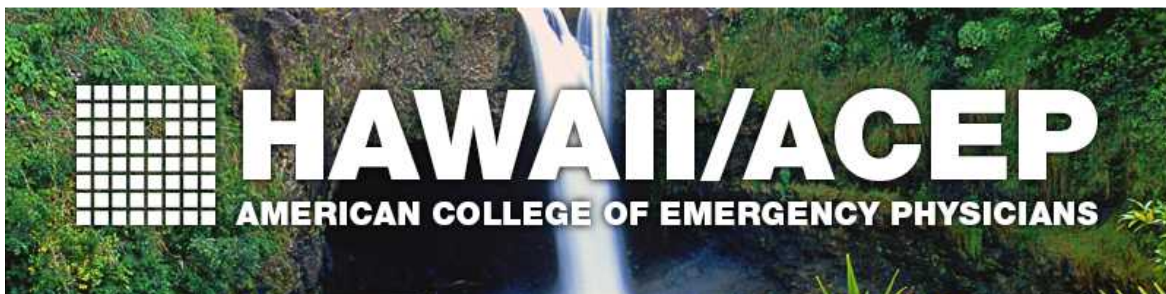
A Newsletter for the Members of the Hawaii Chapter

Summer 2018



Mark Baker, MD, FACEP
President

Debra Sanders
Executive Secretary
Website

From the President
Mark Baker, MD, FACEP

Aloha to Hawaii Emergency Medicine Physicians!

It is with both excitement and some trepidation that I enter into my second term as President of the Hawaii Chapter of ACEP. A lot has changed since I moved to Hawaii in 1989, and there will be more changes to come, both locally and nationally.

I hope that for most of us taking care of our patients in the ER is a fulfilling and rewarding experience, and even more important, I hope that it is fun. It should be. We are diagnosticians; we figure things out. We don't want to be saddled with the humdrum of the office visit with patients who may be non-compliant diabetics at risk of MI or stroke. We are there to take care of them when they have that event that denial set them up for. I am honored that you and I are both part of the safety net for the population of Hawaii and its visitors.

For a little background about me, I moved here to work at Pali Momi arriving about a month before the hospital opened. Lisa and I had a two-year-old when we got here and had two more girls who were born at Castle. I have a habit of getting involved in things other than working my shifts, so when I learned about Hawaii ACEP Meetings in 1989, I went (thank you Vince). Our chapter was and still is fairly social, we have meetings over lunch and talk about ways to make lives better for our patients and ourselves. You are invited to join us at our meetings! I have held a number of Medical Staff positions, including being the Chief of Staff. My interest in computers let me to working on the Hawaii ACEP website, teaching Health Informatics for UH, and supporting the EHR at Pali Momi. I figured if we had to use a computer to see patients, I wanted it work right. In our chapter I have been and am one of Hawaii's two Council members. The Council is like the House of Representatives. It includes representation from all states and sections, with larger chapters having more votes. I am not a partisan kind of guy. During my first term as president we had James Keaney, the author of "The Rape of Emergency Medicine," talk at our annual meeting. If you don't know the book you are younger than me. Look it up.

There has been change - our jobs and our chapter have changed. Keep in mind that when I got to Hawaii there was no email. We used phones plugged into walls. We have grown into the Internet age, the EHR, and social media. When I finished residency, the optimal patient per hour load was thought to be 2.1 patients per hour. Demands on ED docs increased. We are faced with pressures from all sides to see more and more patients, keep them happy, don't spend any money, and don't make any mistakes. We now work with APPs and have Code 500, Code Trauma, Code Stroke, Code STEMI, and there is talk about Code Sepsis. All is not bad; these activations speed care to our

patients. But change at this pace is a little like *Future Shock* by the Tofflers. And who is looking out for us? There is one part of our job that has changed very little - our patients. They still are sick, injured, scared, and need our help and guidance. They are human, and they like to know that we are human, too. Those personal contacts are why we are not radiologists.

Enough of this for now. Goals are important, and in the next newsletter I will discuss more specific goals for my term as President. But the first goal is to organize the September 10 Hawaii ACEP Leadership Summit. I will be contacting all Hawaii ED leaders, first to learn what your most important issues are. Then we need to bring them to our politicians, the press, and our patients.

We do have the best job in the world. What other job allows you to stay up all night long, party with crazy people, AND get paid for it? But it could be better, and I will do what I can to help.

Mahalo,
Mark Baker, MD, FACEP
President, Hawaii Chapter ACEP

Your Hawaii ACEP Leadership

Congratulations to the 2018 slate of officers and chapter leaders for Hawaii ACEP:

President: Mark Baker, MD, FACEP
President-Elect: William Scruggs, MD, FACEP
Secretary-Treasurer: Grace Chen O'Neil, MD, FACEP
Immediate Past President: Paul J. Eakin, MD, FACEP
Directors: Alexander Berk, MD, FACEP; Hangyul M. Chung-Esaki, MD; Grace Curry Packard, MD, FACEP; Loren Yamamoto, MD, FACEP
Councilors: Mark Baker, MD, FACEP; Jason Fleming, MD, FACEP

2018 Hawaii ACEP Emergency Department Leadership Summit

The 5th annual Hawaii ACEP Emergency Department Leadership Summit is right around the corner, and it will be held at the Queen's Conference Center on Monday, September 10, 2018, rooms 200 and 203. This is your forum, where you can discuss with other ED leaders the issues and challenges you are facing. Please contact **Mark Baker** for more information and to RSVP.

Hawaii ACEP Board Meetings:

The Hawaii ACEP Board meetings are held every other month. Hawaii ACEP members are welcome to attend the Board meetings – *please contact us in advance* if you are interested. For more information on the meetings, contact **Debbie**. Upcoming Board meetings will be held on the following dates: Wednesday, September 26, 2018, and Wednesday, November 28, 2018.

Visit our new **Hawaii ACEP web site** where you can view or download past issues of our **Hawaii ACEP e-newsletter**.

ANNOUNCEMENTS:

1) **A "Resuscitation Academy"** was held May 10 and 11 on Oahu to gather first responders and discuss best practices for the treatment of "out of hospital cardiac arrest" (OHCA). There are approximately 1300 non-traumatic OHCA in Hawaii per year. Pre-hospital providers, including EMS, Fire, and Ocean Safety Lifeguards have been working hard to improve efficiencies in resuscitation efforts. Hawaii's efforts have survival rates trending upwards but we still lag behind national benchmarks. As we improve as a system we are optimistic that our survival rate will steadily improve and surpass the national averages.

2) **The Hawaii State EMS Standing Orders for 2018** have just been released. The format of the protocol is very different than previous version. and some of the

medications have been changed or eliminated. The practices listed in the guidelines mirror national best practices for EMS as much as possible. Some of these practices will be a divergence from what many Emergency Physicians are accustomed to. The state EMS district medical directors for each county (Dr. Terence Jones for Hawaii County, Dr. Dave Nelson for Maui County, Dr. Rick Bruno for Honolulu County, and Dr. Jim Scamahorn for Kauai County) have the responsibility of educating the hospitals and Emergency departments about the updated protocols. An app will be released soon, enabling any Hawaii emergency physician to download the State SOs to their computer, tablet or phone. There will also be hard copies placed in each ED and on each ambulance.

For more information, contact **Libby Char**.

2019 Annual Meeting and Dinner - Save the Date!

The 2019 Hawaii ACEP Annual Meeting and Dinner will be held on Wednesday, May 22, 2019, at the Outrigger Canoe Club, from 3:30-9:00pm. More news to come soon. We look forward to seeing you all there!

UH JABSOM Emergency Medicine Interest Group (EMIG):

EMIG encourages interested medical students to gain as much exposure and knowledge about Emergency Medicine as they can by offering workshops, physician shadowing, research opportunities, and volunteer activities. Hawaii ACEP members are encouraged to participate whenever possible to mentor what will be the next generation of emergency physicians. Visit the**EMIG website** or contact the EMIG group **via email**.

EMPLOYMENT OPPORTUNITIES:
Join Our EM Teams in Hawaii!

KUAKINI MEDICAL CENTER, Honolulu, HI:
Staff Physician Openings

> Physician Coverage: 26 hours daily
> Patients Per Hour: 1.5 – 2.0
> 8- and 10-hour shifts
> Designated Nocturnists: 2
> Equitable Scheduling, 3 months in advance
> Hours Per Month/Year: 120/1,440
> Full-time physicians expected to participate in hospital medical staff activities, including committees

ED PROFILE:
> 16-bed ED with 15,000 annual visits
> T-System EMR, Cerner Order Entry
> Admission Rate (level of acuity): 30%
> In-house Specialists: Hospitalist, Intensivist

HOSPITAL PROFILE:
> 120-bed community hospital
> Kuakini Medical Center is in metro Honolulu, a short walk to Chinatown and the Downtown business area, government office, and Honolulu Harbor
> The hospital motto, "Caring is Our Tradition," is a value that we all share.

KONA COMMUNITY HOSPITAL, Kealakekua, HI:
Staff Physician Openings

> Physician Coverage: 24-28 hours daily
> APP Coverage: 12 hours daily
> 9- and 10-hour shifts
> Designated Nocturnist: 1
> Equitable Scheduling

ED PROFILE:
> Annual ED volume of 22,000 visits
> 15-bed ED, plus 6-bed Fast Track
> Level III Trauma Center
> EMR: Soarian by Cerner
> Admission Rate: 15%

HOSPITAL PROFILE:
> 95-bed community hospital
> Additional 11-bed psychiatric unit
> In-house Hospitalist 24/7
> Part of the Hawaii Health Systems Corporation

STAFF PHYSICIANS:
> Must be BC in EM (ABEM or AOBEM); Prefer EM Residency Training
> Full Time: Employee Status with generous compensation package and full benefits
> Relocation Reimbursement and Sign-On Bonus (2-3 year contracts only)

CONTACT OUR PHYSICIAN RECRUITER TODAY:
Charles Collier W: 214.712.2704 | C: 469.236.3241 | Email | Website

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NEWS FROM ACEP

Updates in Reimbursement and Coding – 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. Thiscollection of courses on ACEP eCME will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- **Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training** – New
- **Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices** – New
- **Coverage for Patient Home Medication While Under Observation Status** – New
- **Delivery of Care to Undocumented Persons** – Revised
- **Disaster Medical Services** – Revised
- **Financing of Graduate Medical Education in Emergency Medicine** – Revised
- **Guideline for Ultrasound Transducer Cleaning and Disinfection** – New
- **Impact of Climate Change on Public Health and Implications for Emergency Medicine** – New
- **Interpretation of Diagnostic Imaging Tests** – Revised
- **Interpretation of EMTALA in Medical Malpractice Litigation** – New
- **Non-Discrimination and Harassment** – Revised
- **Patient Autonomy and Destination Factors in Emergency Medicine Services (EMS) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs**– New
- **Prescription Drug Pricing** – New
- **Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine** – New
- **Resident Training for Practice in Non-Urban/Underserved Areas** – Revised

The Board also approved the following information papers and PREP:

- **Electronic Health Record (EHR) Best Practices for Efficiency and Throughput (PDF)** - New
- **Initiating Opioid Treatment in the Emergency Department (ED) - Frequently Asked Questions (FAQs)** (PDF) - New

- **Emergency Department Physician Group Staffing Contract Transition** (PDF)
- **Emergency Physician Contractual Relationships - PREP** (PDF) - Revised

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Articles of Interest in *Annals of Emergency Medicine*

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.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W, Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain. **Full text available here**.

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients

adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. **Full text available here.**

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marhsall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. **Full text available here**.

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L) baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core laband the AMI diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta 30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.

Preorder the Title that Celebrates the Depth and Diversity of EM

Explore the side of emergency medicine few see – the emotional, the heartbreaking, the thrilling, the heroic – the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All*, reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene Richards captures

the breathtaking moments that make the lives & careers of American emergency physicians.**Reserve your copy today**.

Interested in GED Accreditation?

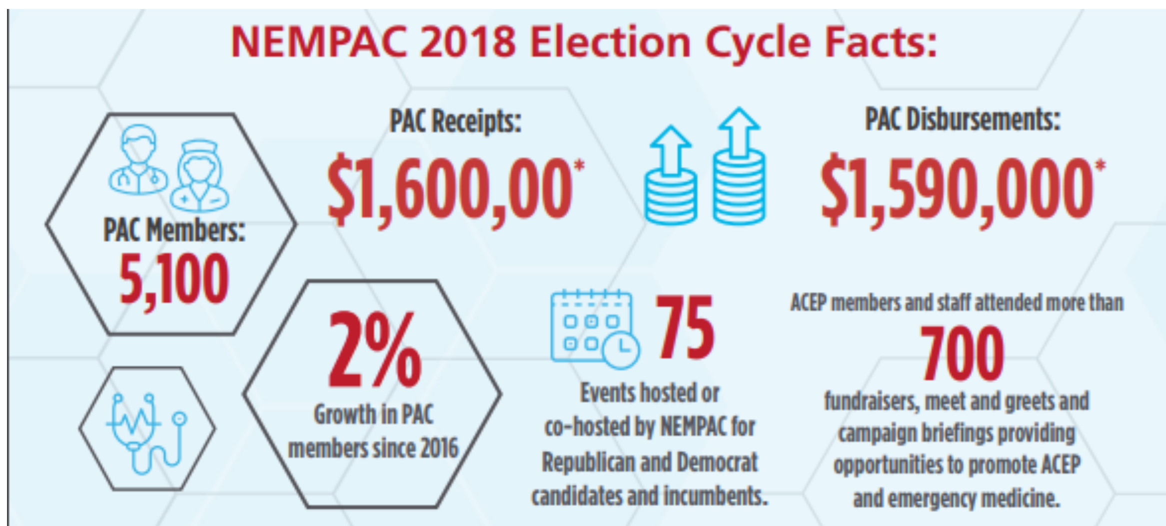
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour **geriatric pre-conference** during ACEP18. Hear from the geriatric experts who will walk you through the increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving **GED accreditation**. Panel discussions include institutions who have been awarded accreditation.

Emergency Ultrasound Tracker

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should

be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, “proctored pathways” often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The **Emergency Ultrasound Tracker** was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the **ACEP Ultrasound Guidelines**. We hope you find this tracker tool helpful and useful in your practice.



NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine’s most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates – **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about

NEMPAC today by visiting **our website** or contact **Jeanne Slade**. Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the entire continuum of ED-ICU development from conceptual to operational phases. **Register here**. For more information, contact **Margaret Montgomery, RN MSN**.

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE – JULY 2018

American Board of Emergency Medicine

Subspecialty Certification in Neurocritical Care

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered.

Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

Letter Available Refuting Merit Badge Requirements

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications ("merit badges") often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at **www.abem.org**
- On the left navigation, click "Print Verification of ABEM Status"
- Under letter type, click "General Coalition ABEM"
- Click "Continue to Next Step"

Take the ConCert™ Early - Retain Your Current Certificate Date

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

Welcome New Members

Vladimir G Bernstein
Chaewon Im

Hawaii Chapter ACEP, 3215 -A Pawale Place, Honolulu, HI
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