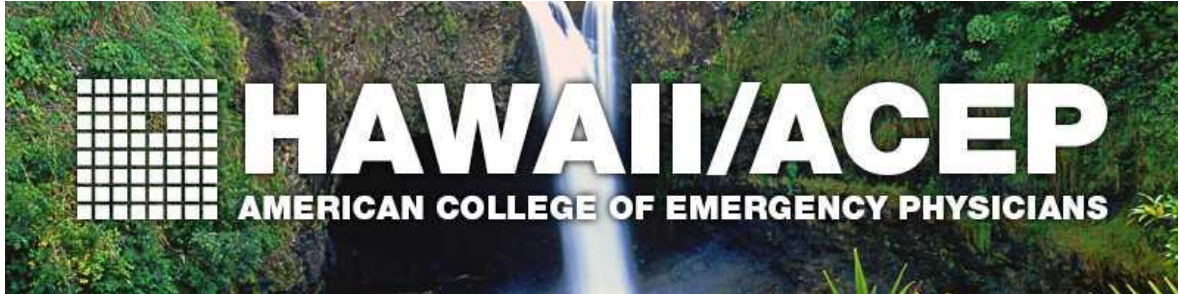


A Newsletter for the Members of the Hawaii Chapter

Fall 2018



**Mark Baker, MD, FACEP**  
President

[Debra Sanders](#)  
Executive Secretary  
[Website](#)

**From the President**  
**Mark Baker, MD, FACEP**



Aloha to Hawaii Emergency Medicine Physicians!

Happy Halloween and Happy Thanksgiving! The holidays are upon us. While most of the working force celebrates the holidays with time off, we don't, nor do any of our police, fire fighters, or first responders. We are Emergency Medicine Physicians, the "pit docs of life." We all keep things going in ERs nationwide and now worldwide. We are doing something that I am, and you should be, proud of. Our specialty has garnered international commendation and acceptance. More and more countries are embracing the concept of a "specialist in Emergency Medicine."

As I think about that word "acceptance," I realize and remember that there was a time when Emergency Medicine was not "accepted" as a legitimate specialty for a physician. There was a time when docs worked in the ER because they "did not know what they wanted to do." Well, we do know what we want to do. We want to figure things out and make them better - like "now." To like working in the ED you need to thrive on the unexpected, the diagnostic challenges, the patients who have "weird complaints," and the patients who don't have anybody else to take care of them. We, all of us, need to acknowledge that there are patients "out there" that won't ever understand, won't know how to follow instructions, and won't take care of themselves. We see them all the time, because we are their primary caregivers.

That brings me to my next point, we are “primary care providers.” If you disagree, I beg to differ. This is germane to the next matter. The State of Hawaii is allowing a tax credit for teaching medical students and residents related to primary care. At the September 10th HACEP Leadership Forum, I discussed the law, the applicability to Emergency Medicine physicians, and the potential for a tax credit if you are teaching without compensation. To me, it is clear that I am a primary care giver, and I teach students and residents about primary care without being compensated for it. There are those who do not think we qualify for this credit. If that is the case, I don’t understand how pharmacists qualify as primary care providers. The final ruling is not in, so... if you have any connections with your legislatures, give them your opinion.

Lastly, we can do more than take care of emergencies. We can (and IMO should) help prevent them. What do you think is the number one cause of morbidity and mortality in Hawaii that is not being adequately addressed? Do you think it is hypertension or diabetes? Not! There is money in treating those conditions; they get attention. I think it is crystal methamphetamine. (Sorry opiates, I think “ice” has you beat.) I can’t stop anybody from using ice, but I can try to stop everybody. I am looking for help. I have ideas. Picture a YouTube video that is proactive enough that it goes viral nationwide, portraying the dangers of using ice.

I am looking for others to join me in this “Fight the Ice” campaign. [Email me](#) and let me know if you are up to the challenge.

Mahalo,  
[Mark Baker, MD, FACEP](#)  
President, Hawaii Chapter ACEP

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## **2018 ACEP Council Meeting Report**

### **Mark Baker, MD, FACEP**

A big Mahalo to Carolyn Annerud for being Hawaii’s second Councilor this year!



#### **Day ONE:**

**Introductory Session:** After introductory remarks, emergency resolutions, and a call for donations, the Council listened to candidates' opening statements. There were two candidates for President Elect, and nine doctors running for four Board positions. I was very impressed with those running for the Board positions.

**Resolution Breakout Sessions:** There were three different sessions simultaneously reviewing their assigned resolutions. Carolyn and I attended sessions that seemed the most interesting. I made several comments at Session B.

**Town Hall:** Following lunch, there was a presentation titled, "Single Payer: Has the Time Finally Arrived?"

**Candidate Forum:** The candidates for all positions each had opportunity to answer questions that were posed to them, without advance knowledge of the questions. It is a nice opportunity to judge the candidate's ability to answer questions on the fly.

**Council Updates:** The last hour of the first day was spent with updates:

- Follow up on 2017 Resolutions: There was no mention of the Resolution submitted by our chapter in 2017.
- EM Physicians who died this past year were recognized.
- The Secretary Treasurer report: membership increased, finances are close to even with more income generated by the CEDR project than expected.

- EMRA has more than 16K members, more than 20% of ACEP Members are in EMRA. They have many activities and are the largest resident organization in the country! Their Councilors sat next to the Hawaii section.
- EMF report: they gave out 1.5 million in grants this year. EMF grants have been a great starting point for researchers.
- NEMPAC presented information. NEMPAC does not hold onto money; they support Emergency Medicine politically.
- Dr. Kivela described his year as President.

### **Day TWO:**

The day started with confirmation that the electronic voting system works and some tests of demographic attributes of the Council. Dean Wilkerson gave an Executive Director's Report, discussing the state of the organization. The ACEP website was redesigned to include new communication tools.

**Resolutions:** Most of day two is spent discussing, reworking, and voting on resolutions. The Reference Committees submit reports and their recommendations, which may include passing, not passing, or referring a resolution to the Board. Council members can request that a resolution be pulled from the committees' consent agenda and discussed further. Demonstrating the true flavor of what the Council is like, the first resolution was discussed, debated, and tweaked with multiple amendments until final disposition 45 minutes later. The most remarkable topics included:

- There were two marijuana resolutions; one passed that promotes improved access to the drug for clinical studies.
- Divestment from fossil fuel stocks: did not pass after hearty debate about environmental and social concerns.
- Suicide triggering a "sentinel event": did not pass because there was concern this or any formal "investigation" into a suicide by the hospital was not fair to the family.
- Safe Discharge: there was a lot of debate about governmental involvement in setting requirements for what is a "safe discharge."
- Buprenorphine-Naloxone Treatment Programs: the Council supports Emergency Physicians having the ability to implement opiate treatment.
- Separation of Migrating Children from Their Caregivers: there was a lot of debate. My initial belief that this was too far removed from ED care changed, and the resolution passed.

- Surreptitious Recording in the Emergency Department: the Council does not like patients making recordings in the ED; resolution passed.

**President Elect's Address:** Dr. Vidor Friedman spoke about his goals as President over the coming year. He commented positively on Dr. John Rogers, who would have been inducted as President had he not resigned.

#### **Elections Results:**

##### **President-Elect:**

William Jaquis, MD, FACEP (Florida)

##### **ACEP Board:**

John Finnell, MD, FACEP (Indiana)

Anthony Cirillo, MD, FACEP (Rhode Island)

Chris Kang, MD, FACEP (incumbent, Washington)

Mark Rosenberg, DO, FACEP (incumbent, New Jersey)

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### **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, November 28, 2018; Wednesday, January 23, 2019; Wednesday, March 27, 2019; Wednesday, May 22, 2019; Wednesday, July 24, 2019; Wednesday, September 25, 2019; Wednesday, November 20, 2019..

Visit our new [Hawaii ACEP web site](#) where you can view or download past issues of our [Hawaii ACEP e-newsletter](#).

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### **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.* If you have an interest in running for a position on the HACEP Board, please [notify Debbie](#) as soon as possible. We look forward to seeing you all there next May!

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## **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](#).

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## **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, Kealahou, 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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### 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](#)

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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 ( $\geq 10$  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.

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## Interested in Reimbursement for EM?

Apply for the Reimbursement Leadership Development program! Program members will gain a thorough understanding of the EM reimbursement process, be poised to assume reimbursement leadership positions, and obtain a highly valuable skill set that will help them in their professional growth, practice, and path to ACEP leadership. Deadline is Nov. 9. [Apply now](#).

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## Upcoming CEDR Webinar on November 15

### **Year 3 Proposed Rule: 2019 Participation in APMs**

**Speaker:** Corey Henderson, Health Insurance Specialist within the Center for Medicare and Medicaid Innovation Center CMS-CMMI | November 15, 2018 1:00 PM CST - [Register Today!](#)

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## 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](#).

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## Introducing BalancedED

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.

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## ACEP Doc Blog!

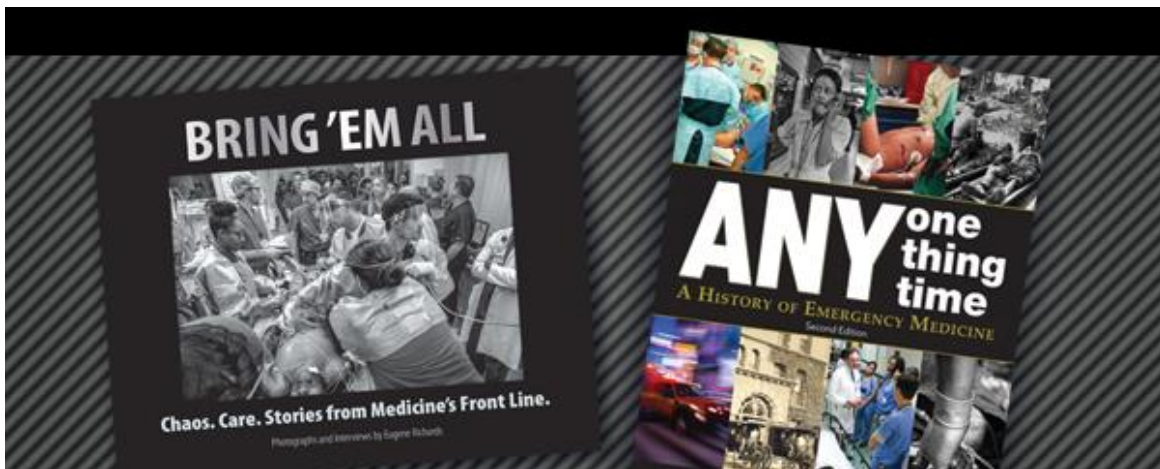
Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website [www.emergencycareforyou.org](http://www.emergencycareforyou.org). The Doc Blog offers plainly worded insight and expertise to patients from 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.

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## 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](http://bookstore.acep.org).

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# 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**



## 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.

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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](https://pcssNOW.org)

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-0251 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).

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**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@acep.org) 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](#).

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## Welcome New Members

Aaron Patrick Madden  
Candice T Myhre, MD  
Andrew Tokumi

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

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