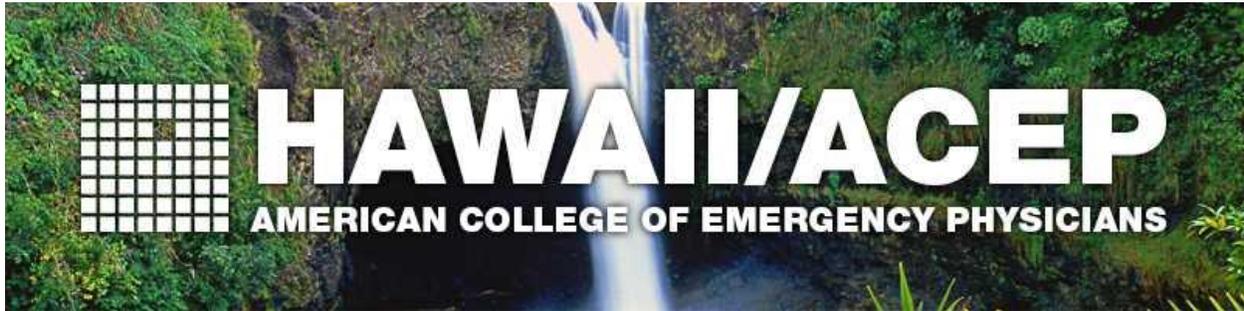


A Newsletter for the Members of the Hawaii Chapter - Spring 2021

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## **Hawaii ACEP President's Message**

by Will Scruggs, MD, RDMS, MBA, FACEP

Boarding of adolescent mental health patients is affecting all of our communities. It is not uncommon for Emergency Departments throughout the state to hold vulnerable patients for several days until one of a limited number of beds available in the state opens. We need to do better.

First, neither the State nor those involved in adolescent psychiatric care have an accurate data set to demonstrate the problem we're seeing on the front lines. Hawaii ACEP is working through department leaders to collect standard data to show our facilities and the Department of Health just how acute a need our patients have. I am asking for your help to make sure your department is participating.

Second, there are community resources to potentially help. Many of our adolescent mental health patients are connected to organizations and case managers, including CAMHD, the Child and Adolescent Mental Health Division of the Department of Health. They know their patients well and may be able to help determine appropriate disposition, including providing crisis beds if admission can be avoided. Many of our departments need to do a better job communicating with and coordinating care through these organizations.

Last, while patients reside in our departments, we need to take it upon ourselves to provide a safe environment that appropriately stimulates them and even therapy, when possible. While I don't pretend to know how to make that happen at all facilities, I believe that a commitment from us and our departments can lead to innovative strategies that give our patients a more therapeutic experience than we are currently providing.

Hawaii ACEP is working with partners in the State, communities, and Hawaii health care systems to address the problem of adolescent psychiatric boarding in our Emergency Departments. In September, we will host our annual Leadership Summit with a focus on acute adolescent psychiatric care. Please watch for the invitation. Let's take the lead as a specialty to improve the care of our patients. The Board of Hawaii ACEP is looking for help in addressing the problem. If you would like to participate, please contact us.

Thank you for the excellent care you all provide!

Will Scruggs, MD, RDMS, MBA, FACEP  
Chief of Staff, Adventist Health Castle



### **Physician Wellness: The Magic of Melatonin**

by Grace O'Neil, MD, FACEP

In a past issue, I wrote an article stressing the importance of sleep and its benefits. However, it is often hard to get good sleep doing shift work. For years, I refused to take anything to help me sleep better because I did not want to be dependent on any medications. The beauty of melatonin is that you cannot develop a dependence to it since your body naturally secretes melatonin. Melatonin is produced by the pineal gland and released into the bloodstream. It helps facilitate the transition to sleep and regulates the circadian rhythm. It is prompted by darkness, whereas light causes melatonin production to stop.

After a night shift, I would notice that I often still had trouble sleeping. Even though I was extremely exhausted, it would be an hour before I could fall asleep. I found out later that bright light from the sunrise on my way back home from my night shift was actually preventing the secretion of melatonin, making it more difficult to fall asleep. I also found that after I worked swing shifts, I would suffer from this problem as well. The lights in the emergency room were preventing melatonin secretion. I have spoken about blue light blocking glasses in the past; and for those of you who do not like taking any medications, this is a great alternative. Blue wavelengths are beneficial during the daytime because they boost mood and attention, but they also have the strongest effect in suppressing the production of melatonin. Filtering out the blue light eliminates a lot of the suppressing effect of light on melatonin production allowing an increase in melatonin to occur, making it easier to fall asleep. Blue light

blocking glasses improve the quality and quantity of sleep. In addition to purchasing blue light blocking glasses, you can also purchase red night lights to use when you get home, since they are less likely to suppress melatonin than regular lights. I usually put on the blue light blocking glasses 30 minutes to 2 hours prior to my bedtime when I work the night shifts to help me sleep when I get home.

If you would like to try melatonin, you can start with 0.2-5 mg and then increase up to 10 mg. The general rule is start slow and move up slowly. In adults, standard dosing ranges between 1 to 10mg. Doses of near 30 mg can be harmful. Too much melatonin can make it more difficult to fall asleep and can leave you feeling groggy and sleepy during the day or give you nightmares or vivid dreams at night. Do you have any tips for sleeping? If so, please write to me and I can include them in the next article.

Aloha, Grace Chen O'Neil, MD, FACEP  
Secretary-Treasurer, Hawaii Chapter ACEP

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### **UH JABSOM Emergency Medicine Interest Group (EMIG)**

by Gregory Suarez, MD, FACEP

Here's a quick update from EMIG, 2 JABSOM students matched in EM, one is heading to Orlando, the other to Washington DC. Please join me in congratulating them.

- Max Sunoo | Orlando Health-FL, Emergency Medicine in Orlando, FL
- Taylor Peter-Bibb | George Washington Univ-DC, Emergency Medicine, Washington, DC

Max was also the recipient of the [SAEM sponsored Medical Student Excellence in Emergency Medicine Award](#).

Please feel free to visit the [EMIG Website](#).

Mahalo, Gregory Suarez, MD, FACEP  
Director, Hawaii Chapter ACEP

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### **UH JABSOM Wilderness Medicine Interest Group (WMIG)**

by James Ham, MD, FACEP

The UH JABSOM Wilderness Medicine Interest Group is seeking presenters and panelists for their upcoming meetings. If you would like to share your experiences related to wilderness medicine topics or practicing in austere or international settings, please feel free to let us know. We are also hoping to schedule some hikes and outdoor fun, along with pandemic-conscious outdoor training sessions in the near future. If you're interested, please contact MS-3 Wes McCue or Dr. James Ham.

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### **Physician Finance 101: When Can I Retire?**

by Nathan Chin, MD, FACEP

Despite all the education doctors go through, we are notorious for being bad with personal finance. I hope this column promotes discussion about personal finance among us and provides some learning to those new to the topic.

**Topic: Life Insurance**

1. **Do I need life insurance?** If you have a spouse/dependents that would be adversely affected from a financial perspective by your death, you need life insurance.
  
2. **What kind of life insurance do I need?** The two main categories of life insurance are term and whole. Term life insurance is simple and a fraction of the cost of whole life insurance. Because of that, choose term life insurance and pick the duration of time that you will need life insurance.
  
3. **How much life insurance do I need?** Add up all of the components of DIME for an estimate of how much life insurance to carry.
  1. **Debts:** add up all of your loans not including mortgage
  2. **Income** (yearly expenses would be more accurate): multiply value by number of years your spouse/dependents will need support
  3. **Mortgage:** include HELOC
  4. **Education:** estimate cost of education of any children you have
  
4. **Where can I get a quote for term life insurance?** Check out [term4sale.com](http://term4sale.com) or [policygenius.com](http://policygenius.com) for a quote.

Life insurance is a way to provide financial security to your loved ones in the event of your death. Life insurance will allow them to focus on grieving your loss and not having to worry about significant financial changes in lifestyle or education.

*Disclaimer: I am not a financial advisor. This is not meant to be personalized financial advice. This article is not meant to be personalized financial advice, but rather a starting point to promote discussion about finances.*

Thanks! Nathan Chin, MD, FACEP  
Director, Hawaii Chapter ACEP

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### **Tackling Meth in Hawai'i**

by Mark Baker, MD, FACEP, FAMIA

Since we all practice emergency medicine in the State of Hawaii, we know that methamphetamine is a tragic problem here. What used to be an intermittent cause of heart failure and psychiatric problems is showing itself full force in young patients.

The problem started in Hawaii around 1986. It has spread to the western half of the United States mainland to the point that deaths related to methamphetamine have exceeded deaths related to opiates. In Hawaii, this problem has become multigenerational. I fear the same will happen to the rest of the country.

We have an opportunity; we need to come together as a community of physicians and alert the entire population of the dangers of this drug. Prevention will be the best remedy and it will take time and a lot of effort. To facilitate this, I have done several things and I invite you to join me and other concerned physicians with this effort.

1. Check out the website: [www.endmeth.org](http://www.endmeth.org)
2. Please record a story that can be posted to the website. Look for a link on the main page or to <https://endmeth.org/stories/> for details.
3. I am coordinating a monthly task force that meets at noon on the second Friday of every month, let me know if you're interested.
4. I can give a lecture or provide support for anyone who wants to.
5. Listen to the NPR show, [The Body Show: Tackling Meth in Hawai'i](#) that aired on May 17 at 6 PM. The recording is included in the link. Listen and comment!

Please contact me with your ideas and questions. We need to lead the rest of the country in combating this deadly epidemic.

Mark Baker, MD, FACEP, FAMIA  
Past President, Hawaii Chapter ACEP

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### **Volunteer Opportunities**

Do you have interest in teaching medical students? Do you want to improve your island community by helping the vulnerable and underserved? Do both by volunteering as a preceptor for the Hawai'i H.O.M.E. Project.

Visit [www.hawaiihomeproject.org](http://www.hawaiihomeproject.org) or contact our medical director Dr. Teresa Schiff.

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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 Tiffany Lightfoot at [hi.chapter@acep.org](mailto:hi.chapter@acep.org). The next Board meeting will be **Thursday, July 29, 2021 08:00 AM - 10:00 AM virtually via google meet.**

Visit our [Hawaii ACEP website](#) where you can view past issues of our [Hawaii ACEP e-newsletter](#).

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### **2021 Hawaii ACEP Emergency Department Leadership Summit**

The 7th annual Hawaii ACEP Emergency Department Leadership Summit has been **tentatively scheduled for September 14, 2021**. This is a forum to discuss critical issues impacting Emergency Physicians, ED Nurse Leadership, Trauma Coordinators, and Emergency Departments state-wide. Our goal is to make this summit interactive, allowing participants to discuss challenges and potential solutions for all counties. We are hopeful that there will be an opportunity to meet with some of our legislators, either during or after the conference. We are all leaders, and you are all invited. Contact Tiffany Lightfoot at [hi.chapter@acep.org](mailto:hi.chapter@acep.org) for more information.

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### **2021 Hawaii ACEP Annual Meeting**

This year's Annual Meeting is **tentatively scheduled for September 29, 2021** from 5:00 PM – 9:00 PM at The Original Roy's in Hawaii Kai 6600 Kalaniana'ole Hwy, Honolulu, Hawaii 96825. The location and date are dependent on [Oahu's reopening strategy](#) which currently limits indoor social gatherings to 10 people.

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### **Welcome New Hawaii ACEP Members!**

Chloe Asato

David Bailey, MD

Russell Mark Hill, MD

Ashley L Kinkaid, DO

Jeffery C LaCroix, MD

Stephen Macaspac

Blaine M Okino, MD

David W Teegarden, MD

Jeremy David Tucker, DO, FACEP

Adam Weightman, MD

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**FROM NATIONAL ACEP**



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### **Latest News**

[Aggressive Advocacy Results in Reversal of UnitedHealthcare Policy that Would Allow Retroactive Coverage Denials for Non-Emergent Cases](#) (June 11, 2021)

[Reach Vaccine Hesitant Populations with New ACEP Tools](#) (June 9, 2021)

[COVID-19 ED Management Tool Now Available](#), Updated (May 27, 2021)

[Louisiana Scores Important Scope of Practice Win](#) (June 11, 2021)

**What's in a name? A lot, when it comes to your health.** ACEP recently joined the AMA Scope of Practice Partnership (SOPP). The SOPP believes patients deserve care led by physicians, and it helps state and specialty societies in opposing scope-of-practice expansion legislation. Read about this partnership in the context of the PA name change news on [ACEP Lately](#) (May 28, 2021)

[Recent Opportunities to Highlight ACEP's "Awesome" AUCM Model](#) (June 10, 2021)

#### **EM Physician Workforce of the Future:**

- The Workforce Minute: Dr. Gillian Schmitz, ACEP's President-Elect, gives the **five pillars of where we are focusing strategic efforts** regarding the EM Physician Workforce. [Watch it here](#). (June 9, 2021)
- [The Workforce Solutions infographic outlines ACEP's next steps](#) (May 5, 2021)
- [Workforce Considerations: ACEP's Commitment to You and Emergency Medicine](#) (ACEP Now - April 21, 2021)

**Ensure Access to Mental Health Resources for COVID-19 Health Care Providers.** [Please contact your legislators](#) in the U.S. Senate and House of Representatives to urge their support and co-sponsorship of the "Dr. Lorna Breen Health Care Provider Protection Act" (S. 610/H.R. 1667). We expect this bill to be part of our lobbying efforts during the [Leadership & Advocacy Conference](#) in late July. (May 25, 2021)

**Are You Ready? The Pediatric Readiness Project:** [Frontline Podcast](#) (May 24, 2021) + [The National Pediatric Readiness Project Assessment](#) (ACEP Now - May 11, 2021)

[Adverse Events Among ED Patients With Cardiovascular Conditions: A Multicenter Study](#) (*Annals of EM*)

[ACEP Sepsis Task Force Report Delivers Key Insights](#) (ACEP Now - May 18, 2021)

#### **New/Revised Policies**

ACEP's new and revised policies allow you to bill more for your bottom line, makes sure you are entitled to fair and equitable compensation and are provided contractual transparency.

- [Compensation Arrangements for Emergency Physicians](#) - Revised April 2021

- [Emergency Physician Compensation Transparency](#) - Approved October 2020
- [Emergency Physician Contractual Relationships](#) - Revised April 2021
- [Emergency Physician Rights and Responsibilities](#) - Revised April 2021

## Upcoming ACEP Events and Deadlines

**June 22:** [COVID-19 Vaccinations in the Emergency Department](#)

**June 24:** [When "fine" is not fine - Building a Physician Peer Support Program](#)

**July 15:** [Pandemics and Behavioral Health: What we learned and what we need to know for next time](#)

**July 25-27:** [Leadership & Advocacy Conference](#) (Washington, DC)

**October 25-28:** [ACEP21](#) (Boston, MA)

## ACEP Member Benefits

**Career Resources:** The job market is tumultuous right now. Whether you're actively looking for a position or just want to be a better advocate for yourself with your current employer, ACEP's resources can help. Check out the ACEP [Career Center](#) for information on vetted EM job opportunities, contracts, compensation reports, policy statements and more!

**ACEP Member Advantage:** Whether on shift or at home, your ACEP Membership provides [perks and discounts](#) from a variety of businesses wanting to support you.

**Wellness & Assistance Program:** Did you know your ACEP membership comes with three **free** counseling or coaching sessions available through phone, text or online chat? And for a small extra fee, you can add on **financial and/or legal assistance**. [Learn more about this free member benefit](#).

### Clinical Tools:

- ACEP's [Point-of-Care tools](#) are transforming care at the bedside.
- Feel confident in your ultrasound ability with the re-designed, easy to-use [Sonoguide](#).

### Latest [Podcasts](#)

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## Pain and Addiction Care in the ED (PACEP) Accreditation

More than 83,000 people in the U.S. are thought to have died of drug overdoses in the 12-month period ending June, a record-breaking number according to the most recent data available from the CDC. Emergency Physicians can help by being part of the solution. ACEP's Pain and Addiction Care in the Emergency Department (PACED) accreditation program provides emergency departments with the tools to elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies, resulting in positive outcomes for patients, families, providers, and communities. Find out more today – [www.acep.org/PACED](http://www.acep.org/PACED) - and be a leader. Use your unique position to help fight this epidemic at the point of care.

## Be Prepared When Disaster Strikes



**National Disaster Life Support™  
Foundation**



**The American College of  
Emergency Physicians**

*Collaborating to offer programs that  
provide essential training for strengthening  
healthcare preparedness and response.*

- Core Disaster Life Support® (CDLS®)
- Basic Disaster Life Support™ (BDLS®)
- Advanced Disaster Life Support™ (ADLS®)



For more information - [www.ndlsf.org](http://www.ndlsf.org)  
email us: [info@ndlsf.org](mailto:info@ndlsf.org)

Contact Us

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