

JUNE 2015

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.



Incoming President, William Jaquis, MD, FACEP, presenting Outgoing President, Stephen Schenkel, MD, FACEP, with a picture of Baltimore in appreciation of his term as MD ACEP President at the Annual Meeting held March 20th at the BWI Marriott.

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, CPHRM**, 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://campaignfinance.md.us/>.



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.

PRACTICE MANAGEMENT COMMITTEE REPORT

FROM APRIL 2015

NEEL VIBHAKAR, MD, FACEP

TO GO MEDS

How do folks handle meds to go in off hours?

Do you have prepackaged to go meds? Do you label the meds yourselves? Does your pharmacy label them?

SUMMARY

There were a total of 9 responses. Of the 9 responses:

- 5 stated that they do provide "to-go" meds (reasons often cited were: off hours, cost, transportation). For those that have it, a specific process is followed with either the pharmacy (3) or a physician (2) involved in labeling and providing direction to the patient.
- 4 stated that their hospital does not allow for this practice.

Of note, one institution commented that to-go meds are provided to hopefully avoid an admission due to anticipated non-compliance in getting the meds as an outpatient.

STANDING ORDERS/TRIAGE PROTOCOLS

1. Who is using triage protocols?
2. What do they include?
3. How do you attest? Sign off? verbal order?, other?
4. Who is using a provider at triage and what are the hours?
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?

SUMMARY

There were a total of 12 responses:

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.
3. How do you attest? Sign off? Verbal order? Other?
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

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:

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Maryland**

The Medicines Company

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Send CV: Emergency Medicine Associates, P.A., P.C.
Phone: 1-800-942-3363
Fax: 240-686-2334
Email: Recruitment@EMAonline.com
www.EMAonline.com



LIVE, WORK & PLAY WITH US!

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> or complete the form below.

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

Date	Location	Register By
July 6, 2015	MIEMSS in Baltimore, MD	June 22, 2015
August 26, 2015	WMHS in Cumberland, MD	August 12, 2015
October 6, 2015	MIEMSS in Baltimore, MD	September 22, 2015
December 10, 2015	MSMH in Leonardtown, MD	November 23, 2015
February 12, 2016	UM UCH in Bel Air, MD	January 29, 2016

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.



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