

Hawaii Chapter Update

A Newsletter for the Members of Hawaii ACEP



Summer 2010 Issue

From the President Jason K. Fleming, MD, FACEP

Dear Colleagues,

On May 12th during the annual meeting, I took the helm as President of Hawai'i ACEP. We have a strong group of energetic leaders on our board of directors, and I look forward to working with people I enjoy and admire in the specialty that I love. I would like to share some thoughts about our priorities for the upcoming year, and extend my invitation to become more involved in our efforts.

Here are some of the projects that we are actively working on:

1. Legislative efforts that include tort reform, on-call and EMTALA issues, indigent care compensation, and others
2. Supporting the medical school's Emergency Medicine Interest Group, which is healthy and active
3. EMS issues throughout the state
4. Establishing a functional statewide trauma system that makes sense and serves our patients and communities

Hawai'i ACEP is your organization, and our vehicle to interact with the major national professional organization in our specialty. We are thrilled to have new board members joining us this year from different hospitals and different regions of our state. We also benefit from the steady guidance of those who have been involved over the years and are returning to serve on the board again.

If you are interested in being more involved in Hawai'i ACEP, or if you have ideas that can help us move forward, please don't hesitate to contact [me](#). The Hawai'i ACEP Board of Directors is here to serve you. We are working hard, often behind the scenes, to find common sense solutions that better the practice of emergency medicine in Hawai'i.

Aloha, Jason K. Fleming, MD, FACEP
President, American College of Emergency Physicians – Hawai'i Chapter

Hawaii Chapter ACEP



Jason K. Fleming, MD, FACEP
President

Debra Sanders
Executive Secretary

Contact us:
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Emergency Medicine Foundation Announces Emphasis Area

in 2011-12 Grant Funding

The Emergency Medicine Foundation (EMF) is pleased to announce an area of special emphasis for its fully funded grant categories in the 2011-2012 grant cycle. To better improve emergency patient care, illustrate value in emergency medicine research, and assist the practice of emergency physicians in a changing health care environment, the EMF Board of Trustees is emphasizing innovative health services and health policy research.

EMF has been committed to supporting emergency medicine research by helping young investigators. Grants currently fully funded by EMF are the EMF Health Policy Grant (\$50,000), the EMF Fellowship (\$150,000 over two years), and the EMF Career Development Grant (\$50,000). For this grant cycle, EMF encourages applications with a focus on health services research, including but not limited to, health policy, practice, medical liability, regionalization, patient safety, and hospital utilization. However, it is important to note that EMF welcomes all applications, including research that is not health services-based.

“The Emergency Medicine Foundation has committed to supporting actionable research that directly impacts the care of our patients,” said EMF Board Chair Alexander Rosenau, DO, FACEP. “EMF will continue to underwrite a wide variety of research. The EMF Board of Trustees believes that this new era in health care reform is not only momentous, but pivotal. It demands serious investigation by the best that emergency medicine researchers have to offer in health services and health policy research.”

The Emergency Medicine Foundation also offers several co-sponsored grants, including:

EMF/SAEM Medical Student (\$2,400 each, two available).
EMF/EMRA Resident Research (\$5,000 each, three available).
EMF/ENAF Team Grant (\$50,000, one available).

The EMF is pleased to announce two new co-sponsored partnerships:
EMF/Medical Toxicology Foundation Resident Research (\$5,000, one available).
EMF/Emergency Medicine Patient Safety Foundation (\$10,000, one available).

Also new this year will be one directed research grant underwritten by Baxter in sub-cutaneous infusion (\$50,000, one available).

Grant applications will be available [online](#) in August 2010. Grant deadline is January 5, 2011.



About The Emergency Medicine Foundation

For more than 35 years, the Emergency Medicine Foundation has funded innovative clinical and laboratory research and continues to lead the way in emergency medicine education and research. To date, EMF has funded nearly \$10 million in grants for these purposes. Created to demonstrate and advance the distinctive specialty of emergency medicine through research and education, the Emergency Medicine Foundation was founded in 1972 as a 501(c) 3 charitable foundation. For more information, visit www.emfoundation.org.

Scientific Assembly - September 28-October 1, 2010

Excitement is growing with the approach of this year's [Scientific Assembly](#), September 28 - October 1, in spectacular Las Vegas. Beat the rush and reserve the classes that you want, today!

Our program will include over 300 hours of world-class education, more than 300 industry-leading companies in our exhibit program, and many social events to enjoy with your colleagues. Join us and see for yourself why *Scientific Assembly* is the best in emergency medicine education!



ACEP Artistic Expressions 2010 Application Instructions

ACEP Artistic Expressions provides a unique opportunity for ACEP members to share their creative side with their colleagues. The purpose of the gallery is to encourage creative expression among members and to provide an area for reflection. The ACEP Artistic Expressions gallery will be located in the exhibit hall, in the ACEP Resource Center, during the conference and will remain on display from September 28-30, 2010.

Please submit no more than two (2) pieces of art or literature for display in the gallery. A separate application must be submitted for each piece. Articles must not have been accepted for past galleries. If accepted, you must ship your artwork to ACEP headquarters no later than August 23, 2010, to be included in the shipment to the meeting. If artwork is not received by this date, you will be responsible for all mailing/shipping costs, including insurance, and delivery to the exhibit. Work must be delivered to the Convention Center on Monday, September 27, 2010.

Security will be provided for the gallery area but ACEP cannot guarantee safety of all art and creative displays. You **MUST** commit to the availability of your work during the entire Scientific Assembly. You are responsible for pick up of your artwork, unless you agree to donate it to EMF (see application). If you do not arrange for pick up of your artwork by the end of the exhibit, it will be discarded or donated to EMF for auction.

If you wish to display your works, please complete the [application](#) and submit this application and all required supporting materials no later than August 2, 2010 to:

American College of Emergency Physicians
Attn: Tracy Napper
P.O. Box 619911
Dallas, TX 75261-9911

Or via e-mail to tnapper@acep.org

Supporting materials for rejected submissions will not be returned so please submit copies or digital images rather than original pieces.

Hawai'i ACEP Board Update

Following Hawai'i Chapter's 2010 election, here is an updated list of Officers and Board Members:

President: Jason K. Fleming, MD, FACEP (2010-2012)

President-Elect: Jay T. Ishida, MD, FACEP (2010-2012)

Secretary/Treasurer: Sidney Ishin Lee, MD, FACEP (2010-2002)

Immediate Past President: Andy Po-Chang Lee, MD, FACEP (2010-2012)

Councilors:

Richard McDowell, MD, FACEP (2010-2012)

Mark Baker, MD, FACEP (2009-2011)

Board Members:

Ann Malia Haleakala, MD (2010-2012)

Richard A. Price, Jr., MD, FACEP (2010-2012)

William P. Scruggs, MD, FACEP (2010-2012)

Daniel C. Smith, MD, FACEP (2010-2012)

Mahalo to all new and continuing officers for your dedication to Hawai'i Chapter ACEP!

The Hawai'i ACEP Board meetings are held every other month, on the third Wednesday of the month. Hawai'i ACEP members are welcome to attend the Board meetings. For more information on the meetings, contact [Debbie](#). Upcoming Board meetings will be held on the following dates: July 21, September 15, and November 17.



UH JABSOM Emergency Medicine Interest Group (EMIG)

The academic year at JABSOM has come to a close. EMIG would like to thank the Hawai'i Chapter of ACEP for its continued support of medical students interested in emergency medicine. There were about 10 EMIG students in attendance at the chapter's Annual Meeting and Dinner in May. It was an excellent opportunity for the students to get the newest updates on the field and to spend some time with some of the practicing ER docs.

In other news, several of the newly graduated fourth year students are going on to emergency medicine residencies in New York, Pennsylvania, and California. Also, there will be a change in leadership for EMIG as the members of the class of 2012 are now starting their clerkships. Krystle Salazar and Brendan Inouye, both from the class of 2013, will be the new co-chairs of JABSOM EMIG. They are looking forward to an exciting year and are interested in planning more workshops to generate more interest in emergency medicine among the students. Please contact emigjabsom@gmail.com to get involved, propose your ideas, or show your support.

Hawaiian Islands Trauma Symposium

The Hawaiian Islands Trauma Symposium, hosted by the Queen's Medical Center, will be held on Friday, July 23 and Saturday, July 24, 2010, at the Hilton Hawaiian Village. This year, the Symposium places special emphasis on trauma system development and enhancement. The Emergency medicine speaker will be Neal Richmond from Louisville. He was the medical director for the New York Fire Department and has been in Kentucky for the past 5 years. He is very knowledgeable in EMS and pre-hospital care, as well as emergency medicine and health policy matters. For more information, contact Queen's Office of CME at 537-7009 or cme@queens.org.



Clinical News

CME Article on Reversal of Anticoagulation Now Available

Originally printed in ACEP News, the "Focus On" series of articles brings the latest literature and best practices to help the busy emergency physician provide the best care possible.

This issue's topic, Reversal of Anticoagulation, will help the physician understand the indications for reversal of warfarin, identify the side effects of protamine in heparin reversal, and recognize the advantages and disadvantages of fresh frozen plasma (FFP) vs. prothrombin complex concentrates (PCC) in the treatment of warfarin reversal.

[Read the article online and then take the CME quiz.](#)

Perspective EHR Report: What's Missing From the Meaningful Use Criteria

Since the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act in February of 2009, there has been a tremendous amount of discussion about the idea of "meaningful use." And now that the full set of rules for meaningful use is available, it might surprise some to know what has actually been excluded from the criteria.

The first and most fascinating exclusion is any requirement for encounter note generation. The criteria specifically state that it will not be necessary for providers to document their encounter notes using the EHR. In other words, while most EHR products emphasize electronic note generation, the authors feel this does not provide a significant benefit over handwritten charting in meeting the goals of HITECH.

[Read the full article](#)

Diffuse Nature of MRSA Abscesses Contribute to High Treatment Failures

Methicillin-resistant Staphylococcus aureus abscesses, when compared by ultrasound with those caused by other pathogens, are smaller and more likely to lack a defined edge. They are also more likely to have edema in surrounding tissue planes as well as pus divided into multiple pockets within the abscess, according to an abscess ultrasound study presented at the Society for Academic Emergency Medicine's annual meeting. The characteristics could make it more likely that an abscess is caused by methicillin-resistant Staphylococcus aureus (MRSA), helping guide antibiotic selection pending culture and sensitivity reports, according to the study's author.

[Read the full article](#)

Physician Assistants in the ED

By: Cary Stratford PA-C DFAAPA

Since the mid-60s, physician assistants (PAs) have been practicing in emergency medicine (EM). Today, nearly 10 percent of the estimated 74,000 clinically practicing PAs work in EM. In fact, EM is the second largest specialty in which PAs practice – equal to all surgical specialties and sub-specialties combined. And, given the increase of ED volume in the past few years, the number of EMPAs is likely to only increase.

PAs practice medicine with the supervision of licensed physician and, although by law PAs are dependent practitioners, they typically exercise considerable autonomy in clinical decision-making.

The relationship between the physician and PA is one of mutual trust and reliance. The physician trusts the PA to provide physician-quality care to patients and to consult with the physician on those cases that are outside the PA's expertise or scope of practice. The PA trusts the physician to be available for supervision, provide learned advice, and accept the care of patients with serious or complex problems.

PAs in emergency medicine also serve in patient triage, and selective administrative functions as well as providing emergency care in pre-hospital situations, in ground and air transport.

PA Education

PAs are educated in intensive programs that are accredited by the Accreditation Review Commission on Education for the Physician Assistants (ARCEPA). Programs are offered at medical schools, colleges and universities, affiliated with teaching hospitals. The typical student has a bachelor's degree and four years of health care experience prior to admission. All PA programs include courses and rotations in emergency medicine.

PAs must pass a national certifying examination before they can practice. Only graduates of accredited programs may take the exam, which is developed by the National Board of Medical Examiners and administered by the National Commission on Certification of Physician Assistants (NCCPA). To maintain certification, PAs must complete 100 hours of CME every two years and take a recertification examination every six years.

The relationship between PAs and physicians begins in PA school where physicians, PAs, and others provide instruction in a curriculum following the medical school model. A physician can more effectively care for patients when working as part of a physician-PA team. The physician-PA team approach is particularly effective because of the similarities in physician and PA training, and the efficiencies created by utilizing the strengths of each professional in the clinical practice setting.

The EP's Role

The medical director of the emergency department or other emergency physician (EP) can serve as supervising physicians. And because medical practice and physician/PA practices are dynamic, specific lists of approved tasks that physicians can delegate to PAs are not practical.

A PA's scope of practice is developed by the EP-PA team and defined by state law and regulation. It's also shaped by facility policy and the education, experience, and expertise of the PA; and by the determination of the supervising physician(s) about what tasks will be

delegated. Emergency physicians are given the ultimate control over delegation, and can tailor the PAs practice to the department's needs.

In a comprehensive 2009 ACEP/SEMPA commissioned survey, completed by the NCCPA more than 68% of PAs in emergency medicine identify themselves as working in the main ED, and less than 20% identify practice limited to Fast Track. While PAs provide all the evaluation and procedures typically associated with Fast Track acuity, this survey demonstrates that many are engaged in advanced procedures and higher acuity patients.

More than 70% of EMPAs indicated that they do multi-layer wound closures, major joint dislocation reductions and arthrocentesis; more than 50% indicated that procedural sedation, slit lamp examination, and LP were among the tasks assigned to them. Just under half are experienced in Rapid Sequence Intubation.

The survey shows that 75% of EMPAs work in departments with 100% attending EP coverage; the remaining 25% work in remote or rural systems or outside the ED, with varying levels of EP presence. In these situations the same rules and regulations on PA supervision apply.

SEMPA

The Society of Emergency Medicine Physician Assistants (SEMPA) serves as the exclusive professional organization representing PAs in emergency medicine. SEMPA's mission is to promote and support the professional, clinical and personal development of physician assistants involved with emergency medicine and to advance the practice of emergency medicine.

As of January 1, 2010, ACEP began providing association management services to SEMPA, working on the goals and objectives that matter most to emergency medicine physician assistants – improving patient care, enhancing practice environments and contributing to the solution on workforce issues.

“The members of SEMPA and ACEP are dedicated to providing the highest quality emergency care to their patients,” says SEMPA Executive Director Michelle Parker. “We look forward to continuing our work in helping both emergency physicians and physician assistants accomplish that goal.”

For more information about PAs in emergency medicine the EP-PA team or SEMPA, visit our [website](#).

Hawaii Chapter ACEP

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