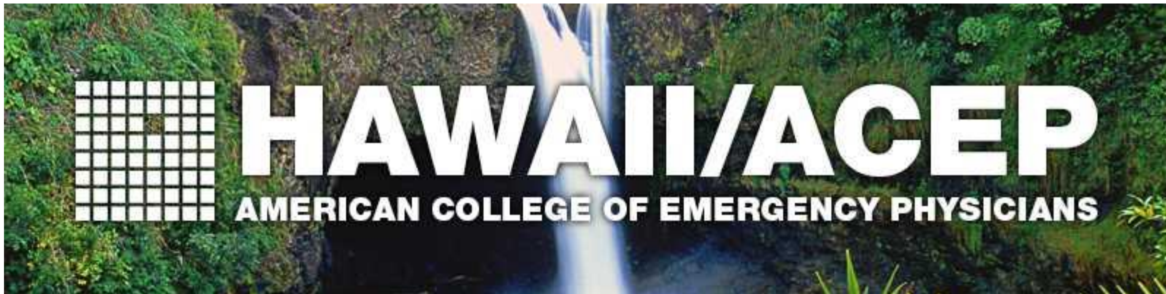
A Newsletter for the Members of the Hawaii Chapter

Winter 2019



Mark Baker, MD, FACEP
President

Debra Sanders
Executive Secretary
Website

From the President
Mark Baker, MD, FACEP

Aloha to Hawaii Emergency Medicine Physicians! Here's to 2019! I hope your holidays allowed time for friends, family, and fun. I had some time with family, my three daughters, and one son-in-law were all at the house at the same time.

We had the first Hawaii ACEP board meeting of the year on January 23. Some of the things going on with **your** local chapter include the following:

Dr. John Rogers will be the guest speaker at our annual meeting May 22, 2019. If you recognize the name, it's because he would have been the National ACEP president but resigned for some ACEP political reasons. His background is incredible, he would've

made a fine president. He will talk politics to some degree and will give a special lecture on **Artificial Intelligence**. Invitations will go out closer to that time. Mark your calendars now. I hope you can make it!

Board members had a great discussion about having our local chapter foster a community of emergency physicians. We **are** a community, and even if we do not work at the same location, we work together for the same purpose. With that in mind we approved $1,200, budgeted for a social event - date and venue to be determined. *If you are interested in helping with planning, please let me know.*

National ACEP has created a great communication tool: **Engaged Online**. Think of it as email groups designed to facilitate communication that spans typical boundaries. Our chapter will work on using this for ED physicians with leadership roles. An example of such includes a recent discussion among the state presidents and executives regarding who can or should be transporting psychiatric patients to psychiatric facilities. It was interesting for me to learn that most states seem to rely on the police department to transport psychiatric patients.

Related to networking, I attended the 2019 Hawaii State of Reform Conference. This conference was focused on improving healthcare across the state, mostly from a public health perspective. It included topics such as the homeless, drug abuse, and informatics. It was well attended by hospital administrative staff. I think they need more physician representation and presenters, and I will let them know. National ACEP is helping coordinate networking with newly-elected politicians, including Ed Case. A group of board members will meet with him. Dr. Will Scruggs is to be commended for his local legislative work - see his report below.

The Board of Directors would welcome participation at meetings by any members. Our next meeting is out of sequence because of spring break - April 3, 2019. Let me know if you are interested in attending.

With that, I probably don't need to remind any of you that this is flu season, volumes tend to be between busy and chaotic. Make sure to take the time to take care of yourself. The care we provide is appreciated by our patients, the emergency department staff, the prehospital care teams, the police department, our hospitals, and each other. The next time you get a call from another ED physician ask them how their shift is going!

Mahalo,

Mark Baker, MD, FACEP
President, Hawaii Chapter ACEP

2019 Legislative Session
Will Scruggs, MD, FACEP

For HACEP docs who would like to be involved in Hawaii's Legislative process this year:

I was elected as the Chair of the HMA Legislative Committee at their January 23 meeting. Not like it was planned or a campaign. It was more like they asked who is going to be chair and when I looked up everyone was looking at me. Regardless, we can use it to our advantage and direct some of the HMA legislative attention to our concerns rather than some of the issues that have dominated in the past.

One on the list we need to be involved with is SB 892. It's the one that would limit some of our prescribing ability. One that I just heard about at the HMA meeting is HB1086. It's a bill to limit balance billing. I think it excludes emergency services, and doesn't look entirely unreasonable to me. Essentially, it means that for non-emergency services, patients would have to be told if a provider or facility is non-par. We'll be involved for sure, but how involved will depend on how much I think it affects us in the ED.

I'll develop a brief summary about the HMA's positions on some of the bills. Please look through the list below to see if there are things that you're interested in or have some expertise with. I really, really, really, really, really hope everyone will consider finding 1 or 2 bills to become involved with to start familiarizing yourselves with the legislative process. A couple of bills wouldn't be especially time intensive, and it would pay dividends in the future to have multiple ED docs involved. We can make a real difference with more voices.

Here's a list of bills we may want to monitor and involve ourselves with. Any volunteers to write up testimony? Bring forward any other bills you think are important. You can find

more info on them at **https://www.capitol.hawaii.gov**.

SB361: Requires helmets for moped riders.
SB545: Allows use of cannibis for treatment of opioid use
SB806: Clarifies PDMP use (I'll follow this one)
SB892: Limits opioid prescribing by ED providers (I'll follow this one)
SB887: Increases tobacco tax 5 cents
HB35: Changes to involuntary commitment language
HB39: Pilot program to allow medical students without further training to work as PCP under supervision.
HB484: Requires clinical victim support services be covered by insurers
HB614/SB1439: Funds for Waianae Comp ED
HB669/SB825: Limits liability for residents and fellows working under supervising physician
HB789: Requires insurance coverage for transport to mainland when necessary
HB816: Requires helmets for motorcycles, mopeds, bicycles
HB902/SB1404: Loan repayment program
HB935/SB1406: Puts two PA's on Hawaii medical board. Clarifies PA practice in the state
HB1020/SB1246: Designates a telehealth coordinator. Promotes telehealth. Establishes goals.
HB1086: Bans balance billing. HAH is on top of this. At the moment, they think they can head it off early. (I'll follow this one)
HB1252/HB1258/SB417/SB426: Libby, maybe you can help explain those.
HB1448: Funds for behavioral health. Establishes work group. We should ask to be part of it.
HB1453: Fees for transportation to medical facilities. Not sure about this one yet. Need to look into it.
HB1560: Expands practice of PA's
HB1566: Gives prescriptive authority to psychologists

Thanks everyone! Contact me at **via email** if you have questions or need more information Hawaii bills or national legislation.

Will Scruggs, MD, FACEP
President-Elect, Hawaii Chapter ACEP

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, April 3, 2019; Wednesday, May 22, 2019; Wednesday, July 24, 2019; Wednesday, September 4 **or** September 11 **(TBA)**, 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.

2019 Annual Meeting and Dinner

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**. Our Keynote Speaker this year will be **Dr. John Rogers**, full-time emergency physician at a community hospital in Georgia and Past Chair of the ACEP Board of Directors. If you have an interest in running for a position on the Hawaii ACEP Board, please notify Debbie now. We look forward to seeing you all there on May 22!

2019 Hawaii ACEP Emergency Department Leadership Summit

Please mark your calendars for the 6th annual Hawaii ACEP Emergency Department Leadership Summit, which will be held at the Queen's Conference Center on **Monday, September 9, 2019**, rooms 200 and 204. This is your forum, where you can discuss the with other ED leaders the issues and challenges you are facing. How often do we have the opportunity to come together in one place for such discussions? Let us know if you

have any questions or suggestions for this important meeting. Contact **Mark Baker** for more information.

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**.

NEWS FROM ACEP

Bedside Tools

ACEP has a number of web-based tools for you to use at the bedside. From sepsis, to acute pain to agitation in the elderly – we've got you covered!

- **ADEPT** - Confusion and Agitation in the Elderly ED Patient
- **ICAR2E** - A tool for managing suicidal patients in the ED
- **DART** - A tool to guide the early recognition and treatment of sepsis and septic shock
- **MAP** - Managing Acute Pain in the ED
- **BEAM** - Bariatric Examination, Assessment, and Management in the Emergency Department. For the patient with potential complications after bariatric surgery

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Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline

The new ACEP policy statement, Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline, was approved by the Board in September 2018 and has been endorsed by several other organizations. **Read the final version of the policy here**.

Social Media Policy

Make sure you're protecting yourself. ACEP has a new social media policy to help keep you and your patients safe. **Read the policy here**.

New Policy Statements, PREP and Information Paper

During their January 2019 meeting, the ACEP Board of Directors approved the following new or revised policy statements/PREP/information paper:

New Policy Statements:
Autonomous Self-Driving Vehicles
Reporting of Vaccine Related Adverse Events

Revised Policy Statements:
Advertising and Publicity of Emergency Medical Care
Economic Credentialing
Emergency Physician Stewardship of Finite Resources
Medical Services Coding
Patient Information Systems
Providing Telephone Advice from the ED

Revised Policy Resource and Education Paper (PREP)
Military Emergency Medical Services

New Information Paper:
[Suicide Contagion in Adolescents: The Role of the Emergency Department]

Articles of Interest in *Annals of Emergency Medicine* - Winter 2019

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.

Shih HM, Chen YC, Chen CY, Huang FW, Chang SS, Yu SH, Wu SY, Chen WK. **Derivation and Validation of SWAP Score for Very Early Prediction of Neurological Outcome in Patients with Out-of-Hospital Cardiac Arrest.**
The aim of this study was to establish a simple and useful assessment tool for rapidly estimating the prognosis of patients with out-of-hospital cardiac arrest (OHCA) after their arrival at an emergency department (ED). A total of 852 patients admitted from January 1, 2015 to June 30, 2017 were prospectively registered and enrolled into the derivation cohort. Multivariate logistic regression on this cohort identified four independent factors associated with unfavorable outcomes: initial nonshockable rhythm, no witness of collapse, age >60 years, and pH ≤7.00. The shockable rhythm–witness–age–pH (SWAP) score was developed and one point was assigned to each predictor. For a SWAP score of 4, the specificity was 97.14% for unfavorable outcomes in the derivation cohort. The study concluded that the SWAP score is a simple and useful predictive model that may provide information for the very early estimation of prognosis for patients with OHCA.

Chinn E, Friedman BW, Naeem F, Irizarry E, Afrifa F, Zias E, Jones MP, Pearlman S, Chertoff A, Wollowitz A, Gallagher EJ. **Randomized Trial of Intravenous Lidocaine versus Hydromorphone for Acute Abdominal Pain in the Emergency Department.**
This randomized, double blind clinical trial compared the efficacy and safety of intravenous lidocaine to that of hydromorphone for the treatment of acute abdominal pain in two emergency department (ED) in the Bronx, NY. Adults weighing 60-120 kg were

randomized to receive 120 mg of IV lidocaine or 1 mg of IV hydromorphone. 30 minutes after administration of the first dose of study drug, participants were asked if they needed a second dose of the investigational medication to which they were randomized. The primary outcome was improvement in 0-10 pain scores between baseline and 90 minutes. Out of the 154 patients enrolled, 77 received lidocaine and 77 received hydromorphone and by 90 minutes, patients randomized to lidocaine improved by a mean of 3.8 points on the 0-10 scale, while those randomized to hydromorphone improved by a mean of 5.0 points. The study concluded that IV hydromorphone was superior to IV lidocaine, both for general abdominal pain and a subset with nephrolithiasis.

Ballard DW, Kuppermann N, Vinson DR, Tham E, Hoffman JM, Swietlik M, Davies SJD, Alessandrini EA, Tzimenatos L, Bajaj L, Mark DG, Offerman SR, Uli K. Chettipally UK, Paterno MD, Schaeffer MH, Richards R, Casper TC, Goldberg HS, Grundmeier RW and Dayan PS, for the Pediatric Emergency Care Applied Research Network (PECARN), Clinical Research on Emergency Services and Treatment (CREST) Network, and Partners HealthCare.**Implementation of a Clinical Decision Support System for Children with Minor Blunt Head Trauma at Non-negligible Risk for Traumatic Brain Injuries.**
This study utilized a secondary analysis of a non-randomized clinical trial with concurrent controls conducted at 5 pediatric and 8 general EDs between 11/2011 and 6/2014, enrolling patients <18 years-old with minor blunt head trauma. After a baseline period, intervention sites received electronic clinical decision support (CDS) providing patient-level ciTBI risk estimates and management recommendations. The following primary outcomes in patients with 1 intermediate PECARN risk factor were compared pre- and post-CDS: (1) ED computed tomography (CT) proportion adjusting for age, time trend, and site and (2) prevalence of ciTBI. The results showed that providing specific risks of ciTBI via electronic CDS was associated with a modest and safe decrease in ED CT use in children at non-negligible risk of ciTBI. **Full text available here**.

Akhlaghi N, Payandemehr P, Yaseri M, Akhlaghi AA Abdolrazaghnejad A. **Premedication with Midazolam or Haloperidol to Prevent Recovery Agitation in Adults Undergoing Procedural Sedation with Ketamine: A Randomized Double-Blind Clinical Trial**
This study evaluated the effect of midazolam and haloperidol premedication for reducing ketamine-induced recovery agitation in adult patients undergoing procedural sedation. They randomized emergency department patients older than 18 years who needed procedural sedation to receive one of the following three interventions in double-blind fashion 5 minutes prior to receiving ketamine 1 mg/kg IV: distilled water IV, midazolam

0.05 mg/kg IV, or haloperidol 5 mg IV. The main study outcomes were recovery agitation as assessed by the maximum observed Pittsburgh Agitation Scale (PAS), and by the Richmond Agitation-Sedation Scale (RASS) at 5, 15, and 30 minutes after ketamine administration. For the 185 patients undergoing adult procedural sedation, premedication with either midazolam 0.05 mg/kg or haloperidol 5 mg IV was shown to significantly reduce ketamine-induced recovery agitation while simultaneously delaying recovery. **Full text available here**.

Remick K, Gausche-Hill M, Joseph MM, Brown K, Snow SK, Wright JL, AAP Committee on Pediatric Emergency Medicine and Section on Surgery, ACEP Pediatric Emergency Medicine Committee, ENA Pediatric Committee. **Pediatric Readiness in the Emergency Department**

The American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) published updated joint guidelines, “Pediatric Readiness in the Emergency Department,” that recommend ways health care providers can make sure every injured or critically ill child receives the best care possible. The joint policy statement, published in the November 2018, represents a revision of the 2009 policy statement and highlights recent advances in pediatric emergency care that may be incorporated into all emergency departments that care for children. The statement emphasizes the importance of evidence-based guidelines and includes additional recommendations for quality improvement plans focusing on children and disaster preparedness. **Link to *Annals* publication**.

See Your Impact

You serve your community. ACEP is honored to serve you. Since 1968, ACEP has united and amplified the collective voice of emergency physicians across the world. We know you face challenges, and it's our mission to protect your interests and make it easier for you to provide the highest quality care for your patients. As an ACEP member, you are a direct contributor to important initiatives that propel the profession forward. Our **2018 Annual Report** illustrates how your support makes an incredible impact on emergency medicine.

Are you interested in increasing and improving research in emergency medicine?

Emergency Medicine Basic Research Skills (EMBRS) is a 9-day, 2-session program where participants learn how to identify clinical research opportunities and become familiar with clinical research and outcomes. Participants are also eligible to receive an EMF/EMBRS grant based on their research grant application. This course targets: Junior faculty with limited research experience; Physicians in academic and community centers who are interested in research basics; Physicians who have as part of their duties involvement in research, including mentoring young researchers; Fellows in non-research fellowships.

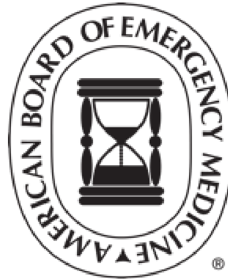
Click here to learn more and to put your name on the interest list. The next course will take place Dec. 2-7th, 2019 (session 1) and April 14-16, 2020 (session 2).

MOC Made Easy

The **New ACEP MOC Center** is the "easy button" for MOC! It's a One-Stop-Shop to keep it all together and on track for all things MOC. See what you have to do to stay certified AND what resources ACEP has to help you do it.

ABEM has made (at least) three big changes in the way they present MOC information to diplomates – 1) they launched a new website, 2) they changed the names and order of the MOC components, and 3) they changed the language they use to describe them (no more "Part" anything). ABEM also announced an alternative to the ConCert Exam, which they'll pilot in 2020 and launch in 2021.

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE FEBRUARY 2019



American Board of Emergency Medicine

Letter Available to Request Becoming ED Designated Trainer for Lab Procedures

ABEM can provide a letter of support to ABEM-certified physicians to request that their hospital laboratory director apply for a waiver for ED point-of-care (POC) testing. If the waiver is granted, a designated trainer, who may be an emergency physician, can provide annual competency testing to other ED personnel for POC testing procedures, such as hemoccult or urine pregnancy testing, etc. Waivers to allow POC testing by ED personnel help reduce the burden that emergency physicians face by having to undergo annual training by a laboratory representative as well as expedite patient throughput.

The letter and additional information about the waiver are available from physicians' Personal Page on the ABEM portal. To download the letter:

- Sign in to the **ABEM portal**
- On the left navigation, click "Print Verification of ABEM Status"
- Under letter type, click "POCT"
- Click "Continue to Next Step"

The letter is available to physicians participating in the ABEM MOC Program.

This is the most recent letter resulting from the continuing efforts of the Coalition to Oppose Medical Merit Badges (COMMB) and is signed by each representative of the Coalition. The rationale for the letter is that physicians participating in MOC have the knowledge, skills, and abilities to provide such training. Also available is a general letter stating that ABEM certification supersedes the need to complete "merit badge" requirements. That letter explains that ABEM's MOC Program is a rigorous form of continuous professional development that contains content critical to the practice of

Emergency Medicine, including procedural sedation, cardiovascular care, airway management, trauma care, stroke management, and pediatric acute care.

Certification, therefore, supersedes the need for certifications sometimes required for medical staff privileges or disease-specific care center designations.

ConCert Fast Facts

- The ConCert Exam is available twice per year—in the spring and the fall
- You can register and take the ConCert Exam during any examination administration in the last five years of your certification
- You do not have to complete all other MOC requirements to register early for the ConCert Exam
- Completing your MOC requirements early does **NOT** reset your certification expiration date (it will be good for the entire ten-year period)
- If you complete your requirements early, your new certificate will be sent toward the end of the final year of your current certification
- 60 *AMA PRA Category 1™ Credits* are available at no charge for passing the ConCert Exam and completing all other MOC requirements (go to **www.abem.org**, and click on “Stay Certified,” and “CME Credit Available for ABEM Activities” for more information)

If you have any questions about the ConCert Exam or other MOC requirements, please contact ABEM at 517.332.4800, ext. 383, or **moc@abem.org**.

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