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From the President Russell P. Tarr, MD, FACEP

Winding Down While Moving Forward

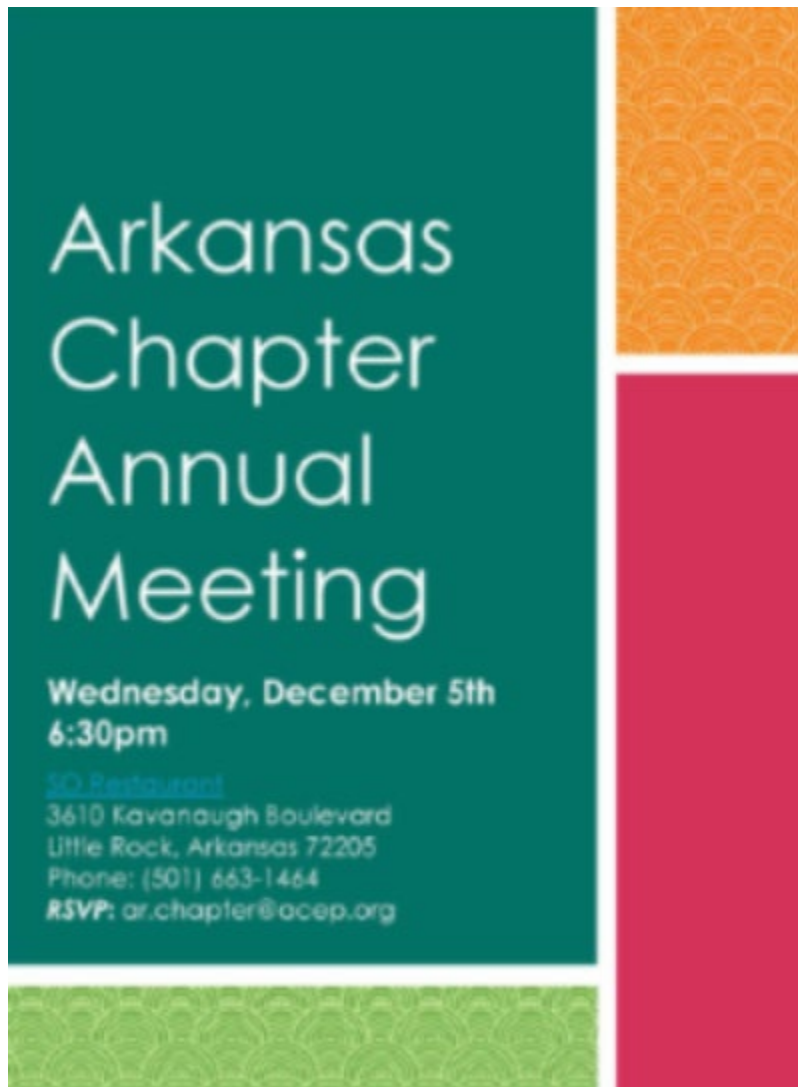
Just when we all thought the chaos and insanity of the recent election had ended, we are faced with one more important election. As most of you are aware, my two-year term as President of Arkansas ACEP is coming to a close. Dr. Scott is more than able and ready to assume the reins at our yearly meeting on Wednesday, December 5th in Little Rock at [SO Restaurant](#). One of the most important orders of business at the yearly meeting this year will be, yeah you guessed it elections.

We have lots of hard working, intelligent active members in our organization. There will be lots of important positions that will need to be filled during the yearly meeting. I want to continue to encourage all members in the organization to seriously consider running for a position. Positions range from being on the Board of Directors, to Secretary/Treasurer, to President-Elect. All members play vital roles in lobbying statewide for emergency medicine and being a voice for the house of medicine throughout the state. Our organization as well as the citizens of Arkansas depend on us to work to continue to ensure patient access to emergency care.

Reflecting back over the past two years, we have been able to accomplish lots. I feel the biggest accomplishment during my tenure as President has been the adoption of the Bylaws for our organization. The Bylaws debate was very robust years ago, and the debate really helped us try and define how we wanted our organization to operate going forward. Just when we thought we were on the cusp of having a set of Bylaws for the membership to review and vote on two years ago, we received a lot of pushback from the ACEP attorney at headquarters and had to rework and revisit lots of sticky issues we thought were resolved. However, through the diligent and hard work of the members, we were finally able to get a final draft of our new Bylaws to present to the membership which ended up being approved.

There are still issues moving forward that remain unresolved and will take a committed group of ACEP members to continue to work hard to be proponents of emergency medicine throughout the State of Arkansas. History has constantly shown us that our hard work will continue to payoff. Even though I am passing the torch to Dr. Scott at the December 5th meeting, I still remain committed to helping Arkansas ACEP move forward to serve and to advocate for emergency medicine and our patients going forward. Please nominate your colleagues for a position during this season's ACEP elections, or if you have been on the fence about running yourself, make a commitment to ACEP and go ahead and throw your name in the hat. Let's continue to remain energized moving forward, and I hope to see a great turnout at the yearly meeting on Wednesday, December 5th at [SO Restaurant](#) in Little Rock.

Upcoming Chapter Event

A vertical poster for the Arkansas Chapter Annual Meeting. The main text is on a dark green background. To the right, there are three vertical bars: an orange patterned bar at the top, a solid pink bar in the middle, and a green patterned bar at the bottom.

Arkansas
Chapter
Annual
Meeting

Wednesday, December 5th
6:30pm

[SO Restaurant](#)
3610 Kavanaugh Boulevard
Little Rock, Arkansas 72205
Phone: (501) 663-1464
RSVP: ar.chapter@acep.org

ACEP18 - Council Meeting Update **J. Shane Hardin, MD, PhD, FACEP** **Councillor**

The Council Meeting has two main purposes:

The **first** is to discuss and vote on resolutions that are submitted to the council by the chapters. The **second** is to elect Board members and the President-Elect.

At the recent Council Meeting in San Diego, the resolutions covered a wide variety of issues. Some of the resolutions dealt with problems that affect everyone (i.e., physician suicide) while

others dealt with regional issues (i.e., safe discharge laws). There were over fifty resolutions submitted. I will not discuss every one of them. However, I would like to mention some of the ones that stood out.

Several of the resolutions were concerned with mental health and substance abuse. One of the resolutions that passed dealt with reducing barriers to physicians seeking mental health care. The concern is that most state boards require physicians to report any mental health treatment. The concern is that this practice prevents many physicians from seeking care and may contribute to the high rate of physician suicide.

Another resolution was to require prescription monitoring programs to include methadone as one of their reported drugs. Most programs currently do not report methadone which can be misleading when you check their PMP report. Both of these resolutions deal with issues that are controlled at the state level. Therefore, to enact significant change it has to be done state by state.

Another one of the resolutions which passed dealt with safe discharge laws. These laws which are in effect in some states require that patients are “safely” discharged from the hospital which sounds like a good idea. However, the laws have unintended consequences such as requiring that every homeless person discharged has a safe place to go. This leads to an enormous burden on the emergency department staff trying to place these patients (especially the ones that have been blacklisted from the local shelters). It is an example of a regional issue that could become a national issue if these laws become more widespread or become federal laws or regulations.

Although most submitted resolutions passed, a few were withdrawn or not adopted. One of these resolutions would require that physician suicides would be considered sentinel events. At first glance, this sounds reasonable. However, no one thinks that it would be good for CMS or some other agency to be conducting an investigation into why a physician committed suicide. The family having to deal with the loss of a loved one is tragic enough without having to be interrogated afterwards.

The most emotional event during the meeting was when Dr. John Rogers received his commendation from the Council. The resolution was cosponsored by all of the chapters (including Arkansas). He received a very loud and long standing ovation. Dr. Rogers was elected as President-Elect last year from a large slate of candidates, but resigned earlier this year.

The final event of the Council Meeting was the election of President-Elect and Board members. There were only two candidates for President-Elect this year. Drs. Mark Hirshon and William Jaquis were both from the Maryland Chapter. Dr. Jaquis was elected President-Elect. Subsequently, Dr. Hirshon was elected Vice President of the Board. Drs. Chris Kang and Mark Rosenberg were reelected to the Board. Drs. J. T. Finnell and Anthony Cirillo were elected as new Board members.

It was another successful Council Meeting. I encourage you to be part of the Council Meeting next year. Your voice as a member of the chapter, matters too!



Resident Corner Rawle A. Seupal, MD

Once again, we have several important announcements since our last installment, including recognition with several outstanding awards:

As mentioned in our last installment, Dr. Ashley Bean was recognized with the *Amin Kazzi International Emergency Medicine Leadership Award*. She has also been named to the [Order of the International Federation of Emergency Medicine](#), listed first on their "Honour Roll" in 2018. She has been ACEP's Deputy Ambassador to Cuba, the **Ambassador to Honduras** since 2014, and has been recently appointed the **Ambassador to Myanmar**.

Two of our residents were recently recognized at National ACEP in San Diego:

- **Dr. Daniel Holleyman**, was awarded the "Steve Tantama, MD Military Excellence Award"

- **Dr. Meryll Pampolina**, was awarded the “Resident Rocks It” award. This is a career achievement award from the American Association of Women in Emergency Medicine.

Dr. Amanda Young has assumed the role of Director of EM Sim Education. Dr. Young joined us last year after completing a 1.5 year sim fellowship in Jacksonville, FL.

Dr. Gregory Snead, Director, Division of EM Ultrasound, has been awarded two extramural awards:

- **NIH Science Education Partnership Award:** This award will support the development of curricula to expose children in low socio-economic areas to careers in medicine.
- **Medical Education Foundation for Arkansas (MEFA):** This award will fund the institution’s first “Ultrafest” for UAMS medical students.

Dr. Marc Phan has officially joined the faculty! His official start date will be July 2019 after completing his critical care fellowship. He will split time between EM and the MICU

We expect to have several more faculty joining us over the next few months.

ICARE18 was a success attracting over 100 participants from around the state. Two-thirds of attendees were clinicians (nurses, MDs, pharmacy etc) with the remaining third composed of pre-hospital providers. [ICARE19](#) will be held **April 5-7** in Little Rock.

You are always invited to join us for our weekly CME accredited didactic series on Wednesdays. Please visit our NEW [website](#) for these and many other details about our program.

NEWS FROM ACEP



New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)

Smart Phrases for Discharge Summaries:

- [CT Scans for Minor Head Injuries](#)
- [MRI for Low Back Pain](#)
- [Sexually Transmitted Infection](#)
- [Why Narcotics Were Not Prescribed](#)

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

Sam Shahid, MBBS, MPH Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles in [Annals of Emergency Medicine](#). Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population.

Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013.

Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here.](#)

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

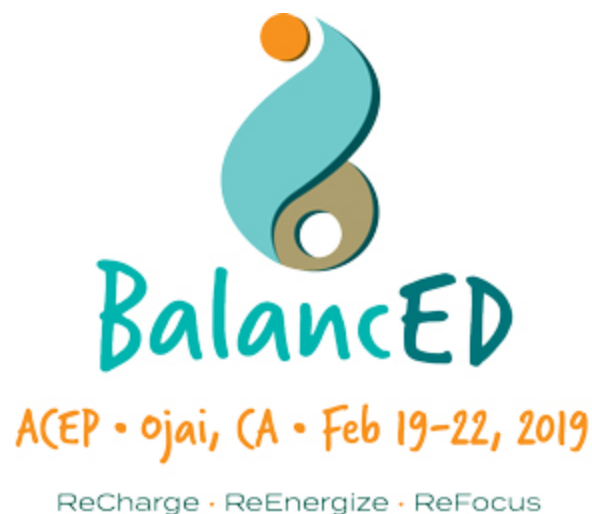
The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥ 10 units), but not in those who receive < 10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.



Introducing Balanced

A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

ACEP Doc Blog!

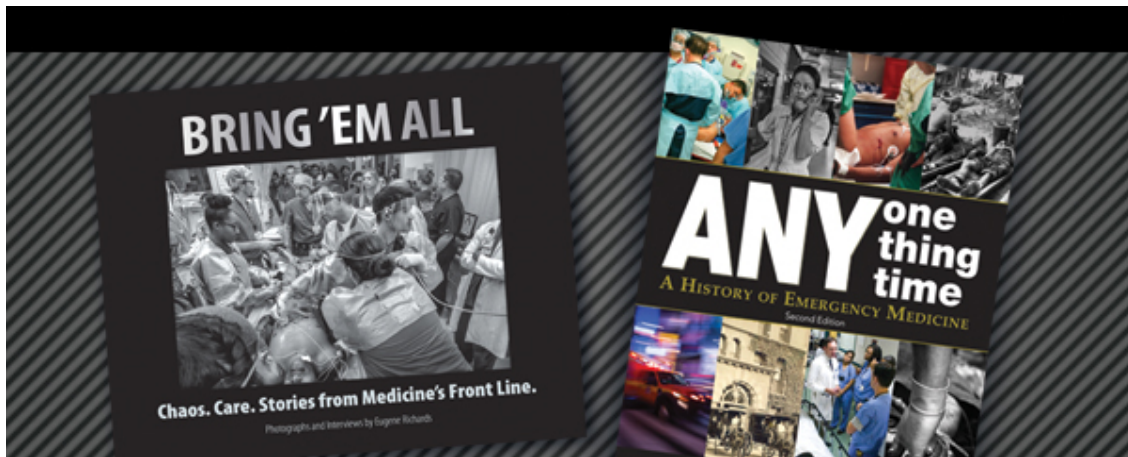
Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website www.emergencycareforyou.org. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)
- [Heat Stroke and Hot Cars](#)
- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.

Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians and Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your skills and earn CME! The early-bird rate for members is \$149. To view the full schedule and to register, visit the [pre-conference website](#).



ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at bookstore.acep.org.

**Improve the Care
Provided to Older Patients**

Become an Accredited Geriatric Emergency Department

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

ACEP.org/GEDA

ACEP Geriatric
Emergency Department Accreditation

Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED

encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.



Providers
Clinical Support
System

With PCSS training, you
can help save lives from
opioid use disorder

By getting MAT trained, you can help
people take their lives back from OUD.

Visit pcssNOW.org

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Free Medication - Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more information on PCSS, [click here](#). For more information on MAT training, email [Sam Shahid](mailto:Sam.Shahid@pcss.org).



STR-TA
Consortium
State Targeted Response
Technical Assistance

Call to Action!
Navigating together for change



Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](mailto:Sam.Shahid@samhsa.hhs.gov) for more information.



NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC

Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

Welcome New Members

Razik Oumeddour, DO - Resident
Michelle A. Heitmann - Medical Student
Zuzana Sisperova - Medical Student
Grant M. Pahls, MD, - Resident
Desiree Albano - Medical Student
Daniel Spector - Medical Student
Jody Carson - Medical Student
Ali Rene Mitchell - Medical Student
Adam Steele Watkins - Medical Student

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c/o National ACEP
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Irving, Texas 75063-2524
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