Maryland ACEP
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EPIC
Emergency Physician Interim Communique

APRIL 2013

PRESIDENTIAL REPORT
LAURA PIMENTEL, MD

April is the most noteworthy month of the year for MD ACEP. The calendar says that spring is here though I will be more convinced when I can put away my winter coat for good. As everyone knows by now, our annual educational meeting is this month and it may be the most excellent one we have ever had. Kudos to Mike Winters, our Educational Committee chair, and assistant executive director, Lauren Myers, for teaming up to put a fantastic program together.

Our most recent Board of Directors meeting was held at Med Chi on March 8. Dr. Suzanne Doyon, Medical Director of the MD Poison Center attended with two MD ACEP members from Carroll County Hospital Department of Emergency Medicine to update the group on the work of the opioid task force. The group has created a draft policy and a poster designed to be displayed in emergency department waiting rooms outlining a philosophy and approach to managing pain and opioid prescriptions. The Carroll County ED physicians described their ultimately positive experience with implementing a similar process designed by their physician group. Dr. Doyon is simultaneously working with the Maryland Hospital Association, the Emergency Nurses' Association, the Maryland Society for Addiction Medicine, and the Department of Health and Mental Hygiene on this project. Her goal is to achieve agreement on principles of acute and chronic pain management in patients presenting to emergency departments and the promulgation of guidelines. A major component of the project will be public education on these topics.

Of note, we were notified by national ACEP that a group from the South Carolina Hospital Association, working on a similar set of guidelines received negative feedback from the CMS office in Atlanta regarding the use of waiting room posters. The CMS office noted EMTALA concerns. Salient verbiage from their letter included, "Reasonable registration processes may not unduly discourage individuals from remaining for further evaluation…CMS Interpretive guidelines state that although patients may leave the emergency department of their own free will, they should not leave based on a "suggestion" by the hospital or through coercion. Accordingly, the language regarding "Prescribing Pain Medication in the Emergency Department" which you have provided, and any similar language which the hospital may choose to post in patient waiting rooms or treatment rooms might be considered to be coercive or intimidating to patients who present to the ED with painful medical conditions, thereby violating both the language and the intent of the EMTALA statute and regulations." Dr. Doyon is seeking legal counsel from DHMH as the MD project progresses.

Another significant item from the Board meeting was the report from Vice President, Dave Hexter, on discussions he has held with officers from the DC ACEP Chapter on a closer affiliation with MD ACEP. We believe that members from both chapters would benefit from invitation and inclusion in our educational meeting.

The Annual Meeting on April 18 will conclude my 2 year tenure as MD ACEP President. It has been a wonderful experience for me. I cannot thank our fantastic Board and committee chairs for all of the work they have done on behalf of the chapter. Mike Winters chairing education, Orlee Panitch chairing Public Policy, Neel Vibhakar chairing Practice Management, Drew White chairing Membership, and Rick Alcorta chairing EMS are individually and collectively superb. I am most appreciative and grateful for the work of Executive Director Bev Lynch and assistant Lauren Myers for hitting the ground running last January and our lobbyists Pam Kasemeyer and Steve Wise for keeping us informed and represented in Annapolis. Special thanks to immediate past president, Joe Twanmoh, and Vice President, Dave Hexter, for their work in support of me and the chapter these past 2 years. I am blessed and privileged to have been your president.

MARYLAND ACEP ANNUAL EDUCATIONAL CONFERENCE

APRIL 18, 2013

WESTIN BWI HOTEL

Registration is filling up, don't miss your opportunity to attend the best regional CME conference with nationally renowned speakers

REGISTER NOW

www.mdacepmeeting.com

PROGRAM INFORMATION ON PAGE 3

EMS UPDATE

DAVID HEXTER, MD, FACEP
EMS BOARD
RICHARD ALCORTA, MD, FACEP
STATE EMS MEDICAL DIRECTOR

Helicopter Replacement: The Maryland State Police has accepted delivery of six AgustaWestland 139 aircraft to replace the aging Eurocopter Dauphin fleet. Delivery of the remaining four is anticipated by December 2013. The new aircraft are larger and carry two pilots, and will include the latest avionics and equipment to meet FAA Part 135 certification and Commission on Accreditation of Medical Transport Systems (CAMTS) standards. The new aircraft will be placed in service upon completion of training of aircrews, first responders, and specialty referral centers. Trooper 3 will be the first to receive a new aircraft, followed by Trooper 6 and 5, then Trooper 7 and 4, and finally Trooper 2 and 1.

New Protocols: The EMS Board approved new protocols that will take effect July 1, 2013. One major change is a new protocol that allows for termination of resuscitation in the field for both medical and traumatic arrest under certain circumstances.

For medical arrests, the protocol recognizes that survival from cardiac arrest is associated with early defibrillation and early, minimally-interrupted CPR. If these do not result in return of spontaneous circulation (ROSC) after 15 minutes, further expenditure of emergency resources is futile. For a witnessed arrest and/or a shockable rhythm, the protocol permits termination of resuscitation with medical consult after 15 minutes of minimally-interrupted CPR with no response to appropriate EMS treatment. The protocol excludes children, pregnant women, and hypothermia patients, who will continue to be transported.

For trauma arrests, the protocol recognizes those most likely to survive are penetrating trauma patients with a rhythm other than asystole who can be transported to a trauma center within 15 minutes. EMS providers may terminate resuscitation with medical consult if there are no signs of life and the transport time exceeds 15 minutes.

For blunt trauma arrests, EMS provider may terminate resuscitation with medical consult when there are no signs of life and the patient is in a rhythm other than asystole and there is no ROSC despite 15 minute of appropriate treatment, including 15 minutes of minimally-interrupted CPR.

EMS Electronic Patient Care Record: eMEDS (ImageTrend®) electronic patient care reporting system has been rolled out in most jurisdictions. eMEDS provides improved reporting capability, faster interface, compliance with national data elements, mobile applications, billing export, and computer-aided dispatch interface. A hospital dashboard is also available to access electronic patient care reports. eMEDS has the potential to interface with hospital-based information systems and health information exchanges.

Transition to national EMS Educational Standards: As Maryland transitions to meet new national EMS educational standards by March 2016, the names of our providers will change as follows:

- First Responder becomes Emergency Medical Responder
- Emergency Medical Technician-Basic becomes Emergency Medical Technician

Emergency Medical Technician-Paramedic becomes Paramedic.

Intermediate-99s (Cardiac Rescue Technicians) will still be recognized in Maryland, but are encouraged to become Paramedics.

Maryland Medical Order for Life-Sustaining Treatment (MOLST)

The final Maryland Medical Orders for Life-Sustaining Treatment (MOLST) regulations and forms, which replaces the EMS/DNR form, became effective on January 1, 2013. Beginning July 1, 2013, certain facilities will be mandated to complete the form for certain patients, including nursing homes, assisted living facilities, home health agencies, hospices, dialysis centers, and hospitals (http://bit.ly/Maryland-MOLST-form .

MIEMSS will continue to provide hard copies of the form for those without access to the internet, as well as plastic bracelets for those patients who want to use the bracelet option. Hard copies and bracelets may be obtained by calling (410) 706-4367.

The "Maryland Medical Protocols for EMS Providers" require that EMS providers comply with MOLST forms, as well as any valid EMS/DNR form. Previously completed valid EMS/DNR forms, as well as valid MOLST forms will continue to be honored by EMS providers.

For further information regarding MOLST forms:
http://marylandmolst.org/index.html

MEDCHI FREE IPAD APP LETS PEOPLE FOLLOW HEALTH CARE POLICY

MedChi, The Maryland State Medical Society announced that they have made updates to their free mobile app for Apple products. The MedChi app allows patients and physicians to get current Maryland health legislative information. Whether you are a physician or patient you can use this app to stay informed and connected with the organization.

This app provides quick access to contact information, physician directory, organization calendar, directions to the MedChi office and much more at your fingertips! Make sure you download your free app today. MedChi also produces a weekly newsletter that updates the status of health care bills. 0 It is posted every Friday on the MedChi web page during session HERE.

PRACTICE MANAGEMENT COMMITTEE

NEEL VIBHAKAR, MD, FACEP

The Practice Management Committee has had a busy few months. Here are a few of the recent topics discussed among Maryland EDs:

CTA and ACS
Do any ED's utilize CTA's to rule out ACS in the ED?

Summary:
There were a total of 11 responses. 6 stated that their hospitals do **not** use CTA. 5 do use it but all said that it was limited to either only performing the study during the day (4 responses) or only getting a result during the day despite its availability 24 hours/day (1 response).

OBSERVATION VERSUS ADMISSION
Does the discussion of observation versus admission and the effect on the patient's copay get discussed at registration? in ED? or on floor? by who?

Summary:
There were a total of 9 responses. 6 stated that this conversation does NOT primarily involve the ED physician. Of the 3 that stated that it DOES involve the ED physician, they were part of observation units that were run by the ED physicians.

SCRIBES
How many shops have scribes, since when, and in what capacity? Have there been any regulatory problems or Joint Commission citations?

Summary:
There were a total of 15 responses. 8 stated that they do utilize scribes. 2 are starting a pilot and 5 do not use scribes. Comments from those that do utilize them included:

- Increased patient and provider satisfaction
- Found them to be helpful in more than just documenting (getting equipment, phone calls, updating patients)
- There were no Joint Commission issues from those surveyed.

Committee interest for FY 2013-14 is now open. Various ACEP publications will outline the process for members and information is also on the ACEP Web site. Members interested in serving on a committee, and who are not currently serving on a national committee, must submit a completed committee interest form and CV by **May 17, 2013.** The CV and any letters of support from the chapter can be attached to the online form (preferred), emailed to me at mfletcher@acep.org, or mailed to me at ACEP headquarters. Chapter input is invaluable to this process. If you have personal knowledge of the level of commitment and talent exhibited by the interested member, please consider submitting a letter of support.

The online application form is available here. You will be asked for your log in and password if you are not currently logged into ACEP.org.

MD ACEP Advocacy Program - Get Involved !

Volunteer to Serve as the Doctor of the Day: Pick a day and agree to serve as physician-of-the-day in the Capital. As physician-of-the-day you and a nurse will spend the day in the first aid room and will have privileges to the legislative chamber floors. It's a great opportunity to interact with legislators up close. Email Lauren@amg101.com for form.

EDUCATIONAL PROGRAM SCHEDULE
MARYLAND ACEP
2013 EDUCATIONAL CONFERENCE
THURSDAY, APRIL 18, 2013
THE WESTIN BWI

7:30 – 8:00a	General Registration and Continental Breakfast
8:00 - 8:05a	Welcome
8:05 - 9:00a	High Risk Scenarios in EM: Strategies and Solutions *Presenter: Kevin Klauer, DO, EJD, FACEP*
9:05 – 10:00a	Nurses Are from Saturn, Physicians from Jupiter, Administrators from Mars - How Can We Speak the Same Language? *Presenter: Jay Kaplan, MD, FACEP*
10:00 - 10:30a	BREAK WITH EXHIBITORS
10:30 - 11:30a	The ED Guide to Suicide Risk Assessment *Presenter: Robert Orman, MD*
11:30a - 12:20p	Advanced Pediatric Procedural Sedation *Presenter: Alfred Sacchetti, MD, FACEP*
12:20 – 1:20p	LUNCHEON AND AWARDS Maryland ACEP Business Meeting
1:30 – 2:00p	Recent Cardiology Articles You've Got to Know! *Presenter: Amal Mattu, MD, FACEP, FAAEM*
2:00 – 2:30p	Avoiding Common Errors *Presenter: Arjun Chanmugam, MD, MBA, FACEP*
2:30 – 3:00p	BREAK WITH EXHIBITORS
3:00 – 3:30p	Nightmare ENT Emergencies *Presenter: Laura J. Bontempo, MD, FACEP*
3:30 – 4:00p	Discharge Disasters *Presenter: Tina Latimer, MD, MPH, FACEP*
4:00 – 4:30p	I'm Short of Breath and I Have a Flolan Pump *Presenter: John Greenwood, MD*
4:30p	Adjourn

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