PRESIDENTIAL REPORT
WILLIAM JAQUIS, MD, FACEP

I would like to begin my year as President by offering thanks. The work done by Steve Schenkel last year as President keeps the Maryland Chapter in a very good position financially and politically. In addition, all of the Committee Chairs are doing great work on your behalf. Finally, thanks to all of you who attended our Annual Conference. Your involvement is key to our continued success.

The issues that will face us in the next year can never be fully appreciated, but I see three areas that will continue to develop. The first is the approach of emergency medicine (EM) to the appropriate use of opioids. State executives, public health officials, and legislators across the country have brought this to the forefront, as deaths from drug overdoses have become the leading cause of injury death. Developing a more consistent approach in the emergency department (ED) to pain management, prescription use, and naloxone use in the community is key to staying ahead of any legislation that might harm our practice and our patients.

The second area where I see continued expansion is the approach to EM as the hub of care. As we have moved to a global payment system, all of our facilities have developed a broader approach to population health. Our role as leaders of the ED health care team is expanding, and we work now with many other partners and stakeholders. One group we have started a dialogue with is the Maryland Medical Directors Association - the group who are the physician leaders of skilled nursing and long-term care facilities.

Finally, the decisions on reimbursement for us directly and for our physician partners will continue. We are fortunate that the legislative and executive leadership recognized this as they set payment for Medicaid. Adequate reimbursement is key to getting the most appropriate care for our patients. In addition, we must be active participants in the development of any alternative payment systems that may be proposed.

I look forward to working with you this year. Please do not hesitate to let me know your concerns and comments.

MARYLAND ACEP AWARDS
Presented March 20, 2015 at the MD ACEP Annual Meeting

The Public Servant of the Year award to Leana Wen, MD, MSc, Health Commissioner, Baltimore City. Dr. Wen energizes the relationship between public health and emergency medicine. Her appointment as Baltimore City Health Commissioner proves that Emergency Medicine has advanced from asking for a seat at the table to setting the table and inviting the guests.

The Emergency Nurse of the Year award to Lisa Tenney, RN, BSN, CEN, CPRHRM, for years of gracious care and caring, for patients and fellow staff alike.

Emergency Physician of the Year award to Jon Mark Hirshon, MD, MPH, PhD, FACEP for his stewardship of the ACEP sponsored Emergency Medicine Report Card (www.emreportcard.org) with its objective criteria evaluating America’s Emergency Care environment. Dr. Hirshon joins the ACEP board after recent elections and we look forward to his contributing mentorship and wisdom nationally as he has done in Maryland for many years.

EMS Physician of the Year award to Tim Chizmar, MD, FACEP, for gracious and energetic service to the Harford County and Region III EMS scene. In his spare time outside of his clinical work at University of Maryland Upper Chesapeake Medical Center, Dr. Chizmar serves on the State EMS Advisory Council, as Region III Medical Director, Harford County EMS Medical Director, and Havre de Grace Ambulance Corps Medical Director. Dr. Chizmar chairs Maryland ACEP’s EMS Committee.

Special Award in Practice Management Leadership to Neel Vibhakar, MD, FACEP, in recognition of how heavily we have relied on his leadership of the practice management committee to pull together streams of thought, policy, and concern over many years. Meetings and list serves and regular e-mail have pulled Maryland ACEP colleagues together from Eastern Shore to Western Mountains.

SAVE THE DATE: APRIL 8, 2016
Maryland ACEP 2016 ANNUAL EDUCATIONAL CONFERENCE & ANNUAL MEETING
BWI MARRIOTT
PAC REPORT
DAVID A. HEXTER, MD, MPH, FACEP
EMPACt TREASURER

The Emergency Medicine Political Action Committee (EMPACt) provides financial support to the campaigns of legislators and candidates who are friends of Emergency Medicine in Maryland and support our issues. EMPACt, along with a strong lobbying team and your grassroots support, are the keys to MD ACEP’s long history of legislative success in the Maryland General Assembly. This kind of influence is not automatic and does not come easy. When you send in your annual ACEP dues, we encourage you to check off and include your membership dues to EMPACt.

In the fourth quarter of 2014, EMPACt received leadership contributions from Bethesda Emergency Associates (Gold Level) and Joneigh Khaldun, MD, MPH (Bronze Level), demonstrating their commitment to achieving our legislative goals. EMPACt also received seven annual memberships and supported campaign events for Governor Hogan and Senators Bob Cassilly, Mac Middleton, and Catherine Pugh.

If you are an EMPACt member and would like to attend a legislative event, please contact the chapter at info@mdacep.org. For a list of upcoming events, go to http://www.schwartzmetz.com/fundraisers. They are a great opportunity to meet your area’s community leaders in the private and public sectors.

Like all PACs, EMPACt is required to file detailed reports of its contributions and expenditures with the State Board of Elections. To view these reports, go to https://campaignfinancemd.us/.

STANDING ORDERS/TRIAGE PROTOCOLS

1. Who is using triage protocols?
   While each institution has varying degrees of its usage, all 12 respondents states that they have Triage protocols available to use in their ED.

2. What do they include?
   What was included varied quite greatly across institutions. Most are chief complaint specific and include labs tests and EKG. Examples of types of meds included aspirin, NTG, acetaminophen, ibuprofen, tetanus, Zofran ODT, LET, albuterol/atrovent.

   For those on paper, everyone said that there is a form that the ED physician will sign. For those in an EMR, the majority said that the orders are cosigned by the treating physician and treated as a verbal order.

4. Who is using a provider at triage and what are the hours?
   5 stated that they do NOT use providers at triage while 3 stated they DO use providers in triage.

5. If you answered ‘yes’ to question 4, are you using nurse driven protocols during the hours that there is not a provider at triage or is nothing started until the medical screening exam occurs?
   Of the 3 that stated they DO use providers in triage, all 3 utilize triage protocols during off-hours.

CCTA
We are proposing a CCTA protocol and I need to know who has a 256 slice CT in their hospital.

SUMMARY
There were a total of 11 responses with the tally recognizing the highest slice CT scanner available at an individual’s institution (if you said you had a 16 and 64 slice CT, and marked you down as having a 64 slice CT):

- 320 slice CT: 1
- 256 slice CT: 2
- 64 slice CT: 6
- 16 slice CT: 2

Senator Ben Cardin met with MD ACEP members during ACEP’s Leadership & Advocacy Conference “Day on the Hill” May 5, 2015. From left to right: Dr. David Hexter, Senator Ben Cardin, Dr. Jon Mark Hirshon, and Dr. Ryan Shanahan.
The Maryland Chapter of the American College of Emergency Physicians wishes to thank our Gold Supporters:
Emergency Medicine Associates, PA, PC
Genentech
Kaiser Permanente-MidAtlantic Permanente Medical Group
Medical Emergency Professionals

We would also like to thank our Silver Supporters:
CEP America

We welcome our exhibitors & thank them for their contributions:
Abbott Point of Care
Boehringer Ingelheim
Bristol Myers Squibb
CSL Behring
Elite Medical Scribes
EmCare, Inc.
Janssen Pharmaceuticals
Medical Mutual Liability Insurance Society of Maryland
The Medicines Company
TeamHealth

SAVE THE DATE for the 9th Annual Wilderness Medicine & Survival Skills Conference
September 18-20, 2015
Theme: Travel, Tropical, and Urban Survival

This 2.5 day conference attracts national speakers and is accredited through the Wilderness Medical Society for credits for the FAWM (Fellow in the Academy of Wilderness medicine) track.

Registration website will be available shortly.

Click here to view last year’s conference.

The Maryland EMS for Children Department at MIEMSS is offering an APLS: The Pediatric Emergency Medicine Resource hybrid course featuring:
- Simulation of Pediatric Critical Care Scenarios
- Hands-On Practice of Procedures
- Small Group Discussions
- Pediatric Faculty from Children’s National Health System, Johns Hopkins Children’s Center, and University of Maryland

AAP and ACEP designed the APLS course to highlight the critical information physicians need to rapidly assess and care for critically ill and injured children in the emergency department or office-based setting. This course is jointly provided by MedChi.

To register, please visit [http://marylandemsc-apls.eventbrite.com](http://marylandemsc-apls.eventbrite.com) or complete the form below.

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Course Dates and Locations: 8:00 am – 5:30 pm

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<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Register By</th>
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<tbody>
<tr>
<td>July 6, 2015</td>
<td>MIEMSS in Baltimore, MD</td>
<td>June 22, 2015</td>
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<tr>
<td>August 26, 2015</td>
<td>WMHS in Cumberland, MD</td>
<td>August 12, 2015</td>
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<tr>
<td>October 6, 2015</td>
<td>MIEMSS in Baltimore, MD</td>
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<td>December 10, 2015</td>
<td>MSMH in Leonardtown, MD</td>
<td>November 23, 2015</td>
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<td>February 12, 2016</td>
<td>UM UCH in Bel Air, MD</td>
<td>January 29, 2016</td>
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EMC, an established sixteen-hospital, regional, democratic, physician-managed group seeks full and part-time BC or BP Emergency physicians to practice in Maryland, Northern Virginia, Washington, D.C. and West Virginia. Since 1971, EMC has offered our physicians an unmatched quality-of-life with the security of our 100% contract stability!

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- MEP Leadership Academy
- Meaningful Partnership Opportunities
- Full- & Part-Time Travel Positions Available

Contact: Sandra Lee
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MEPHealth.com