine at the University of British Columbia. He has a wide range of experience in emergency care clinical

research and is a Co-Lead for the Canadian Resuscitation Outcomes Consortium. He chairs the Resuscitation Advisory Committee for the Heart and Stroke Foundation of Canada and leads the Kwiis Hen Niip project to improve emergency care in remote Nuu-chah-nulth communities on the west coast of Vancouver Island. Dr. Christenson is a Senior Medical Advisor to Emergency Care BC, a health improvement network within the Provincial Health Services Authority. He served as Chair of the IAB from 2018 to 2024.



Dr. Luis Lobón

is Vice President for Mass General Brigham Global Advisory, former Vice-Chair of and current physician at Mass General Brigham Enterprise Emergency Medicine, and Assistant Professor at Harvard Medical School. Dr. Lobón holds a Master's in Health Policy

and Management from New York University, and is an alumnus of the Brigham Leadership Program, a joint program with Harvard Business School. He previously served as Program Director for the International Emergency Department Leadership Institute, focusing on global challenges in acute unscheduled care. With over 25 years of healthcare leadership and advisory expertise, Dr. Lobón currently leads the business organization aiming to expand the Mass General Brigham mission globally.



Dr. Ula Hwang

is an emergency physician and Professor in the Ronald O. Perelman Department of Emergency Medicine and Department of Population Health at New York University. She is the Medical Director for Geriatric Emergency Medicine. She co-led

the development of the Geriatric ED Guidelines and serves on the Board of Governors for the American College of Emergency Physician's Geriatric ED Accreditation program. She is the co-PI of the Geriatric ED Collaborative, a national implementation program supported by the John A. Hartford Foundation and the West Health Institute and is the PI of the National Institute on Aging funded Geriatric Emergency care Applied Research Network.



Dr. Peter Selby

is a Senior Scientist and Senior Medical Consultant at the Centre for Addiction and Mental Health. He is the Vice-Chair, Research and Giblon Professor in Family Medicine Research at the University of Toronto. His research focuses on innovative

methods to understand and treat addictive behaviours. He has received over 100 million dollars of grant funding from CIHR, NIH, and the Ontario Ministry of Health and has >200 peer reviewed publications. His most recent research program utilizes a Learning Health Systems approach to investigate how technology equitable collaborative care can enhance the delivery of evidence-based interventions to patients.



Dr. Danielle Martin

is Professor and Chair of the Department of Family and Community Medicine (DFCM), University of Toronto. Dr. Martin is an active family physician and a respected leader in Canadian medicine. She holds a Masters of Public Policy from the School of Public Policy and

Governance at the University of Toronto and teaches health policy and health system leadership. Dr. Martin spent eight years as a senior hospital executive, most recently as Executive Vice President and Lead Medical Executive at Women's College Hospital. She now leads the largest academic department of family and community medicine in the world: DFCM is home to over 2000 faculty members who provide care to communities across Ontario and beyond.



Dr. John McLaughlin

is a Professor Emeritus of epidemiology in the Dalla Lana School of Public Health at the University of Toronto. He recently retired as Executive Director for the Canadian Partnership for Tomorrow's Health (CanPath), which is Canada's largest health study with

over 330,000 participants being followed in a prospective cohort study. He previously served as the inaugural Chief Science Officer at Public Health Ontario, as Vice President at Cancer Care Ontario and other leadership roles across Ontario's research and health systems. His research focuses on advancing disease prevention, addressing disparities and improving health system performance, which has led to more than 350 publications.



Dr. Judy Morris

is an emergency physician and trauma team leader at Hôpital du Sacré-Cœur de Montréal, and a member of the emergency department's research team. In this role, she has collaborated on numerous local and multicenter

research projects in emergency medicine. She is the immediate past president of Association des médecins d'urgence du Québec (AMUQ) and the chair of the leadership committee of the Canadian Association of Emergency Physicians (CAEP). Dr. Morris is an Associate Professor at University de Montréal's faculty of medicine. Since 2018, she has served as the Assistant Director of the Department of Family and Emergency Medicine.



Dr. Lynn Wilson

is the Vice Dean, Clinical and Faculty Affairs and Associate Vice Provost, Relations with Health Care Institutions, and Professor and past Chair of the Department of Family and Community Medicine at the University of Toronto. Dr. Wilson was the co-director of

BRIDGES, an Ontario Ministry of Health funded project to support the design, implementation and assessment of innovative models of care that promote integration in the healthcare system. Dr. Wilson has practiced comprehensive family medicine for over 35 years. Her clinical interests have included substance use disorders, mental health, palliative care, primary care obstetrics, and care of the elderly.



Dr. Kendall Ho

is an emergency physician, Professor at the University of British Columbia (UBC) Faculty of Medicine and Lead of the Digital Emergency Medicine Unit. He is the medical director of the BC Ministry of Health HealthLink BC virtual physician

program, and collaborates with provincial partners on implementing and evaluating the BC Real Time Virtual Support provincial virtual care services. His research focuses on virtual care, wearables and sensors, and multicultural engagement in digital health literacy to support patient transitions. His research and education in digital health has received awards and recognition of the BC Medal of Good Citizenship.

A Message from the Executive Liaison Committee

It may sound repetitive, but once again we are pleased to share that it has been a wonderful and productive year for SREMI. The major highlight for us was the successful execution of a new Collaboration Agreement between our founding partners, North York General Hospital and Sinai Health. The process itself was a very constructive exercise and was an opportunity to clearly articulate the goals, vision and value of the partnership while updating and clarifying each site's commitments. This renewed agreement sets the stage for even stronger collaboration and continued achievements in the years ahead.

North York General leaders, Dr. Kevin Wasko and Andrea Ennis, led the planning for EDAC 2024, our national Emergency Department Administration Conference. This marked our return to a fully in-person event after the pandemic and five virtual versions. Held in December 2024, the conference was a complete sell-out, buzzing with energy as participants relished the chance to connect face-to-face, learn from one another, and engage with our outstanding speakers. With participants from across Canada, EDAC 2024 was a very tangible example of SREMI's leadership in our discipline. Kevin and Andrea are once again leading the planning for this year's event, and we are confident it will be another sold out and amazing meeting.

We've previously commented on the important work SREMI and Dr. Shelley McLeod perform in evaluating public policy related to emergency services in Ontario. Although not yet announced publicly, Shelley has secured another grant from Ontario Health to conduct an evaluation of a controversial but innovative strategy being used in several Ontario EDs, giving select patients the option to schedule their ED visit.

SREMI was founded on a vision of synergy between research, knowledge translation, advocacy and leadership in emergency medicine. Another example of this vision in action is the work of SREMI clinician scientist Dr. Keerat Grewal, whose research explores the experiences and outcomes of patients who have a new cancer diagnosis during an ED visit. Her original research has led to many

invited presentations, media coverage, and opportunities to lead or participate in quality improvement initiatives. She has developed a reputation as THE expert in this important area.

The collective impact of SREMI is evident by the huge presence of SREMI faculty at national and international conferences. At the International Conference in Emergency Medicine (ICEM) in Montreal in June and the European Society of Emergency Medicine (EUSEM) conference in Vienna in October, SREMI faculty delivered multiple invited talks and presented a wide range of abstracts. These and many other accomplishments speak to the tremendous leadership provided by Bjug, Catherine and Shelley. Together, and through their support of each other, they not only provide effective mentorship to their colleagues, but also serve as tremendous role models through their own research excellence and leadership to our discipline in too many ways to enumerate.

We are eternally grateful to our hospitals for their support, and to our donors. Public funding for emergency medicine scholarship is insufficient to maintain dynamic programs like SREMI. The partnership with our Foundations, and our visionary founding donors Gerald Schwartz and Heather Reisman make all of this possible.

We are excited to build on our renewed partnership and will continue to put SREMI's bold vision into action in the coming year.

Respectfully submitted,



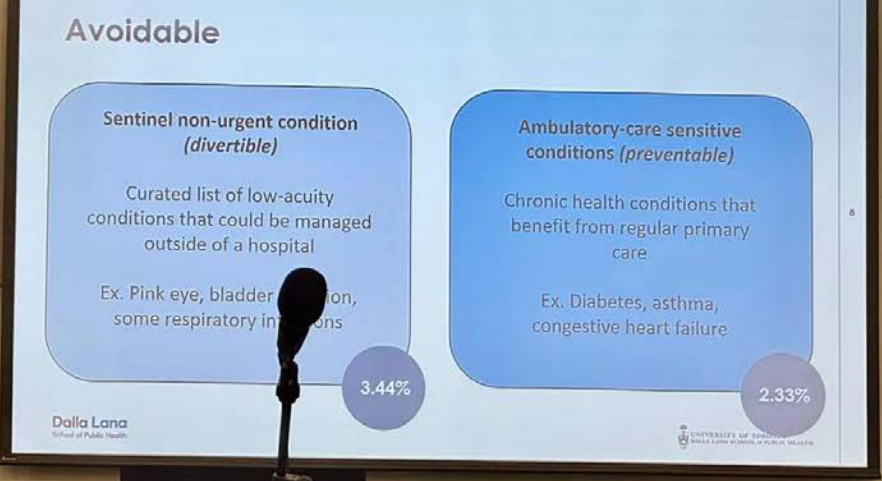
Howard Owens
MD, FCFP (EM)
Mount Sinai Hospital



Rick Penciner
MD, MSc, CCFP (EM), FCFP
North York General Hospital



RESEARCH





Research Report

Dr. Shelley McLeod

The past year has been defined by outstanding research accomplishments from our SREMI investigators and scholars, and I am deeply proud to highlight some of these achievements. Our work continues to influence policy, practice, and patient care, reaffirming SREMI's position as a national and international leader in emergency medicine research.

Research Impact

Over the past year, SREMI has continued to expand our academic footprint, both across Canada and globally. Our dedication to advancing emergency medicine knowledge is reflected in our impressive publication record. Since inception, SREMI researchers have published 361 manuscripts in reputable journals. From Nov 2024 to Oct 2025, our scientists produced 42 peer-reviewed publications in high-impact journals such as The BMJ, Canadian Medical Association Journal, JAMA Network Open, and Annals of Emergency Medicine. These contributions have informed best practices, influenced policy, and driven improvements in emergency care delivery.

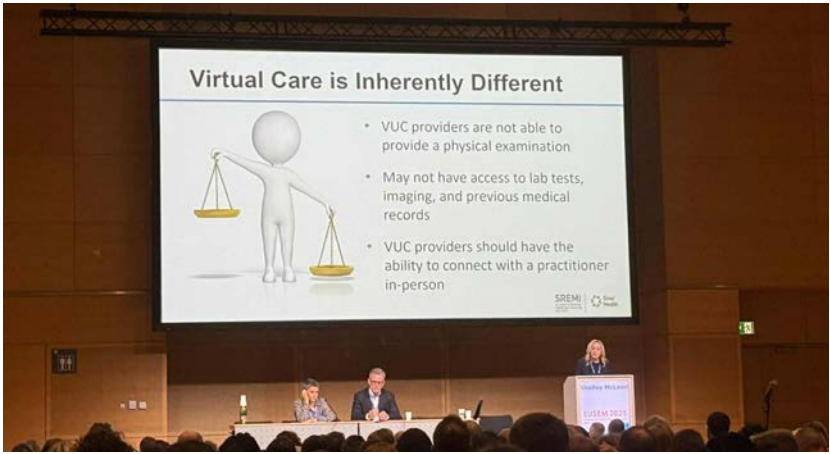
SREMI faculty members have also made significant contributions to international knowledge exchange. At the 2025 International Conference on Emergency Medicine (ICEM) in Montreal, our faculty served as invited speakers, track chairs, and session moderators, sharing insights that are shaping global emergency care. Between ICEM and the European Society of Emergency Medicine Conference in Vienna, SREMI faculty delivered 34 international presentations (25 in Montreal and 9 in Vienna), reflecting our strategic goal of enhancing global engagement and visibility. We set out to strengthen our international impact this year, and we succeeded.

Our success has also been recognized through competitive peer-reviewed funding. Over the past year, SREMI investigators collaborated with partners across Canada to secure 11 major research grants, totaling over \$9 million. This sustained success underscores our strength as a research institute and our ability to lead and collaborate on impactful initiatives.

Beyond research output, SREMI faculty continue to play integral roles in shaping the global emergency medicine agenda. I was honoured to be selected as Vice Chair for the International Federation for Emergency Medicine (IFEM) Research Group and to serve as Chair of the IFEM Research Journal Club, where we mentor emerging investigators and disseminate cutting-edge evidence to a global audience.

Mentorship and Capacity Building

Developing the next generation of emergency medicine researchers and leaders remains at the heart of SREMI's mission. Our faculty continue to mentor medical students, residents, and



fellows, equipping them with the research skills, curiosity, and resilience needed to thrive in academic medicine. This year, we increased our supervision of graduate students and provided mentorship opportunities through structured programming and collaborative forums.

Along with Dr. Catherine Varner and Dr. Keerat Grewal, I had the privilege of helping organize and moderate the University of Toronto Tri-Divisional Emergency Medicine Research Day, which showcased the breadth of academic work being done across the city. The three of us also continue to lead the Scholarly Collaboration of the Toronto Central Hospitals (SCOTCH) Rounds, a forum designed to strengthen research collaboration, share ideas, and connect trainees with mentors.

Provincial Policy and System-Level Research

SREMI continues to play a central role in shaping provincial policy and health system planning through evidence-based research. The ongoing Predictors of Workload in the Emergency Room (POWER III) study is a large, prospective, time-and-motion study involving 14 Ontario emergency departments, designed to determine how physicians allocate their time during clinical shifts. Commissioned by the Ontario Ministry of Health, this study will provide the empirical foundation for updating the Emergency Department Alternate Funding Arrangement (AFA) workload model, the formula used to determine physician staffing hours across Ontario and other provinces. We hope this work will influence policy, funding, and ED workforce sustainability across Canada.

Beginning in 2026, we are also leading a provincial evaluation of Scheduled Emergency Department Visits, a new model being piloted in select Ontario hospitals to accommodate low-acuity patients who self-screen or undergo virtual triage

before arrival. Our team has secured funding to conduct a multi-centred, mixed-methods evaluation of this pilot program, assessing patient and provider experiences, 30-day healthcare utilization, and cost-effectiveness compared with traditional unscheduled ED visits. Because Mount Sinai Hospital does not currently offer scheduled ED visits, SREMI is uniquely positioned to serve as an independent academic evaluator in partnership with Ontario Health (OH). With Dr. Howard Ovens, Provincial Lead for Emergency Services serving as executive sponsor, we anticipate the findings will contribute directly to provincial policy development, helping the Ministry and Ontario Health make informed decisions about how best to integrate this model into the broader emergency care system.

Looking Ahead

As we look to the year ahead, SREMI remains committed to advancing emergency medicine through innovation, mentorship, and collaboration. We will continue to pursue high-impact, policy-relevant research while deepening our engagement with health system partners, community stakeholders, and academic collaborators.

None of this work would be possible without the extraordinary dedication of our faculty, staff, and trainees. I want to extend my heartfelt gratitude to our Director, Dr. Bjug Borgundvaag, for his steadfast leadership and mentorship. I also wish to thank our SREMI faculty, administrative staff, and research coordinators for their tireless commitment to excellence.

Finally, I wish to acknowledge our generous benefactors, whose continued support provides the foundation for everything we do. Together, we are shaping the future of emergency care, through research that matters, leadership that inspires, and collaboration that endures.

Respectfully submitted,

Shelley McLeod, PhD, MSc, MSc, BSc(hons)
Research Director, SREMI

Academic Achievements & Awards

The George Podgorny Plenary Lecture, International Federation of Emergency Medicine. **Dr. Don Melady**

Appointed Vice-Chair, Research Committee, International Federation of Emergency Medicine. **Dr. Shelley McLeod**

Special Merit Award, Canadian Association of Emergency Physicians. **Dr. Jacques Lee**

Invited Keynote Speaker, Canadian Perinatal Programs Coalition Summit. **Dr. Catherine Varner**

Co-Chair, Overcrowding Position Statement Working Group, Canadian Association of Emergency Physicians. **Dr. Howard Ovens**

Invited Member, Technical Committee, Emergency Services Acute Care Standard, Health Standards Organization, Canada. **Dr. Howard Ovens**

Nominated for Best Editorial Column, "Access to Healthcare", The National Magazine Awards, Ontario Arts Council, Ontario Creates, Government of Canada. **Dr. Catherine Varner and Dr. Keerat Grewal**

Top Cited Article, Academic Emergency Medicine. Patient outcomes associated with cancer diagnosis through the emergency department: A systematic review. **Dr. Keerat Grewal**

Junior Investigator Grant, Canadian Association of Emergency Physicians. **Cam Thompson**

Research Education Award, Emergency Ultrasound Committee, Canadian Association of Emergency Physicians. **Dr. Catherine Varner**

Inducted, Order of Ontario (O.Ont.), The Lieutenant Governor of Ontario. **Dr. Howard Ovens**

Ontario Graduate Scholarship, University of Toronto. **Cam Thompson and Rachel Lebovic**

Outstanding Peer-Reviewed Publication Award, Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto. **Dr. Bjug Borgundvaag**

Arbor Award, University of Toronto. **Dr. Howard Ovens**

Promoted to Affiliated Scientist Appointment, Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto. **Dr. Shelley McLeod**

Queen Elizabeth II/Sunnybrook Prehospital Care Program Graduate Scholarships in Science and Technology, Temerty Faculty of Medicine, University of Toronto. **Sara Corvinelli**

Alexandra Park Revitalization Scholarship, OCAD University. **Amal Abdullahi**

Harry A. Newman Memorial Foundation Undergraduate Award, Toronto Metropolitan University. **Antonietta Gutierrez**



SREMI by the Numbers

GRANTS

11 PEER REVIEWED
(Nov 2024 - Oct 2025)

TOTAL AMOUNT
\$9.53million



Research Excellence Awards



Ongoing Projects Collecting Data



Peer-Reviewed Publications



Academic & Scholarly Awards

MENTORED

6 Medical Students
6 Graduate Students
5 Residents
3 MSH EM Fellows



Research abstracts presented at **National Meetings**



Research abstracts presented at **International Meetings**



Invited **National Presentations**



Invited **International Presentations**

SREMI Team



Amal Abdullahi
Peer Support
Worker



Nana Asomaning
Faculty



Victoria Aziz
Research Nurse
Specialist



Dr. Bjug
Borgundvaag
Director



Chloe Chalmers
Peer Support
Worker



Dr. Don Melady
Faculty



Dr. Rohit Mohindra
Faculty



Mahfam Nikoo
Peer Support
Worker



Dr. Howard Ovens
Executive Liaison



Dr. Rick Penciner
Executive Liaison



Andrea Ennis
Faculty



Stef Figueiredo
Peer Support
Worker



Dr. Keerat Grewal
Faculty



Antonietta Gutierrez
Peer Support
Worker



Anne-Marie Hartford
Administrative
Assistant



Dr. Nadia Primiani
MSH EM Fellowship
Director



Mahima Sethi
Administrative
Assistant



Dr. Tamar
Shemesh-Lobl
MSH EM Fellow



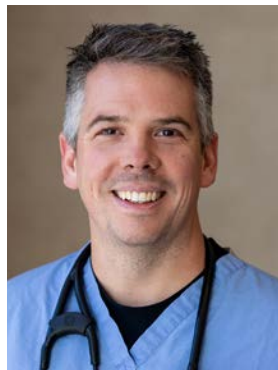
Bella Shulman
Peer Support
Worker



Dr. Qassim Tejpar
Faculty



Dr. Anton Helman
Faculty



Dr. Shawn Lacombe
MSH EM Fellowship
Director



Rachel Lebovic
Peer Support
Worker



Dr. Jacques Lee
Research Chair



Dr. Shelley McLeod
Research Director



Rhiannon Thomas
Project Manager



Cameron Thompson
Research
Coordinator



Dr. Catherine Varner
Deputy Director



Dr. Kevin Wasko
Faculty



Joanna Yeung
Research
Coordinator



SREMI Research Chair

Dr. Jacques Lee

SREMI's generous support made 2025 an exceptional year for Dr. Jacques Lee and the Geriatric Emergency Medicine Research Program. His team continues to lead groundbreaking work on delirium, social isolation, and loneliness among older adults, issues that profoundly influence emergency care, recovery, and quality of life. Through innovative studies and mentorship, Dr. Lee's program is improving the understanding and treatment of some of the most common and challenging conditions faced by older patients in the emergency department (ED).

Understanding and Treating Delirium in the Emergency Department

The **Femoral Fractures – Identifying Incident Delirium Using Urine Metabolomics (FIND_UM)** study is addressing a centuries-old mystery: what chemical changes occur in the body when someone becomes delirious?

This multicentre collaboration among SREMI, Sunnybrook Health Sciences Centre, the University of Ottawa, Laval University, and McMaster University has already enrolled more than 190 older adults hospitalized with hip fractures, a population in which up to 30% develop delirium within a week of admission.

By analyzing urine samples to identify which chemicals are excreted during delirium, the team hopes to uncover the biological processes that underlie this common but poorly understood condition. These insights could pave the way for earlier detection tools, new biomarkers, and novel drug treatments to prevent or even cure delirium. Ultimately, FIND_UM has the potential to transform how delirium is diagnosed and managed in hospitals and emergency departments around the world.

Recognizing Delirium in the ED

Delirium often goes unnoticed in the fast-paced environment of the ED, a major barrier to improving care. Subtle or fluctuating symptoms make it easy to miss, especially during busy shifts. As a result, up to 80% of delirium cases in older adults are unrecognized, leading to missed opportunities for timely treatment and safer discharge.

To address this challenge, Dr. Lee's team recently received a \$464,966, two-year Innovation Fund grant, awarded through a joint initiative of the Ontario Ministry of Health and the Ontario Medical Association. The Better ED Delirium Recognition (BEDDeR) project, co-led with Dr. Lauren Lapointe-Shaw from the University Health Network, will enroll more than 700 older adults across two hospital sites.

Using a gold-standard assessment for delirium, the project will evaluate how often ED clinicians correctly identify delirium and explore practical interventions to enhance recognition. These include testing a tablet-based screening game designed to detect cognitive changes and examining whether specially trained volunteers can support ED staff in identifying at-risk patients.

Findings from the BEDDeR project are expected to directly improve patient safety and quality of care. By strengthening frontline clinicians' ability to recognize delirium, the project will help ensure that fewer patients are discharged without the evaluation and support they need.

Addressing Social Isolation and Loneliness (SIL)

Dr. Lee also leads the HOW-RU (HOspitals WoRking in Unison) study, which seeks to reduce loneliness among older adults through weekly volunteer phone or video calls. Featured on Global News, this compassionate and innovative program has recruited and trained more than 50 volunteers, who have already connected with over 140 patients in meaningful weekly conversations.

Loneliness and social isolation are often overlooked in hospital settings, yet they are known to have serious impacts on both mental and physical health, comparable to the effects of smoking or obesity. HOW-RU represents a low-cost, scalable model of care that transforms volunteer engagement into measurable health benefits, reminding us that human connection remains one of the most powerful interventions in medicine.

Expanding Access: The FRIENDS / AMICAL Study

In collaboration with Dr. Sabrina Kolker (Mount Sinai Hospital), Dr. Mireille Norris (Sunnybrook/University of Toronto), and Mia Hubert (University of Toronto), the FRIENDS/AMICAL study adapts the HOW-RU intervention for Francophone older adults living in the Greater Toronto Area. By expanding access to social support in French, the team aims to promote equity in care and ensure that language is never a barrier to connection or compassion.

International Collaboration and Mentorship

Dr. Ana Garcia – International Fellow

In Spain, patients visiting an ED are often cared for by specialists in internal medicine or surgery. Dr. Ana Garcia is one such internal medicine physician who works exclusively in the ED. Recently, she was appointed to lead the development of a new center dedicated to the care of older adults. To support this initiative, Dr. Garcia reached out to SREMI. Under the supervision of Dr. Jacques Lee, she spent three months learning about SREMI's leading practices in Geriatric Emergency Medicine and exploring how these could be adapted for implementation at Clinic Barcelona in Spain.

CAEP Special Merit Award

Dr. Lee was the recipient of the 2025 Canadian Association of Emergency Physicians Special Merit Award for his exceptional contributions to emergency medicine in Canada and his leadership of the Code Cycle campaign, an initiative that saw emergency physicians cycle over 500 km from Toronto to Montreal en route to the ICEM2025 conference. Braving cold, rainy weather, the team raised \$12,000 for the Emergency Medicine Advancement Fund to support vital research improving emergency care for all Canadians.





SREMI Deputy Director

Dr. Catherine Varner

Part of SREMI's work is to identify populations that rely heavily on the emergency department (ED) for care and to fill knowledge gaps for how to best care for these populations. It may come as a surprise, but EDs play a critical role in pregnancy care in Canada, which is SREMI's Deputy Director Dr. Catherine Varner's focus of research. She is regarded as an international expert on the care of pregnant patients in the ED and has published foundational studies describing healthcare utilization and patient ED experiences during pregnancy.

She and co-authors have found that 4 in 5 people with threatened or spontaneous pregnancy loss visited an ED in Ontario. Although the ED is the safest and most expeditious place for a pregnant person to be treated for massive uterine hemorrhage or a suspected ruptured ectopic pregnancy, they have described that pregnant patients who are not critically ill often receive suboptimal care in emergency settings.

Recognizing the care gap, Dr. Varner leads initiatives to improved care pathways for pregnant patients locally, provincially and nationally. In January 2023, due to the generosity of the Harding Family Foundation, Dr. Varner and the SREMI team launched a new care program to improve care for patients experiencing pregnancy loss in the Mount Sinai Hospital Emergency Department. Virtual Wraparound Care is a first-of-its-kind program that begins at the point of care in the ED and continues after discharge. Victoria Aziz, an advanced practice ED nurse, has supported nearly 3,000 patients through their loss, has provided education and support as the loss progressed, and ensured timely follow-up care. The program has been an incredible addition to the ED, and more importantly, to the care of this vulnerable and frequent ED patient population. The research evaluation of the program has shown this program has been a win-win for all involved: the patients receive more attentive and comprehensive care, and the ED has established more efficient follow-up care pathways with our gynaecology colleagues. In 2026, she and Dr. Keerat Grewal hope to expand the program to other vulnerable populations needing urgent follow-up.

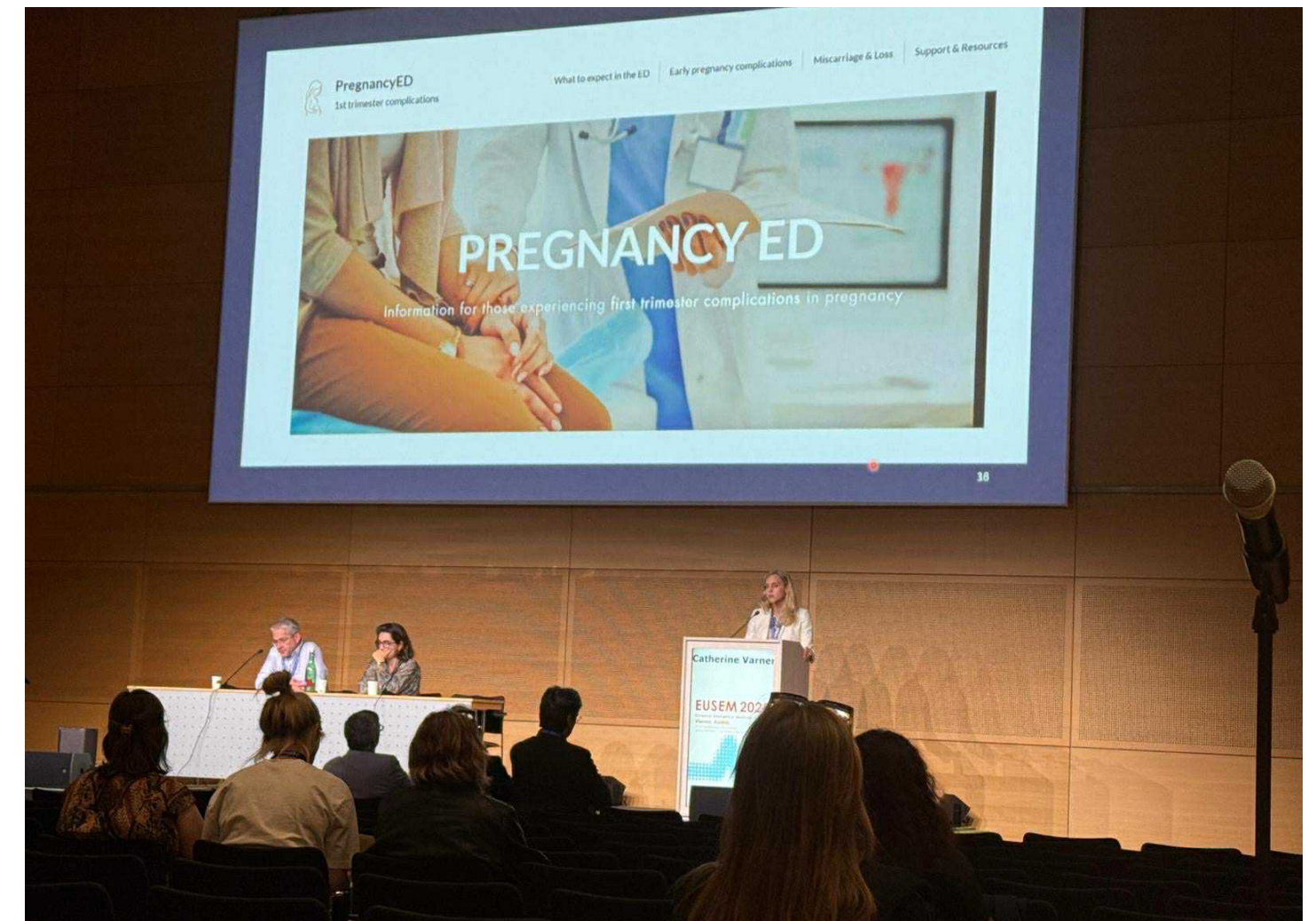
Dr. Varner is also an expert advisor for the Provincial Council for Maternal Child Health (PCMCH) and the Better Outcomes Registry and Network (BORN), which are both organizations funded by the Government of Ontario. In October 2025, Dr. Varner was the invited keynote speaker at the Canadian Perinatal Programs Coalition Summit where she led discussions with health policy makers representing each province and advocated for improved care pathways and access to care for patients with early pregnancy complications and loss across Canada.



In the last year, Dr. Varner has continued to publish high impact editorials in Canadian Medical Association Journal, advocating for improved maternal health outcomes. Informed by her research in these areas, these pregnancy editorials led to multiple media interviews by journalists for the CBC, CTV News, Toronto Star, Globe and Mail, and National Post. As Deputy Editor of CMAJ, her editorials on pregnancy and other vulnerable populations are regularly included in briefings for health policy makers.

Beyond pregnancy care, Dr. Varner is applying her research and education expertise to other populations in the ED who often find themselves 'orphaned' by the health care system. She recently became an advisor to the Canadian Society for the Advancement of Gynecologic Excellence on the Endometriosis Care Education Program, which is a 3-year project funded by Health Canada seeking to train clinicians how to best care for patients with presenting with pelvic pain in the ED.

In 2025, Dr. Varner was recognized nationally and internationally for her research and advocacy. She was nominated for a 2025 B2B National Magazine Award for Best Editorial Column and received a Canadian Association of Emergency Physicians Emergency Ultrasound Education Research Award. She was also invited to speak at the International Conference on Emergency Medicine in Montreal, Quebec and the European Society of Emergency Medicine in Vienna, Austria in June and September of this year, respectively, and looks forward to being an invited speaker at the Norwegian National Emergency Medicine Conference and a visiting professor at the University of Saskatchewan in 2026. Having met and heard from emergency medicine colleagues who shared their interest in pregnancy care, she is proud of SREMI's lasting influence on this nascent field of study.





SREMI Clinician Scientist

Dr. Keerat Grewal

Patients with cancer frequently rely on the emergency department (ED) at every stage of their cancer journey, from diagnosis to treatment and survivorship. Yet, very little is known about how these ED visits impact outcomes for patients with cancer. SREMI Clinician Scientist, Dr. Keerat Grewal, is addressing this critical knowledge gap through her research which focuses on the relationship between ED visits and patient outcomes throughout the cancer continuum, with the ultimate goal of improving the care of patients with cancer in the ED.

One of Dr. Grewal's current projects is examining the care of patients in Ontario who are diagnosed with cancer through the ED. Working with population-level data from ICES, Dr. Grewal and her team recently published a study in CMAJ revealing that over one-third of patients diagnosed with cancer in Ontario used the ED in the 90 days prior to their cancer diagnosis. Several key patient- and system-level factors were identified as being associated with receiving a suspected cancer diagnosis through the ED, highlighting critical gaps in care. Building on this, this year, Dr. Grewal and colleagues published a study in JAMA Network Open that found patients with ED use prior to cancer diagnosis have significantly higher mortality.

Complementing these findings, qualitative research published in BMJ Open from Dr. Grewal's team highlighted that emergency physicians find current processes for managing patients with new cancer challenging and inequitable, underscoring the urgent need for system-wide improvements. Together, the findings from Dr. Grewal's research highlight a tremendous opportunity and need to enhance care for the many patients who receive a suspected cancer diagnosis in the ED. In this last year alone, Dr. Grewal's research in this area has received national media attention, including features in The Toronto Star, National Post, Global News, CTV, CP24, CBC News and Radio, among others.



A third of Ontario [#cancer](#) patients visited hospital emergency rooms 90 days before a diagnosis, according to new study, by [@Jleerankin](#) [thestar.com/news/gta/a-thi...](#) via [@torontostar](#) [@CMAJ](#)

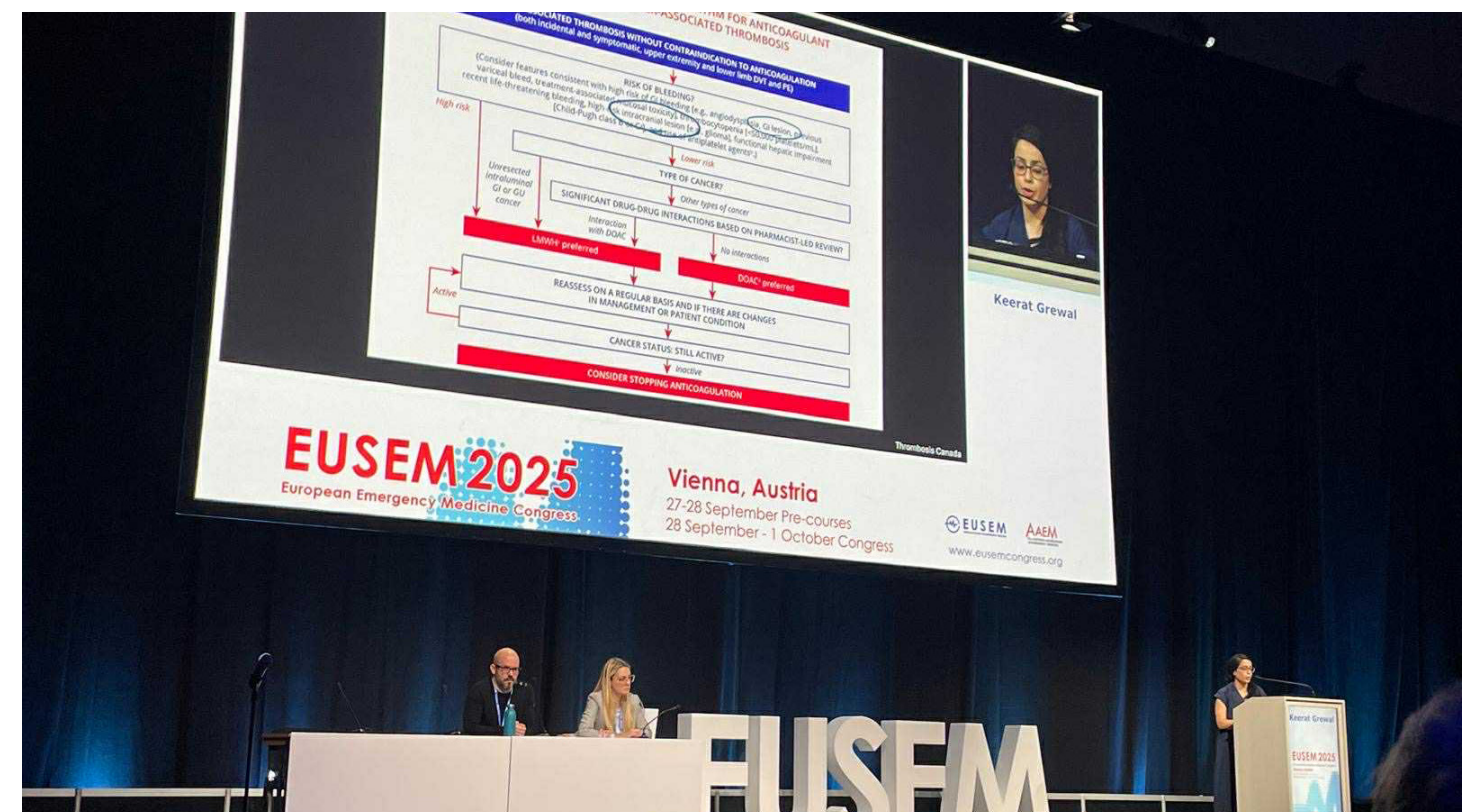


Locally, at Mount Sinai Hospital, Dr. Grewal aims to translate her research into action. Collaborating with physicians across the hospital, she is working on identifying and implementing innovative ways to improve outpatient access to cancer diagnostics in order to reduce avoidable hospital admissions. The results of Dr. Grewal's research program are laying the foundation to improve access to cancer care from the ED and will help improve patient care for the many Canadians who will use the ED during the diagnostic phase of their cancer journey.

Beyond cancer care, Dr. Grewal continues to study venous thromboembolism and anticoagulation in the ED. This year, she was appointed as a co-lead of the CanVECTOR Population Health Services Platform.

Dr. Grewal is also collaborating with the EARTH group, an international network of emergency researchers interested in venous thromboembolism. As a part of this collaboration, she is working with an international group of physicians to examine the use of preemptive anticoagulation for suspected pulmonary embolism by emergency physicians around the world. This research was presented at the International Society of Thrombosis and Hemostasis Annual Conference earlier this year. This year, Dr. Grewal was invited to present on pulmonary embolism at the International Conference on Emergency Medicine and cancer-associated thrombosis at the European Society of Emergency Medicine Conference.

Dr. Grewal continues to engage with various local and national emergency medicine and research initiatives. She continues in her role as Research Lead for the Division of Emergency Medicine, Department of Medicine at the University of Toronto. She has been working with the tri-divisions to host emergency medicine resident research rounds for the university. Dr. Grewal continues to mentor medical students, residents and graduate students for their research projects.





NYGH Research Lead

Dr. Rohit Mohindra



Using Machine Learning to Improve Asthma Diagnosis in the Emergency Department

Dr. Rohit Mohindra, Research Lead at North York General Hospital (NYGH) and SREMI Investigator, continues to advance cutting-edge research aimed at improving emergency care for some of the department's most vulnerable patient populations, children with respiratory distress, individuals in mental health crisis, and patients suffering from opioid overdose and cardiac arrest.

Pediatric Asthma Diagnosis and Machine Learning

When children arrive to the ED with breathing difficulties, physicians must quickly determine whether they have asthma, often by listening for wheezing with a stethoscope. However, in a busy and often noisy ED, accurately diagnosing asthma can be challenging, particularly with young or unwell children who struggle to participate in the examination. Dr. Mohindra and his research team are exploring whether an electronic stethoscope, paired with computer-assisted analysis, can improve diagnostic accuracy for asthma.

In a recently completed pilot study, the team recruited 100 children and teens (ages 1-18) over eight weeks. Using an electronic stethoscope, they recorded breath sounds and followed up with families 30 days later to assess outcomes. The next phase will involve developing the computer program capable of analyzing breath sounds in real time to assist clinicians with faster, more precise asthma diagnoses. By harnessing machine learning, this approach could enhance diagnostic confidence, reduce unnecessary treatments, and lead to more timely interventions for children in respiratory distress. Importantly, the electronic stethoscope fits seamlessly into clinical workflows, requires no specialized training, and can be used by physicians, nurses, and allied health professionals at the bedside, demonstrating the practicality of AI-driven innovation in emergency care.

Mental Health Emergency Unit – The Purple Zone

Launched in March 2024, the Purple Zone, formally the Mental Health Emergency Services Unit, is a trauma-informed space embedded directly within the NYGH ED. The unit represents a major transformation in the delivery of mental health emergency care, replacing fragmented workflows with an integrated,



interdisciplinary model that enables concurrent medical and psychiatric assessment starting at triage. In its first year, the Purple Zone cared for 2,205 patients, nearly half of whom were youth aged 13–29. Despite having only four beds, the unit managed one-third of all mental health visits to the ED and achieved shorter wait times compared to patients seen elsewhere in the department. The improved nurse-to-patient ratio and concurrent assessment process have enabled earlier intervention, stronger rapport-building, and safer, more compassionate care.

The team's ongoing evaluation identified key barriers to sustained recovery, including substance use, housing instability, and lack of community supports, which have informed new initiatives. These include the introduction of a substance use support role in the ED and partnerships with local shelters to enhance continuity of care. In addition, Dr. Mohindra's group is developing an AI-powered decision-support tool that leverages large language models to recommend the most appropriate community services for each patient, drawing on chart data and previous outcomes.

Opioid Overdose and Out-of-Hospital Cardiac Arrest

Dr. Mohindra also collaborates with the First60 Prehospital, Trauma, and Resuscitation Sciences group and the Ontario Coroner's Office on research examining opioid-induced cardiac arrest. Uncertainties remain regarding naloxone use in cardiac arrest, its benefits, risks, optimal dosing, and administration routes. To address these questions, his team has developed a prehospital risk assessment tool to help paramedics and ED providers identify when a cardiac arrest is likely opioid-related. This work represents an important step toward improving outcomes for patients with opioid-related cardiac arrest and reducing preventable opioid deaths. The findings will also guide future studies on tailored interventions for this complex and growing patient population.

Through these innovative projects, Dr. Mohindra and his collaborators at SREMI and NYGH are advancing the future of emergency medicine, one that leverages technology, compassion, and evidence to deliver smarter, safer, and more effective care for every patient.



SREMI Research Students



Sara Corvinelli

Sara Corvinelli is a second year PhD student with the Institute of Medical Science at the University of Toronto. Her thesis, supervised by Dr. Jacques Lee, explores innovative strategies to improve delirium recognition in the ED, specifically the use of specialized volunteers and a brief screening tool. Over the last year, she has been developing the protocol for the multi-centre BEDDeR (Better ED Delirium Recognition) study and is conducting a systematic review on user-friendly delirium screening tools for non-clinicians. Sara received a QEII-GSST award in support of her doctoral research. Alongside her research in GEM, she is pursuing a specialization in aging and the life course, focusing on qualitative research in older populations. She is committed to improving care for older adults through research and volunteering with MAUVE-ED at Sinai Health.



Shari Li

Geriatric Emergency Medicine (GEM) Research Fellow, SREMI

Dr. Shari Li is a SREMI GEM research fellow based remotely at Vancouver General Hospital in BC, focusing on goals of care discussions in the emergency department. During her fellowship this year, she has undertaken two literature reviews and a large retrospective cohort study examining goals of care among ED patients. She is also developing the protocol and leading ethics work for a mixed-methods pilot study on goals of care for acutely ill older adults in the ED. In addition, Dr. Li applies her expertise in knowledge synthesis to lead a systematic review for SREMI, contributing to evidence-informed emergency medicine practice.



Simran Lohit

Simran Lohit is a third-year medical student from the University of Toronto. She worked with Dr. Jacques Lee on a single-item validation trial for an instrument measuring social isolation and loneliness (SIL) in older patients. Over the summer, Simran organized data-collection procedures, trained a team of research volunteers, and conducted one-on-one telephone interviews to validate a single-item tool used to quickly screen for SIL for emergency department patients. In addition to this, she gained exposure assisting on systematic reviews that SREMI is conducting. Simran's experience with SREMI provided the opportunity to gain mentorship from emergency physicians and researchers, exposure to international conferences, and gain valuable research experience while engaging in the Toronto community.





Geriatric Emergency Medicine

Dr. Don Melady

Dr. Don Melady, Professor in the Department of Family and Community Medicine, continues to advance the field of Geriatric Emergency Medicine (GEM). His efforts remain focused on improving the quality of care for older adults in the ED at Mount Sinai Hospital and on promoting the concept of the “older person-friendly ED” across Canada and around the world. His work integrates clinical practice, education, and implementation science, with the goal of ensuring that older patients receive care that is timely, compassionate, and tailored to their unique needs.

Over the past year, Dr. Melady’s contributions have extended well beyond Canada’s borders. Internationally recognized as a leader in GEM, he played a key role in organizing the 2025 joint conference of the International Federation of Emergency Medicine (IFEM) and the Canadian Association of Emergency Physicians (CAEP), held in Montreal in June. As a member of the planning committee, he coordinated both the Geriatrics track and the Educational Marketplace, ensuring that geriatric topics were well represented in the scientific and educational program. In recognition of his expertise, the IFEM Board invited him to deliver the prestigious George Podgorny Plenary Lecture, titled “Emergency Departments on an Aging Planet: What Does EM Have to Offer?” This talk highlighted the global challenges and opportunities in caring for older adults in emergency settings and underscored emergency medicine’s unique role in adapting to aging populations worldwide.



In September, Dr. Melady was invited by the European Society of Emergency Medicine (EUSEM) to deliver two days of pre-conference workshops and to speak in the Geriatrics track of their annual congress in Vienna. These sessions drew participants from across Europe, Asia, and the Middle East, emphasizing the growing global interest in geriatric emergency care and the recognition of Canada’s leadership in this area.

In the United States, Dr. Melady continues his long-standing involvement with The Geriatric Emergency Department Collaborative (GEDC), a national, grant-funded organization dedicated to improving ED care for older adults. Over the past seven years, he has coordinated a highly successful webinar series, producing 45 sessions on key topics in geriatric emergency medicine. Each webinar attracts roughly 200 participants from around the world, fostering a vibrant international learning community. He also contributes content and educational tools for the GEDC website (<https://gedcollaborative.com>) and collaborates with U.S. hospitals and health systems to disseminate and implement best practices in geriatric ED care.

In the past year, he has published several articles related to geriatrics and frailty in top-tier journals, including Academic Emergency Medicine, Age and Ageing, BMC Geriatrics, and the Canadian Journal of Emergency Medicine (CJEM).

Within Canada, Dr. Melady remains a driving force in CAEP’s Geriatric Emergency Medicine Committee, where he leads the Education subgroup. Under his guidance, the team has developed and delivered the Clinical Geriatric Emergency Medicine Course nine times across the country, with three additional sessions, both in-person and virtual, planned for the coming year.

Beyond his academic and leadership roles, Dr. Melady also dedicates time to global health. He recently spent a week in rural Ghana delivering a skills development program for community ED workers. This initiative reflects his enduring commitment to building emergency care capacity worldwide and ensuring that older patients everywhere receive dignified, effective, and evidence-based emergency care.





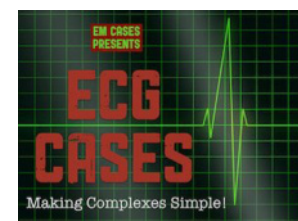
EM Cases

Dr. Anton Helman

Now in its sixteenth year, Emergency Medicine Cases (EM Cases) continues to set the global standard for free, open-access emergency medicine education. As a leading voice in the FOAMed movement, EM Cases delivers high-quality, evidence-based podcasts, written summaries, quizzes, and videos designed to enhance learning for emergency providers across all levels of training and practice.

This year marks an exciting evolution for EM Cases with the development of the EM Cases Coaching App, a personalized learning platform that adapts to each learner's needs. Built on the principles of spaced repetition and multimodal learning, the app offers individualized feedback, curated learning targets, and reinforcement over time to consolidate clinical knowledge and decision-making skills. Designed for physicians, residents, and other EM providers, the app will create a truly adaptive learning experience that evolves with the user's progress.

To continue broadening the scope and diversity of EM Cases content, we are bringing on two Deputy Directors who will help lead new learning streams, strengthen collaborations, and expand mentorship opportunities within the EM Cases ecosystem. This expansion reflects our commitment to sustainability, inclusivity, and educational excellence as we move into the next phase of growth.



EM Cases remains an indispensable part of emergency medicine education worldwide with nearly 25 million podcast listens to date from Canada, United States, UK, Europe, Australia and India. Through main episode podcasts, EM Quick Hits podcasts, EM Cases Summit events, ECG Cases ECG interpretation learning system, Global EM blog, video review series and expanding multimedia resources, clinicians continue to credit EM Cases for shaping how they practice and teach emergency medicine.

EM Cases continues to contribute significantly to SREMI through donations, advertising revenue, and proceeds from the EM Cases Summit, supporting SREMI's mission to advance emergency medicine education and research.

As we look ahead, EM Cases is transforming from a podcast into a comprehensive adaptive learning system, blending world-class educational content, interactive coaching, and community engagement to empower emergency providers to deliver the best possible patient care.

The most powerful measure of impact comes from the clinicians who use EM Cases in their daily practice:

"Hi Anton, I'm an anesthetist in Ontario that does some EM work. I listened to your MHP 2.0 podcast on the way into work today because I recently had an MHP and wanted to do it better. I just came from an MHP in the middle of the night in an OR (3 L of blood in the belly for a take-back laparotomy after a laparoscopic appendectomy) and this one went a lot better. I believe it saved the patient's life... By the time we left the OR, I had the patient off pressors entirely and transferred a stable patient to the ICU. Thank you very much for your easy-to-digest update on MHP – it made a huge difference."

"I've been following EM Cases for years, did the virtual Summit during the pandemic and just wanted to say what an amazing job you guys do. It's wild to me that you put out such high-yield content every month for free. Just finished a recent Quick Hits and learned more about pediatric torticollis than I ever learned even during my peds emerg rotation. I've been in practice for 16 years and I still learn so much from you guys."

"Hi Anton, I just wanted to thank you for producing these podcasts. They are amazing. Your guests are incredible and the topics are well explained and very memorable. As a new ER doc in Ontario, I loved listening to your series about time management, cognitive load, and working through difficult non-trauma resuscitation cases."



MSH Emergency Medicine Fellowship

The Mount Sinai Emergency Medicine Fellowship has now been running for five years. We train fellows seeking experience in the Canadian Emergency Medicine environment with the direct support of SREMI, Mount Sinai Hospital, the Azrieli Foundation, the Israeli Ministry of Health, and the Department of Family and Community Medicine at the University of Toronto. This year saw the addition of our seventh fellow - Dr. Hilal Hurani.



(2024 - 2026)



Dr. Yusef Darawsha

Dr. Darawsha came to us from the Bnai Zion Medical Center where he worked full time as a staff emergency medicine physician. He has a specialty in internal medicine and chose to pursue the fellowship to further his exposure to comprehensive emergency medicine. We just celebrated the completion of his first year of fellowship and we are excited that he has chosen to pursue a second year. During his second year, he has chosen to focus on emergency medicine leadership, management of musculoskeletal injuries, and simulation.

(2025)



Dr. Hilal Hurani

Dr. Hurani joined us in July 2025. He is a senior emergency medicine physician at Carmel Medical Center in Haifa, Israel. He completed his medical degree at the Technion Institute followed by his residency and specialty at the Carmel Medical Centre. Since then, he has been appointed as the Deputy Clinical Head of the Emergency Department. He envisions utilizing his time here in Canada to absorb the different culture of medicine, healthcare management systems, and leadership modalities. After three months in the emergency department, he is now rotating with the new Psychiatric Emergency Services team at Mount Sinai. We are thrilled to have him.

(2021 - 2024)



Dr. Tamar Shemesh-Lobl

Dr. Shemesh-Lobl was our longest standing fellow, completing two and a half years of training in the fellowship. She has actively participated in academic emergency medicine by teaching postgraduate medical students at the University of Toronto and attended both local and national conferences. The culmination of her fellowship saw her working as a junior staff physician in the Mount Sinai emergency department.

EDAC 2024

Canada's leading Emergency Department Administration Conference (EDAC), presented by the Schwartz/Reisman Emergency Institute (SREMI), was held in-person as a two-day conference on December 3rd and 4th, 2024. Day One began with a motivational talk from Dr. Arun Sayal, followed by sessions on the role of politics in healthcare from Dr. Catherine Zahn and Dr. Howard Ovens. Participants rotated throughout the conference to view the interactive, small-table sessions of the Canadian Café, before a session on ED process improvements from Dr. Kevin Wasko and Andrea Ennis. The afternoon featured nursing and physician breakout sessions led by Dr. Leigh Chapman and Dr. Eric Letovsky, respectively, before attendees regrouped for a session on dyad leadership led by Trina Boivin. Dr. Connie LeBlanc closed the day with a session on leading for wellness.

Day Two continued the focus on leadership, with an opening talk on leadership lessons from Dr. Dan Cass. Dr. Cate Creede then led attendees through an interactive workshop where they discussed and uncovered their personal leadership styles. The afternoon featured sessions on our own biases from Dr. Mojola Omole and on conflict resolution from Dr. Connie LeBlanc and Dr. Kevin Wasko. Finally, the conference was wrapped-up with sessions on leadership engagement from Dr. Jim Christenson, and on overcoming tribalism from Dr. Eddy Lang and Dr. Tamara McColl.



2024

127 Attendees

Speakers:



Trina Boivin



Leigh Chapman



Cate Creede



Dr. Eddy Lang



Dr. Connie LeBlanc



Dr. Eric Letovsky



Dr. Tamara McColl



Dr. Omole Mojola



Dr. Arun Sayal



Dr. Catherine Zahn

"Exceptionally relevant to day-to-day emergency medicine, insightful topics delivered by outstanding speakers."

"An engaging, interactive, and entertaining experience from start to finish."

"Every session was impactful, relevant, and delivered with exceptional clarity and expertise."

"Directly addressing the most pressing challenges in today's emergency departments."

Dr. Paul Hannam Memorial Award

The Dr. Paul Hannam Memorial Award for Emerging Leadership in Emergency Medicine, jointly established by SREMI and the Canadian Association of Emergency Physicians (CAEP), honours Dr. Hannam's enduring legacy of leadership, mentorship, and commitment to equity.

Meet the 2025 Hannam Award Winner

Dr. Justin Hall

Sunnybrook Health Sciences Centre, Toronto, Ontario



Dr. Justin Hall exemplifies the values this award seeks to recognize. Currently serving as Chief of the Department of Emergency Medicine, Virtual ED Medical Director, and Co-Chair of the Ontario Health Clinical Advisory Committee for Virtual Urgent Care, Dr. Hall has demonstrated remarkable leadership and innovation early in his career. He has seamlessly integrated high-level clinical responsibilities with a visionary approach to virtual and equitable emergency care.

Through initiatives such as the Virtual Emergency Department and Virtual Triage Technology feasibility studies, Dr. Hall has advanced innovative solutions to some of emergency medicine's most pressing challenges, particularly those affecting access for marginalized patients. His work reflects a commitment to compassionate, inclusive care and the thoughtful application of technology to improve outcomes.

Since assuming his leadership role at Sunnybrook, Dr. Hall has been a tireless advocate for improving conditions within the Emergency Department. Recognizing that many barriers to timely care extend beyond the ED itself, he helped launch a hospital-wide Task Force to address systemic input, throughput, and output issues. These efforts, now embedded as Quality Improvement Priorities at the Board level, have led to measurable improvements: shorter assessment and radiology turnaround times, reduced ambulance offload delays and ED lengths of stay, and patient experience scores averaging 10/10, a first for the organization.

In addition to his clinical and administrative achievements, Dr. Hall is a passionate educator and mentor. As an Assistant Professor at the University of Toronto's Temerty Faculty of Medicine and the Institute of Health Policy, Management, and Evaluation, he supports learners and colleagues across all levels. His mentorship extends from residents and physician assistants to Black and Indigenous medical students through the SPARK program, as well as to doctoral candidates and undergraduate engineering teams. His ability to foster curiosity, empathy, and rigor among trainees underscores his dedication to shaping the next generation of healthcare leaders.

Dr. Hall's scholarly contributions further strengthen his case for this honour. His research explores new pathways to optimize virtual care environments and improve outcomes for equity-deserving populations in the emergency department. His academic and policy work has informed best practices nationwide, helping to embed principles of equity and patient-centred care into emergency medicine.

In every dimension of his work, clinical leadership, mentorship, scholarship, and advocacy, Dr. Hall embodies the qualities that defined Dr. Paul Hannam's legacy: humility, compassion, and a deep commitment to service. His thoughtful, reflective leadership continues to inspire colleagues across Canada, making him a truly deserving recipient of the 2025 Dr. Paul Hannam Memorial Award for Emerging Leadership in Emergency Medicine.





RBC Pathway to Peers

Rhiannon Thomas

The RBC Pathway to Peers (P2P) program provides targeted support for young adults aged 16–29 presenting to Mount Sinai Hospital’s ED with mental health, substance use, or chronic health challenges. Many young people face difficulties feeling understood by clinicians with whom they have little in common, often lack trust in the healthcare system, and are unfamiliar with hospital procedures and available resources. Post-pandemic declines in mental health, coupled with increasing housing unaffordability and ongoing systemic barriers affecting newcomer, racialized, 2SLGBTQIA+, and other marginalized communities, have intensified these challenges, leaving young adults struggling with fewer supports than ever.



Despite these systemic pressures, P2P has had a busy and exciting year in supporting young adults in the ED. Late last fall, the program welcomed three new peer support workers, Amal Abdullahi, Antonietta Gutierrez, and Rachel Lebovic, bringing additional expertise and lived experience to the team. These new hires have strengthened the program’s foundation, facilitated broader community outreach, and expanded the team’s professional networks. A key milestone this year was the signing of a partnership agreement with Michael Garron Hospital (MGH) to expand P2P to East York, alongside a service agreement with Peer Support Canada for consultation and ongoing program support.

We are particularly proud to announce that Bella Shulman, with four years of experience as a P2P peer support worker at Sinai, has been hired as the P2P program supervisor at MGH. Bella will lead the implementation of the program in MGH’s ED, supported by the new MGH team, Venessa Rose, Jack

Lewis, Ashley Charbonneau, and Logan McCorkell, who bring extensive knowledge and experience to supporting young adults in one of Toronto’s busiest EDs. A significant achievement this year has been the formalization of peer support worker certification through Peer Support Canada. After seven years of collaboration, the P2P team has established a process for full certification, providing standardized qualifications that are rare and often inaccessible in peer support work. Certification supports hospital integration by enhancing understanding of peer support roles among regulated healthcare professionals. This year, Stef Figueiredo completed certification, and Mahf Nikoo is in the final stages, with costs fully supported by the program to ensure equitable access.

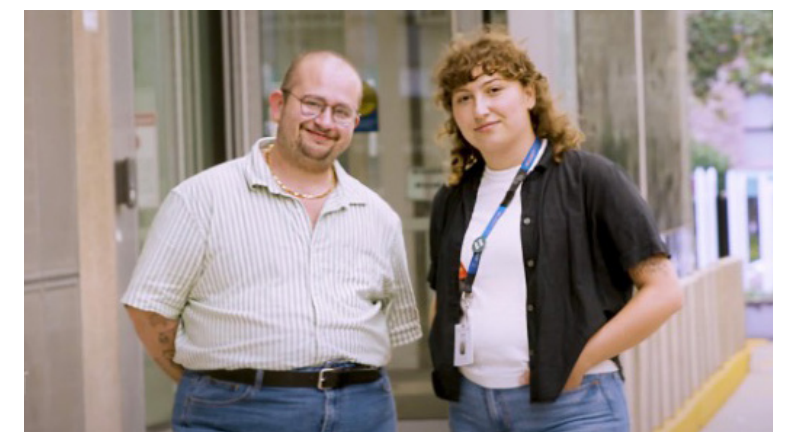
The integration of Psychiatric Emergency Services (PES) with P2P has strengthened cross-disciplinary collaboration between psychiatry and peer support. The team



continues to work closely with mental health clinicians, psychiatrists, and Sinai Transitional Addiction Medicine (STAMP) clinic staff to improve community connection pathways for patients who use substances. In recognition of this work, the team received a Canadian Research Initiative in Substance Matters (CRISM) small grant to implement a best-practice checklist for opioid care in the ED, with training and resources planned through spring 2026 to further support clinicians and inform program practices across sites.

The P2P team has also shared their work nationally. In November, Mahf Nikoo presented a poster at the Children’s Mental Health Ontario conference, highlighting the program’s harm reduction approach. In April and May, team members presented at PeerWorks and Peer Support Canada’s 2025 conference, sharing insights on economic equity and identity-affirming care, with sessions exceeding capacity and generating follow-up requests for materials. The team has also been invited to the Canadian Society of Addiction Medicine conference and the Newfoundland and Labrador Centre for Substance Use Conference, contributing to panels and workshops on harm reduction, program implementation, and youth peer support workforce development. Additionally, team members have attended conferences including BC Concurrent Disorders 2025, Peer Support Strong 2025, and Safer Supply Prescribing at Parkdale/Queen West CHC, further expanding their knowledge and professional networks.

Through these efforts, the P2P program continues to strengthen peer support for young adults, promote equitable access to care, and build national leadership in youth-focused emergency support services.



Research Publications: Nov 2024 – Oct 2025



Geriatric EM (n=9)

1. Bhatnagar P, Melady D, Thompson C, McLeod S, Gray A, Grewal K. Understanding frailty screening of older adults in the emergency department: A survey of emergency physicians in Ontario. Acad Emerg Med. 2025 Mar 11. doi: 10.1111/acem.70016. Epub ahead of print.
2. Brousseau AA, Schonnop R, Melady D. Strategies for Improving Clinical Care of Older Adults in the Emergency Department. Emerg Med Clin North Am. 2025 May;43(2):179-187.
3. Dubucs X, Gingras V, Boucher V, Carmichael PH, Ruel M, De Wit K, Grewal K, Mercier É, Blanchard PG, Benhamed A, Charpentier S, Émond M. Risk Factors for Traumatic Intracranial Hemorrhage in Older Adults Sustaining a Head Injury in Ground-Level Falls: A Systematic Review and Meta-analysis. Ann Emerg Med. 2025 Jul 22:S0196-0644(25)00313-0. doi: 10.1016/j.annemergmed.2025.05.021. Epub ahead of print.
4. Righolt CH, Borges FK, Sniderman J, Turgeon TR, Devereaux PJ, Bhandari M, Guerra Farfan E, Lawendy AR, Patel A, Tandon V, Szczeklik W, Ofori S, Harvey V, Bohm ER, Wood GCA; HIP ATTACK Investigators. Cemented Fixation in Arthroplasty for Hip Fractures Does Not Increase Cardiopulmonary Complications: A Secondary Analysis of the HIP ATTACK Trial. Clin Orthop Relat Res. 2025 Aug 12. doi: 10.1097/CORR.0000000000003645. Epub ahead of print.
5. Benhamed A, Emond M, Erdelyi S, Mercier E, Larouche L, Chan H, Blanchard PG, Daoust R, Vaillancourt C, Rowe BH, Lee JS, Atkinson P, Davis P, Clarke DB, Taylor J, Macpherson A, Parsons M, Wishart I, Magee K, Rao J, Brubacher JR. The prevalence of benzodiazepines and other hypnotics and their impact on injury severity among older adults involved in motor vehicle collisions: a multicenter retrospective cohort study. J Safety Res. 2025 Sep;94:294-300.
6. Germain N, Toulouse-Fournier A, Samb R, Côté É, Couture V, Turcotte S, Morin M, Couturier Y, Chartier LB, Sourial N, Sinha SK, Melady D, Hardy MS, Fleet R, Légaré F, Roy DA, Witteman HO, Mercier É, Rivard J, Sirois MJ, Robitaille J, Archambault PM; LEARNING WISDOM investigators for the Network of Canadian Emergency Researchers. Caregiver Burden and 30-Day Emergency Department Revisits. JAMA Netw Open. 2025 Sep 2;8(9):e2531166.
7. Sirois MJ, Blais J, Aubertin-Leheudre M, Carmichael PH, Fruteau de Lacos L, Desjardins A, Daoust R, Eagles D, Lee J, Perry JJ, Salbach NM, Émond M. Effectiveness of Exercise in Older Adults Discharged From the ER After Minor Injuries: The CEdeComS Stepped-Wedge Trial. J Am Geriatr Soc. 2025 Oct 20. doi: 10.1111/jgs.70166. Epub ahead of print.
8. Brousseau AA, Ellis B, Melady D. Older adults in the emergency department: are we still catching up? Or have we even started the race? CJEM. 2025 Oct;27(10):757-758. doi: 10.1007/s43678-025-01015-z.
9. Kerr G, Chown A, Mercuri M, Clayton N, Mercier É, Morris J, Jeanmonod R, Eagles D, Varner C, Barbic D, Parpia S, Buchanan IM, Ali M, Kagoma YK, Shoamanesh A, Engels P, Sharma S, Worster A, McLeod S, Émond M, Stiell I, Papaioannou A, de Wit K. Applying the Canadian Head CT Criteria to Older Adults Seen in the Emergency Department After a Fall. J Am Geriatr Soc. 2025 Oct 31. doi: 10.1111/jgs.70191. Epub ahead of print.



Early Pregnancy (n=6)

1. Brown HK, Lunsky Y, Fung K, Santiago-Jimenez M, Camden A, Cohen E, Ray JG, Saunders NR, Telner D, Varner CE, Vigod SN, Zwicker J, Guttmann A. Maternal Disability and Emergency Department Use for Infants. JAMA Netw Open. 2025 May 1;8(5):e258549.
2. Stolz L, Sheppard G, Boyd J, Baez J, Minges P, Pusic M, Swarm M, Hilbert M, O'Brien M, Harris K, Varner C, LeBlanc C, Boutis K. Effectiveness of a Web-Based Training Intervention in Teaching Emergency Physicians First-Trimester Point-of-Care Ultrasound Image Interpretation. Ann Emerg Med. 2025 Jun;85(6):541-554.
3. Varner C. Pregnant and bearing the burden of measles outbreaks in Canada. CMAJ. 2025 Jun 8;197(22):E627-E628.
4. Sheppard G, Stolz L, Boyd JS, Pusic M, Baez J, Minges P, Swarm M, Hilbert M, O'Brien M, Harris K, Varner C, LeBlanc C, Boutis K. First Trimester Point of Care Ultrasound: Imaging Features and Review Behaviors Associated With Diagnostic Accuracy. Acad Emerg Med. 2025 Jul 11. doi: 10.1111/acem.70094. Epub ahead of print.
5. Brown HK, Fung K, Cohen E, Dennis CL, Grandi SM, Rosella LC, Varner C, Vigod SN, Wodchis WP, Ray JG. Multiple Chronic Conditions Before Pregnancy and Risk of Adverse Maternal Health Outcomes: Population-Based Cohort Study. BJOG. 2025 Sep 3. doi: 10.1111/1471-0528.18347. Epub ahead of print.
6. Brown HK, Varner CE, Lunsky Y, Santiago-Jimenez M, Fung K, Cohen E, Guttmann A, Pituch E, Saunders N, Telner D, Vigod SN, Zwicker J, Ray JG. Concurrent Emergency Department Use by a New Mother With a Disability and Her Newborn. Pediatrics. 2025 Oct 1;156(4):e2025071883.



Mental Health and Substance Use (n=6)

1. Borgundvaag B, Sheikh H; GRACE-4 Authors. GRACE-4 letter to the editor "Opening invisible wounds" response. Acad Emerg Med. 2025 Apr;32(4):478-479.
2. Brubacher JR, Erdelyi S, Chan H, Simmons S, Atkinson P, Besserer F, Clarke DB, Davis P, Daoust R, Émond M, Eppler J, Lee JS, MacPherson A, Magee K, Mercier E, Ohle R, Parsons M, Rao J, Rowe BH, Taylor J, Vaillancourt C, Wishart I. Prevalence of Impairing Substance Use in Injured Drivers. JAMA Netw Open. 2025 Apr 1;8(4):e256379.
3. Michaud L, Stöver H, van der Meulen E, De Shalit A, Chu SKH, Thomas R, Pont J. Securitizing carceral health: a realist review of Canada's prison needle exchange program. Health Justice. 2025 Jul 3;13(1):41.
4. Simmons SM, Donoghue M, Erdelyi S, Chan H, Vaillancourt C, Atkinson P, Besserer F, Clarke DB, Davis P, Daoust R, Émond M, Eppler J, Lee JS, MacPherson A, Magee K, Mercier E, Ohle R, Parsons M, Rao J, Rowe BH, Taylor J, Wishart I, Brubacher JR. Influence of cannabis and alcohol on motor vehicle injury severity in Canadian trauma centres: a prospective study. Inj Prev. 2025 Jul 16:ip-2025-045642.
5. McLeod SL, Thomas R, Dunning A, Chalmers C, Figueiredo S, Nikoo M, Borgundvaag B. Implementation of a patient-centered, peer support model of care for young adults presenting to the emergency department with mental health and substance use challenges. CJEM. 2025 Oct;27(10):764-768.
6. Pei LX, Chan H, Besserer F, Eppler J, Lee J, MacPherson A, McGrath M, Ohle R, Taylor J, Vaillancourt C, Brubacher JR. A comparison of the prevalence of cannabis and alcohol use among drivers and passengers in British Columbia and Ontario, Canada. Accid Anal Prev. 2025 Sep 13;222:108242.



Cardiovascular (n=6)

1. Tandon P, Thompson C, Li K, McLeod SL, de Wit K, Grewal K. Association between the simplified Pulmonary Embolism Severity Index (sPESI) score and hospitalization in emergency department patients diagnosed with pulmonary embolism. Thromb Res. 2025 Jan;245:109234.
2. McRae AD, Macci AJ, Holodinsky JK, Sajobi TT, Andruchow JE, Borgundvaag B, Brooks S, Cheng I, Deb S, Fok P, Kavsak PA, Graham MM, Lee J, McLeod SL, Scheuermeyer F, Thiruganasambandamoorthy V, Wiemer H, Yan JW, Hohl CM. Development of a Novel Risk-Prediction Tool for Emergency Department Patients with Symptoms of Coronary Artery Disease: A Research Study Protocol. CJC Open. 2025 Mar 26;7(6):777-783.

3. Robitaille M, Émond M, Sharma M, Mackey A, Blanchard PG, Nemnom MJ, Sivilotti MLA, Stiell IG, Stotts G, Lee J, Worster A, Morris J, Cheung KW, Jin AY, Sahlas DJ, Murray HE, Verreault S, Camden MC, Yip S, Teal P, Gladstone DJ, Boulos MI, Chagnon N, Shouldice E, Atzema C, Slaoui T, Teitlebaum J, Wells GA, Perry JJ. The value of MRI in transient ischemic attack/minor stroke following a negative CT for predicting subsequent stroke. CJEM. 2025 Mar;27(3):215-220.
4. Matsuyama T, Ohta B, Komukai S, Cheskes S, Lin S, Mohindra R, Drennan I, von Vopelius-Feldt J, Kitamura T. Extracorporeal and Conventional Cardiopulmonary Resuscitation and Low-Flow Duration: Insights From a Nationwide Hospital-Based Registry Study in Japan (JAAM-OHCA Registry). J Am Heart Assoc. 2025 Jul 15;14(14):e039938. doi: 10.1161/JAHA.124.039938. Epub 2025 Jul 14. PMID: 40654244.
5. Stiell IG, Almufleh A, Archambault PM, Bains M, Boisvert S, Borgundvaag B, Brahmabhatt DH, Bouabdallaoui N, Chabot C, Clark HD, Cournoyer A, de Wit K, Eagles D, Graham ID, McGuinty C, McRae AD, Miller RJ, Morris J, Nicholls SG, Ohle R, Perry JJ, Rowe BH, Sahsi R, Scheuermeyer F, St-Pierre G, Steinhart B, Tebbenham T, Upadhye S, Vadeboncoeur A, Yadav K, Yan JW, Yip A. CAEP Acute Heart Failure Best Practices Checklist. CJEM. Sep;27(9):678-685.
6. Li MK, Mohindra R. Need to Know: CJEM Journal Club-Does IV tenecteplase treatment before endovascular thrombectomy lead to improved functional outcomes than endovascular thrombectomy alone in patients with acute ischemic stroke due to large-vessel occlusion? CJEM. 2025 Oct 4. doi: 10.1007/s43678-025-01007-z. Epub ahead of print.



COVID-19 (n=5)

1. Hohl CM, Yeom DS, Yan J, Archambault PM, Brooks SC, Morrison LJ, Perry J, Rosychuk R; CCEDRRN investigators for the Network of Canadian Emergency Researchers and the Canadian Critical Care Trials Group. Accuracy of the Canadian COVID-19 Mortality Score (CCMS) to predict in-hospital mortality among vaccinated and unvaccinated patients infected with Omicron: a cohort study. BMJ Open. 2024 Nov 19;14(11):e083280.
2. Cheng I, Rosychuk RJ, Yeom DS, Jewett RL, Bielska IA, Hayward J, Khangura J, Mohindra R, Landes M, Hau JP, Righolt CH, Leeies M, Grant J, Brooks SC, Hohl CM; Canadian COVID-19 Emergency Department Rapid Response Network (CCEDRRN) Investigators. The association between neighbourhood marginalization and SARS-CoV-2 outcomes in patients presenting to emergency departments. Can J Public Health. 2024 Dec 30. doi: 10.17269/s41997-024-00976-5. Epub ahead of print.
3. Morgan G, Fung CYJ, Gingras AC, Colwill K, Briollais L, Frangione E, Wolday D, Qi F, Pasculescu A, Delgado-Brand M, Mailhot G, Tursun T, Arnoldo S, Bearss E, Binnie A, Borgundvaag B, Casalino S, Chowdhary S, Dagher M, Devine L, Elliott LT, Friedman SM, Khan Z, Lapadula E, MacDonald G, Mazzulli T, McLeod SL, Mighton C, Nirmalanathan K, Richardson D, Stern S, Taher A, Young J, Lerner-Ellis J, Taher J. Characterizing the SARS-CoV-2 antibody response and associations with patient factors: Serological profiling of participants enrolled in the GENCOV study. Clin Biochem. 2025 Jan;135:110859.
4. Ibrahim S, Siemieniuk RAC, Oliveros MJ, Islam N, Díaz Martinez JP, Jzovich A, Qasim A, Zhao Y, Zaror C, Yao L, Wang Y, Vandvik PO, Roldan Y, Rochweg B, Rada G, Prasad M, Pardo-Hernandez H, Mustafa RA, Fashami FM, Miroshnychenko A, McLeod SL, Mansilla C, Lamontagne F, Khosravirad A, Honarmand K, Ghadimi M, Gao Y, Foroutan F, Devji T, Couban R, Chu DK, Chowdhury SR, Chang Y, Bravo-Soto G, Bosio C, Biscay D, Bhogal G, Azab M, Agoritsas T, Agarwal A, Guyatt GH, Brignardello-Petersen R. Drug treatments for mild or moderate covid-19: systematic review and network meta-analysis. BMJ. 2025 May 29;389:e081165.
5. Mondoux S, Battaglia F, Gayowsky A, Clayton N, Langmann C, Miller P, Pardhan A, Matthews J, Drossos A, Grewal K. A retrospective evaluation of access equity in virtual care during the COVID-19 pandemic: A 2-year review and comparison of visits in Ontario, Canada. PLoS One. 2025 Jun 2;20(6):e0323303.



General EM (n=4)

1. Sheppard G, Grewal K, Chan TM. What's luck got to do with it? Taking an institutional approach to gender inequity in academic EM leadership. CJEM. 2024 Nov;26(11):765-767.
2. Germain N, Audet M, Graves L, Murthy S, McLeod SL, Khangura J, Golchi S, McRae AD, Hohl CM, Cheng I, Olivier Chevrier G, Marshall JC, Archambault PM; APTs in Emergency Medicine Group. CAEP 2024 Academic Symposium: adaptive platform trials in emergency medicine in Canada. CJEM. 2025 May;27(5):329-341.
3. Tabbara N, McLeod SL, Taddio A, Shah V. Intranasal Fentanyl in Preterm Infants Undergoing Peripherally Inserted Central Catheter Placement (INFENT PICO): A Feasibility Randomized Controlled Trial. Children. 2025; 12(9):1156.
4. Tandon P, Thompson C, Li K, McLeod SL, de Wit K, Grewal K. Anticoagulation for patients discharged from the emergency department with venous thromboembolism. Am J Emerg Med. 2025 Jul;93:182-185.



Cancer Care (n=3)

1. Grewal K, Calzavara A, McLeod SL, Eskander A, Savage DW, Thompson C, Borgundvaag B, Ovens H, Cheskes S, de Wit K, Irish J, Krzyzanowska MK, Walsh R, Mohindra R, Thiruganasambandamoorthy V, Sutradhar R. Emergency department use before cancer diagnosis in Ontario, Canada: a population-based study. CMAJ. 2024 Nov 3;196(37):E1252-E1261.
2. Grewal K, Calzavara A, McLeod SL, Eskander A, Savage DW, Thompson C, Borgundvaag B, Ovens H, Cheskes S, de Wit K, Irish JC, Krzyzanowska MK, Walsh R, Thiruganasambandamoorthy V, Sutradhar R. Emergency Department Use Prior to Cancer Diagnosis and Mortality. JAMA Netw Open. 2025 Jul 1;8(7):e2522585.
3. Moore C, Petrovic B, Bender JL, Thompson C, McLeod SL, Savage D, Borgundvaag B, Ovens H, Irish J, Eskander A, Cheskes S, Krzyzanowska M, de Wit K, Mohindra R, Thiruganasambandamoorthy V, Grewal K. Emergency physicians' experiences managing patients with a suspected cancer diagnosis in Ontario, Canada: a qualitative study. BMJ Open. 2025 Sep 8;15(9):e096506.



ED Administration (n=3)

1. Mondoux S, Battaglia F, Gayowsky A, Clayton N, Langmann C, Miller P, Pardhan A, Mathews J, Drossos A, Grewal K. Specialty-specific Evaluation of Virtual care Outcomes: A retrospective QUality and safety analysis (S-EVOQue). PLOS Digit Health. 2025 Jan 29;4(1):e0000708.
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