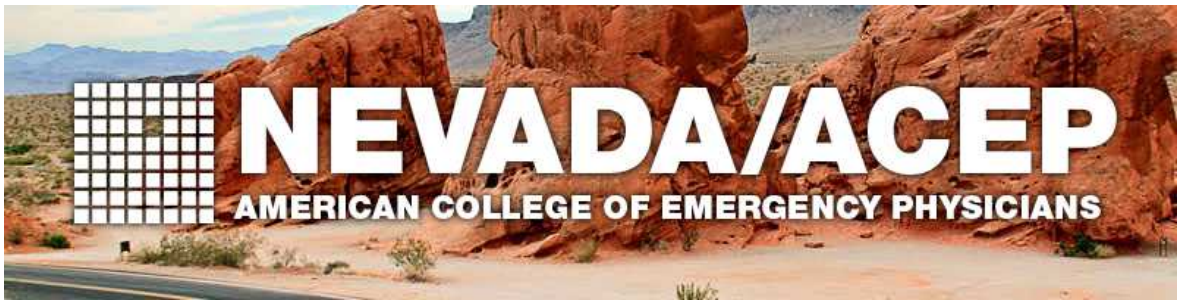
A Newsletter for the Members of the Nevada Chapter

Summer 2018



Tressa D. Naik, MD, FACEP, President

Sheri Brinkman, Executive Director
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From the President
Tressa Naik, MD

Physician Care for Thyself

Dear all I hope everyone is having a good summer. Summer has been a busier time than excepted for me and with multiple factors affecting the volumes and wait times in the ED, I wanted to remind us to take care of ourselves and our staff. This had become increasingly apparent for me as I am getting older and have noticed the changes in my own life and practice.

The latest trend regarding physician wellness is the concept of resiliency, not burnout. What things are you doing in your own life and daily practice of emergency medicine to increase your resiliency. Let's face it the problems, issues and patient volumes are not going to disappear. There is growing evidence in the literature of significant link between improved physician wellbeing with decreased medical errors, decreased burnout and improved empathy as measured with validated metrics. [1]

In review of a paper, Strategies for coping with stress in Emergency Medicine: Early

education is vital Gillan et al. [2] we experience several challenges to our wellness and there are some solutions to deal with those challenges.

Challenges:

Sleep Deprivation

- Limit caffeine and alcohol use
- Use a dark, quiet, secluded area for rest to aid in daytime sleeping
- Nap (my personal favorite)
- Schedule shifts in clockwise direction
- Consider alternative career possibilities or less frequent night shifts with aging

Circadian disruption

- Emphasize on maintaining a healthy body
- Exercise regularly
- Rotate shift schedules in clockwise direction
- Schedule consecutive nights
- Include naps or scheduled anchor sleep when possible

Exposure to infectious diseases

- Always use universal precautions
- Incorporate brief time out before procedures
- Use enough space, adequate preparation and set up, consistent safe process of using and dispensing sharps
- Use occupational health as a resource

Malpractice and fear of litigation

- Acknowledge that our specialty involves risk and be savvy on steps to reduce the risk
- Improve your documentation
- Use **resources from ACEP/AAEM** and your risk management department
- Consider follow-up calls to patients
- Educate your yourself on risk management strategies, how to prepare for depositions, the process and tools of surviving a lawsuit

Substance abuse

- Maintain close family and social ties
- Conduct semi-annual reviews with program director/mentor wellness director
- Encourage self-reporting and protected anonymous feedback
- Develop a local list of resources
- Access Faculty/Staff Assistance Programs

There are a lot of things to look at here but bite off one piece at a time. Your work life balance, happiness and resilience are the key to your current state and future practice.

References:

1. Croskerry P, Wears RL, Binder LS. Setting the educational agenda and curriculum for error prevention in emergency medicine. *Acad Emerg Med. 2000;7:1194–2000*. [**PubMed**]
2. Schmitz G, Clark M, Heron S, Sanson T, Kuhn G, Bourne C, Guth T, Cordover M and Coomes J. Strategies for coping with stress in emergency medicine: Early education is vital. J Emerg Trauma Shock. 2012; 5 (1): 64-69.

Legislative Update
Bret W. Frey, MD, FACEP

As most of you know, we have been dodging bullets for years in Nevada. Insurers constantly attempt to devalue us while the pressing need of our services remains high and ever expanding. We have adapted and endured major changes to the practice of emergency medicine in recent years, and we continue to keep our pulse on the legislature now and into the 2019 session.

To this end, and with NV ACEP Board of Directors approval, we have recently contracted with Jessica Ferrato from Crowley and Ferrato Public Affairs. She is an experienced lobbyist who is well connected to the Democratic Caucus. Jessica is well respected, and represents the Nevada Nurses Association, viewed as quite a positive, while having no insurance conflicts of interest or otherwise. Jessica will carry our torch and convey our message and value proposition to Carson City in this interim as well as when session

heats up in early 2019.

Early meetings with legislative leaders are best described as a reset to cautious optimism, and Jessica has reported out on network adequacy, NV Medicaid for all discussions, and optimization of the opiate legislation. We are moving into the discussions about what market forces lead to a balance billing event and now have data from all major groups which we will present in anonymized fashion that outlines how uncommon an event this really is given the denominator of over a million ED visits in Nevada each year.

The reality in Nevada is that only 7% of non-government insurance sold in our state even falls under the jurisdiction of the Division of Insurance (DOI), and therefore government oversight of anything not Medicaid is scarce in NV. It really is the wild west out here still, and I for one am glad to have our chapter represented better than ever as we venture into the great uncertainty of any legislative session, especially this one.

As many of you know, I have specifically requested a $500 per emergency physician donation to the legislative account through the appropriate channels. Many of you have met this challenge through your respective group structure, while many have still yet to step forward either through their group or independently to ensure our lobbying efforts remain fortified. I would ask you each to understand where your personal and group position on this “ask” is, and act appropriately. The time is now. If we fail like California and Oregon before us, we cannot have regrets.

Hold onto your hats folks. This storm looks like a doozy. But we have a good plan, some provisions (need more) and decent gear this time. Just like ER docs should.

In service to Nevada, and our patients,

Bret W. Frey MD

Resident’s Corner

ACEP Leadership and Advocacy Conference: A Resident’s Perspective – Trading Scrubs for Suits

Emerson Posadas, MD, MBA
Chief Resident
Department of Emergency Medicine
University of Nevada, Las Vegas School of Medicine

I arrived in Washington D.C. bright eyed and unsure of my colleagues and my role at the ACEP Leadership and Advocacy Conference (LAC). As we took the cab to the hotel, we marveled at the grandiose granite buildings and the history they held. When we arrived at Capitol Hill, there was a sea of Suits surrounding each large building moving like ants with a purpose. I had visited D.C. in the past, and I had always wondered what role all these Suits played. Were these the actual decision makers of all the laws that govern our country? What did it mean to actually lobby? We were about to quickly find out. Over the course of the week, my co-residents and I became those Suits, and the insight that this provided I truly believe will allow us to better advocate and care for our patients.

My residency program director originally sent an e-mail in early January asking for any residents who would be interested in flying to Washington D.C for the LAC. The goal was to receive a “crash course” on all the political issues important to emergency medicine, meet members of Congress, and lobby for critical issues in emergency medicine. As a physician with a Master of Business Administration (MBA) background, I had always wanted to enact change at a macro level. Yet, I had always imagined the “macro level” as advocating for my patients within my own local hospital, but I had never dreamed that I would have the opportunity to advocate for my entire state or medical field as a whole. I jumped on the opportunity, and along with two of my co-residents we hopped on a plane to D.C.

As we woke up for the first day of the conference, we traded our scrubs for suits and headed down the elevator to mingle. Entering the conference hall, the first thing that came to my mind was the sheer amount of people present. Leaders in emergency medicine from every state had flown across the country to attend. The first few days of the conference were a primer on how “the Hill” operates, leadership, and the key political issues we would soon be lobbying for. Despite the multitudes of emergency physicians present, with different backgrounds and from different states, the goal was to create “one voice”. The idea was to present key political topics to Congress with the same goals as to not seem disjointed. Personal gain was not the goal; this was a true team-based approach on the largest scale possible.

Mixed in between lectures were guest speakers from the Congress and Senate. The majority of these politicians did not have a healthcare background; yet, their detailed

understanding impressed me. Of course, there was some sidestepping of certain questions asked from the crowd, but in general I was impressed with their command of the issues. I also had the opportunity to participate in the dine-around dinners where we met legislators in a more intimate setting outside of the conference. These events consisted of brief discussions and a lot of hand shaking. However, getting to know legislators on a more personal level was interesting nonetheless.

Finally, the lobby day on the Hill had arrived. We arrived in the morning to the main conference hall with each table(s) being allocated for a specific state. Large populated states such as California and Texas required multiple tables. Being from Nevada, we had 4 seats set aside for us with a table being shared with New Hampshire. The difference in representation was astounding to say the least. We were given a brief review talk, our schedules, a packet to hand out to each legislator, and then we were released to the Hill.

Our first meeting was with Senator Dean Heller. Walking to the Hill, I rehearsed in my head each of the issues we were supposed to discuss: drug shortages, the opioid epidemic, and disaster preparedness. We navigated through the Hill and arrived at Senator Heller's office. Unfortunately, he was not present, and we spoke to his legislative assistant. Apparently, this is a common occurrence given that legislators have such busy schedules. Senators often have their legislative assistants, who are expected to be experts at the topic, meet in their stead and relay the information back to them. While this was initially disappointing, I felt that we had a positive and productive conversation, and I left her a packet with hopes that it would not just vanish away into the ether. As I stepped out and walked down the steps of the Senate building, I realized I had now become one of the Suits on the Hill.

The rest of the day went smoothly. After re-iterating the key issues multiple times to different legislators, I found it easier to present the issues to them through personal patient stories in order to create a more memorable and impactful interaction. My last meeting of the day was with Senator Cortez Mastro. For this meeting, I was the sole representative as my attending and co-residents had to leave to catch early flights. As I spoke to her legislative assistant, the Senator actually stepped into the room to shake my hand and greet me. Meeting face-to-face with a key legislator in my own state, while advocating for my patients as a second-year resident, is an experience I will never forget.

On my flight back to Las Vegas, I could not stop thinking of what an honor it was to be able to advocate for my patients and my specialty at a national level. As emergency physicians, we have often been called the safety net of the healthcare system, providing

care for those who often do not have a voice in their own healthcare system. As physicians we are comfortable helping patients on an individual basis at the bedside within the walls of our emergency departments. However, as emergency physicians we can become leaders who can enact change on a much larger scale. LAC has broadened my understanding of the healthcare system, and reinforced the importance of political advocacy, collaboration, and team-based approaches. I highly recommend that every emergency physician trade their scrubs for a suit just for a week and attend future LAC conferences. I certainly will.

UNLV Residents (left to right): Perry Lee, MD. Elliot Welder, MD. Emerson Posadas, MD.

UNLV EMERGENCY MEDICINE RESIDENCY UPDATE FOR NEVADA ACEP

Zachary David Skaggs, MD PGY-3

A special thank you to Dr. Dale Carrison, outgoing Chairman of Emergency Medicine at UMC, who after a long and storied career has announced his retirement. Dr. Carrison was instrumental in the founding of the UNLV Emergency Medicine Residency. He was an important leader in our field and community acting as Medical Director of Clark County Fire, as Medical Director of the Las Vegas Motor Speedway, and as Chief of Staff at University Medical Center. His prior career was with the FBI. He has been a mentor to many young physicians in the community and he has helped countless patients. His impact will not soon be forgotten.

Congratulations to the class of 2018 for their graduation from residency June 18, 2018! UNLV Emergency Medicine is pleased to announce the following year-end residency awards:

Resident of the Year: Dr. Ben Fox (PGY-3)
Intern of the Year: Dr. Sean Williams (PGY-1)
Research Resident of the Year: Dr. Tiffany Sigal (PGY-3)
Resident of the Year in Pediatric Emergency Medicine: Dr. Ben Fox (PGY-3)
Air Force Resident of the Year: Dr. Ben Fox (PGY-3)
Nurses' Choice Award: Dr. Omar Ahmed (PGY-3)
Clinical Faculty of the Year: Dr. Amy Urban
Academic Faculty of the Year: Dr. Jordana Haber
Pediatric Faculty of the Year: Dr. Ami Shah
Nellis AFB Faculty of the Year: Dr. Melissa Coombs
Support Staff Member of the Year: Alexis Martinez

Residents, faculty, family, and their four-legged friends escaped the Las Vegas heat to enjoy the Annual Mt. Charleston Hike and BBQ July 18, 2018.

NEWS FROM ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP eCME

Updates in Reimbursement and Coding – 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This**collection 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?

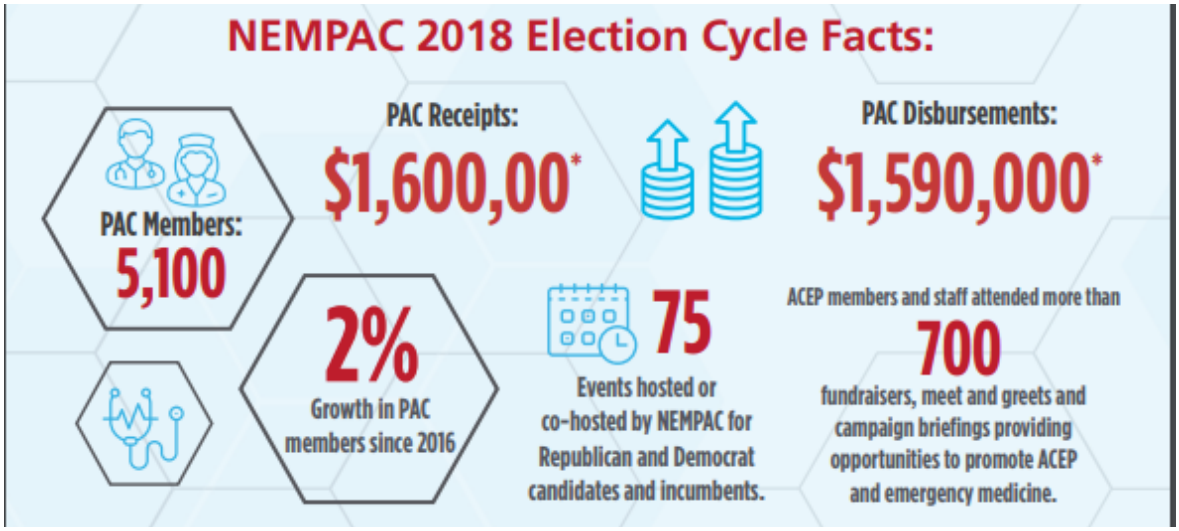
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour **geriatric pre-conference** during ACEP18. Hear from the geriatric experts who will walk you through the

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

Bhavik Kanzaria
Ameer Rajput Khalek
Alex Lin, DO
Henry Nguyen

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