



Robert C. Linton, II, MD, MBA, FACEP
President

[Adriana Alvarez](#)
Executive Director
(410) 727-2237 | [Website](#)



President's Message

Maryland ACEP Members,

I would like to thank all of the courageous, selfless, and brave emergency physicians across our state for demonstrating the best in emergency medicine.

With the high degree of uncertainty, rapidly changing and sometimes conflicting information, multiple issues with respect to PPE amongst a host of other challenges, you have responded to the current COVID-19 pandemic with pure determination, resilience, and grit. As most of us have spent the first 2 months of this pandemic trying to get our footing and prepare our emergency departments/hospitals in anticipation for “the surge”, we are now at a point when there appears to be some degree of a plateau with respect to the statewide number of COVID related hospitalizations.

Our chapter is looking for ways to assist all of our members and ED physicians broadly within the state. We recently participated in what I feel was a very successful Virtual Hill Day where we were able to spend some quality virtual time with our legislators to discuss our concerns. Our key areas of focus were centered on PPE needs, ensuring robust liability protections for ED clinicians working within the current landscape, hazard pay, as well as ensuring adequate coverage by insurers for emergency care delivered during the pandemic. In an effort led by Dr.

Reese Tassej we also recently sent out a survey to assess the PPE needs of physicians working within the various Emergency Departments as we know there is significant variation from hospital to hospital within Maryland. We will share the results once we have them.

An old quote that I've heard for many years' states: "A person's true nature is revealed at times of the greatest adversity." I can't think of a more adverse time during my career nor a more opportune time for our specialty to reveal our true value within the house of medicine. In many ways this is our moment to shine. Again, I thank all of you and while I know there is much uncertainty down the road ahead, please be sure to take great care of yourself and your colleagues.



In Memory of Lindsey J. Myers, DO
Written By: Kerry Forrestal, MD, FACEP

Lindsey J. Myers, DO passed away at age 37 early this month from cancer. I was asked to write a memorial on her behalf. In accepting this honor, I did not want to engage in the usual recitation of facts about her life, like where she graduated from medical school or did residency. These are great accomplishments and recounted elsewhere, but Lindsey was so much more than that.

I'd start by saying how important family was to her. She joined our group last year to be closer to her family. She said that it had been a dream of hers to practice Emergency Medicine and live in Ocean City. When her parents moved to the Eastern Shore of Maryland, she made that dream come true.

I reached out to the people who knew her before she joined our group. In talking to people from her residency and previous workplaces, the first thing they mention is her smile.

That smile continued when she came to join our group. When you would see her on a shift, no matter how deep in the crazy it was, she would greet you with a smile. She was someone who lifted the spirits of people around her. In asking our staff to share something about Lindsey for this, I found that this was a universal theme.

"She always had a smile, even during tough shifts...she was smiling."

I experienced this during any shift I had with her. No matter what was going on, an infectious smile beamed out from under blue eyes.

As one other person on our staff shared,

"She was so very gentle, lots of patience, and she really cared. The spirit of her smile was in her eyes. I just miss her. Dr. Myers was the real deal."

Those of us who took care of her when she became ill also noted that smile did not disappear when she was the patient facing stage four cancer with all the understanding of a physician.

She was unable to eat solids for a time and had an NG tube. When she finally got to eat something solid, it was hospital mashed potatoes.

One of our doctors was communicating with her at the time, and related that instead of complaining about the NG tube, she “Celebrated” the hospital mashed potatoes.

Her kindness towards staff and patients was another universal theme. One person responded to my question for thoughts on Lindsey and as part of her answer said that “*she was always kind,*” to which another person responded,

“The rare kind of kind. True genuine kindness towards everyone. Always smiling. Always compassionate. Simply a wonderful woman.”

Her kindness was woven into the fabric of who she was. It was not just that she could *be* kind, she *was* kind. Many a patient’s anger crashed on those rocks of her gentle nature only to dissipate and find Lindsey still there smiling and willing to help.

Those who worked with her respected her and appreciated that they could talk with her, learn from her and count on her.

“She had a gentle approach with both the staff and the patient. She was always open to questions and always so willing to help. She was excited to be an ER physician, and you could tell because she put her heart into the care that she gave.”

Lindsey was taken from us far too soon. In the midst of this pandemic, with so much clamor and tumult whirling around us, spare a moment in memory of a healer and friend who has passed on into the night. Honor her memory by extending a kindness when none is due, as she so often did. Remember that our actions towards others, no matter how small they might seem, amplify through the people around us as Lindsey’s smile and kindness did for all of us.

Rest well my friend. Heaven is all the brighter for that smile!

From the Practice Management Committee
Chirag R. Chaudhari, MD, FACEP
Joshua Klindienst, MD, FACEP

We hope that everyone is settling into their new normal as we approach the second inning! Apologies for the baseball reference, but normally, we would have all been able to catch some of America’s favorite pastime by now. We hope that everyone is staying healthy and has the appropriate support to be able to continue to see their patients safely.

The practice management committee had its first meeting on April 13th. We discussed many topics around the current response to COVID-19. Dr. David Marcozi, from the Governor’s COVID-19 Response Team and Incident Commander for the University of MD, and Dr. Todd Crocco, Incident Command OPS Section Chief for University of MD, were guest speakers. In addition, in mid-March, there was information shared electronically with MD ACEP regarding COVID-19 Airway and Vent tips. No doubt information and practices were changing on an almost daily basis early on, and that has somewhat settled down now. There is hopefully

still value in ongoing discussions around best practices amongst departments so that we can learn from one another.

We are eager to hear what the practice management committee can also help with in your daily practice of emergency medicine. A sample of topics that we can investigate further are:

- Standardization of stroke care
- Efficiency of radiology studies (contrast protocols and renal function cutoffs, imaging in pregnancy)
- Consultants: Timeliness, Professionalism, On call responsibilities
- EMTALA issues

We are interested in having speakers attend a portion of our meetings then open them up to group discussion for a healthy exchange with the hopes of developing shared practices that we can bring back to our individual emergency departments. Please let us know what topics are of interest to you. We want to make this committee about you and undertake efforts that will help to make your daily life in the emergency department even more enjoyable!

Please feel free to email [Chirag](#) or [Joshua](#) your thoughts.

**From the EMS Committee
Timothy Chizmar, MD, FACEP**



In anticipation of patient surge associated with the COVID-19 pandemic, several Maryland EMS medical directors participated in the development of a viral syndrome pandemic triage protocol. The checklist-style protocol enables EMS clinicians to recommend home self-care for qualified patients based on an analysis of presenting symptoms, age, medical history and vital signs. This emergency protocol was introduced by MIEMSS to jurisdictional EMS services statewide on March 17th, and twenty-six jurisdictions have signed on as participants.

The protocol was developed based on emerging data from China released in early March regarding patients who had higher risk of hospitalization or death. Patients with an elevated risk of hospitalization included those with immunosuppressant conditions, diabetes, heart disease or lung disease. Since its introduction in mid-March, the protocol has been used by EMS clinicians in over 800 clinical encounters. Approximately 30% of these patients have qualified for home self-care, and most have elected to remain at home. Patients are provided with home care instructions and follow-up recommendations, including a brief summary of available telehealth resources.

Importantly, participation in this triage protocol is voluntary for EMS clinicians and patients. If a patient does not feel comfortable with staying at home, then they are transported to the ED. Similarly, any patient may be transported at the discretion of the EMS clinician regardless of the answers on the checklist. Most EMS agencies have been making a follow-up phone call or a visit from their mobile integrated health team to check on patients' welfare.

MIEMSS will continue to evaluate the effect of this protocol over time. We are pleased to see that neighboring states and regions have adapted our protocol for use in their EMS systems as well.

Maryland EMS resources for COVID-19 can be found on our [website](#).

 Viral Syndrome Pandemic Triage Protocol 	
EFFECTIVE March 17, 2020 until rescinded or superseded	
For Use By BLS and ALS Clinicians	
<input type="radio"/> YES	<input type="radio"/> NO
<input type="checkbox"/>	<input type="checkbox"/> Patient age is between 2 and 55 years
<input type="checkbox"/>	<input type="checkbox"/> Patient has a suspected viral syndrome with at least two (2) of the following symptoms: fever, cough, body aches, or sore throat
<input type="checkbox"/>	<input type="checkbox"/> Patient has a history of immunosuppression, or is taking medicines that depress the immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.)
<input type="checkbox"/>	<input type="checkbox"/> Patient has a history of diabetes
<input type="checkbox"/>	<input type="checkbox"/> Patient has a history of heart disease
<input type="checkbox"/>	<input type="checkbox"/> Patient has a history of COPD or lung disease
<input type="checkbox"/>	<input type="checkbox"/> Patient has a heart rate between : 50 - 110 bpm (age 13-55 years); (age 2-5 years: 80-140 bpm; age 6-12 years: 70-120 bpm)
<input type="checkbox"/>	<input type="checkbox"/> Patient has a systolic blood pressure between: 110-180 mmHg (age 13-55 years); (age 2-5 years: > 80mmHg; age 6-12 years: > 90mmHg)
<input type="checkbox"/>	<input type="checkbox"/> Oxygen saturation (SpO2) greater than or equal to 94%
<input type="checkbox"/>	<input type="checkbox"/> Clear lung sounds
<input type="checkbox"/>	<input type="checkbox"/> Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of shortness of breath
<input type="checkbox"/>	<input type="checkbox"/> Patient is able to ambulate without difficulty
<input type="checkbox"/>	<input type="checkbox"/> Patient is agreeable to home self-care
ANY CHECKS in a shaded box indicate that patient transport should be encouraged.	
If ALL CHECKS are in non-shaded boxes, patient may provide self-care at home. Refer to no-transport instructions for patients.	
Any patient may be transported at the EMS Clinician's discretion.	
<small>This emergency protocol was issued by the Maryland Institute for Emergency Medical Services Systems, after approval by the Executive Director and Chairman of the State Emergency Medical Services Board, in response to the COVID-19 pandemic, and in accordance with Education Article Section 13-516(d)(1) and COMAR 30.03.05.02(f) and a catastrophic health emergency proclamation.</small>	

From the Education Committee
Maryland Chapter Educational Conference & Annual Meeting
Summary
Michael C. Bond, MD, FACEP

On March 12th, 2020 Maryland ACEP held its Annual Education and Business meeting. However, this year was quite different than past years. Outbreaks of COVID-19 in Seattle and New York City prompted fears of having a conference with a gathering of Emergency Medicine physicians in the same space, and many institutions implemented travel bans preventing the travel of speakers. The week of Maryland ACEP's conference was highly dynamic with almost daily changes in how the nation was responding to this pandemic. Thanks to the leadership of the Maryland ACEP Board of Directors and their careful planning the conference was still able to be held while minimizing the risk of infection. Most of the conference was held virtually with Maryland ACEP members able to watch the conference from the safety of their homes. For those that choose to attend the conference care was taken to make sure that everybody was appropriately socially distancing and following proper hand hygiene. Several speakers that could not travel were still gracious enough to present their lectures virtually, so all the planned lectures given without incident.

This year's highlights included:

- Bryan Hayes, PharmD who spoke on Black Box Drugs We Use: What's the Risk? (Virtual Presentation from Boston)
- Mimi Lu, MD who gave a stimulating in person talk on Pediatric DKA: Not Just Little People with Hyperglycemia
- Rahul Bhat, MD spoke on Cyclic Vomiting: A medication bottomless pit? (Virtual Presentation from Washington DC)
- Yemi Adebayo, MD spoke on Abdominal Pain That Isn't: The Masqueraders Bill Jacquis, MD was able to provide an ACEP Update
- Jay Kaplan, MD spoke on Burnout 3.0: Your Road to Recovery (Virtual Presentation for New Orleans)
- Tiffany Fong, MD gave an update on the use of Ultrasound in the Emergency Department (Virtual Presentation from Baltimore)
- Sarah Dubbs, MD spoke on the Hidden Dangers: Cardiotoxicities of Cancer Drugs

We also had an extremely competitive Resident Speaking competition with Gregory Jasani, MD from the University of Maryland Medical Center Emergency Medicine residency program winning a second year in a row with a stimulating talk on Workplace Violence in the Emergency Department.

The annual meeting included our Business and Award Reception. The following individuals were honored:

AWARD	WINNER
Advanced Practice Provider of the Year	Kevin Walsh, PA
Chairperson of the Year	James Delvecchio, MD, FACEP
Clinician of the Year	Anil K. Mahajan, MD, FACEP
EMS Physician of the Year	Nelson Tang, MD, FACEP
Physician of the Year	Michael C. Bond, MD, FACEP
Resident of the Year	Joshua Trebach, MD
Legislator of the Year	Delegate Heather Bagnall
Emergency Nurse of the Year	Gail Lemay
Emergency Nurse of the Year	Lena Sutch

The entire conference was recorded this year and we will share the lectures on the Maryland ACEP website for those that could not attend throughout the year. Looking to the future, it is unclear how COVID-19 will affect our ability to hold our annual conference next year that is scheduled for March 2021. While we would prefer to meet in person, we will be prepared to hold it virtual if group gatherings are not permitted. Please send your suggestions for speakers and topics to [Michael C. Bond, MD, FACEP](#).

We hope to be able to see you in 2021!

**From the Membership Committee
The Importance of Membership
Nicole Cimino-Fiallos, MD**

"Look out for each other. This is the fight of our lives." - Steve Rogers/Captain America

Iron man is my favorite superhero. His ingenuity in stressful situations makes me think he would have made a good emergency medicine physician. Iron man successfully saves the world in 3-three separate blockbuster films, but he does his best work when supported by the Avengers, a team of likeminded superheroes going through similar circumstances with a common goal. I see a lot of comparisons between superheroes and emergency medicine physicians on the news, social media and even walking past the homemade signs of gratitude that line the parking lot at the hospital where I work. I barely recognize my own Emergency Department these days. There are walled off sections, large signs designating "hot zones," and an army style tent now blocks the front entrance. It takes a moment to identify each of my coworkers behind their plastic face shields and N95 masks. Working a shift feels so much harder now- we are in the middle of the movie, when it feels like the bad guy is winning and the heroes are getting weary. It feels traumatic to be caring for patients in these novel circumstances. Simultaneously, we are grappling with pay cuts, loss of scribes, and changes in staffing.

We don't have Iron Man's endless wealth and technology or magic shields and hammers to protect us from our invisible enemy. How can we cope? Part of our strategy for self-care should be to reach out to our fellow Avengers. The network created by the members of ACEP is a vast web of support and encouragement. As a member of ACEP, we have several resources at our fingertips that provide support during this challenging time. ACEP offers the "Let's Talk" via the engaged forum which allows members to post anonymously to seek out peer guidance and advice. Counseling and wellness sessions are also available to ACEP members that want help coping with stress, anxiety, depression and more. ACEP's online

COVID toolbox also offers TED talks, crisis management podcasts, helpline contact information and more.

Your ACEP membership is more valuable now than ever before. Reach out, zoom in, ask for help, hang in there!

What Coronavirus Taught Me **Sydney E. DeAngelis, MD**

When I was given the opportunity to write an article about my experiences with Coronavirus, I was not sure how to start. Providers in much worse circumstances, with great expertise and more eloquence, have written about this for months. I don't think it's my role to discuss the science in this forum. As I said, others are doing that commendably. When I thought further, I concluded that there could be value in sharing my experiences, as an Emergency Physician, mom and community member.

I will give the following caveat - these apply to me. They may or may not apply to anyone else.

Here are some things I have learned:

- Most of what I did daily pre-Covid isn't necessary. It's habit, for better or worse.
- When it comes down to it, I can get by with much less on my calendar and be just fine.
- Moving more slowly has allowed me to appreciate the more important things in life.
- Every EM provider needs a will, and a plan for what needs to happen if we are not there.
- I no longer have the luxury to justify not sleeping enough, eating right or caring for myself.

I need to be careful with what I say in front of my kids. They understand more than I think. They can tell when we are angry and scared.

Here is the corollary to the above: I am trying to be honest with my children to the extent that I can, and to answer their questions in an age-appropriate manner. They know everything is not fine. At the same time, they are kids, and they deserve to stay kids if possible.

It is normal to feel bad/sad/mad. It's important for me to admit that I feel that way. I need to tell someone (who is not a partner or family member) about it. And there are people wanting and waiting to help if I let them. There have been many times that I feel overwhelmed with grief while at work. More often it hits when I am driving home after a shift. Sometimes it happens the next day when my husband says something, and I snap at him for no reason. Then I realize why. Watching a healthy, middle aged person (my age or a few years older) deteriorate over a few hours is terrifying. Putting a grandmother on a ventilator knowing she has almost no chance of ever seeing her family again is heartbreaking.

Many times, the best thing I can do for someone is to get them into palliative care and hospice. It's not something I trained for as an Emergency Physician, but it's a critical skill. We need to help families understand that it is noble and just to make the remaining days of their loved ones as comfortable as possible, even if the number of days is smaller. On that note, it is important to talk to loved ones about what they want if they get sick. For better or worse, I may be the only healthcare provider who has asked.

No one is going to rescue us. We, more than any other profession, know that only by being prepared and working together, can we affect change. The people in charge need our help. There are a few that are willfully ignorant. Many want to do the right thing. I need to be respectful, but unflinching in advocating for my patients, my safety, my livelihood and my specialty. Participating in advocacy has been my outlet.

No matter how annoying it is, I need to keep protecting myself, and avoid becoming complacent. I need to keep learning as much as I can, from credible sources. I need to keep lines of communication open, even with people with whom I may disagree, as long as it isn't detrimental to my well-being. Then, it's fine to disengage. Twitter and Facebook will do fine without me.

I need to look at the long term. While I cannot control ED volumes, or the effect on my salary, I can control my reactions to the changes. Resiliency is the tool I need to keep going. Practicing gratitude is a cure for a multitude of ills. I am grateful for everyone on the frontlines. I am grateful for those supporting us. I am grateful for every day I get with my loved ones. I am grateful that I that I have a job, and that my job is the best in the world. I can make a difference in someone's life every day. No matter what happens, I will keep this foremost in my mind.

Resident Corner
**“Where are the Physicians on This?” A Call for Physician Advocacy
on Healthcare Violence**
Gregory Jasani, MD

Recently, I had the honor of meeting Congressman Joe Courtney in his office in Washington, DC to discuss a bill that he had introduced in the House, HR 1309: “The Workplace Violence Prevention for Health Care and Social Services Workers Act”. If passed, this bill would direct the Occupational Safety and Health Administration (OSHA) to develop a standard on workplace violence prevention for the healthcare field. It would also require all healthcare facilities to develop violence prevention plans in line with this new standard and to keep records of all incidents that occur in their facilities. This bill passed the House in November and is currently in the Senate.

A colleague and I had written an op-ed in support of this bill that was published in the Baltimore Sun in early January. As physicians, we felt it was important to express our support of this legislation. We both view the levels of violence in the healthcare field to be wholly unacceptable and feel that this legislation is an important step in the right direction. To be completely honest, we did not think much would come from our op-ed; we did not think anyone outside of our friends and family would even read it. We shared our piece on Facebook and got a few likes and messages of congratulations. That was all we thought was going to come of our efforts.

We were both incredibly surprised when, a few days after our op-ed was published, a legislative assistant from Congressman Courtney's office reached out to us. She informed us that Congressman Courtney had read our op-ed and wanted to meet with us to discuss our thoughts on his bill. We were completely shocked by this but readily agreed. Unfortunately, my colleague could not attend due to work constraints, so I attended the meeting on our behalf.

Congressman Courtney was incredibly gracious. He and I spoke at length about the rampant levels of workplace violence in the healthcare field. I shared with him how, even though I am only a second-year resident, I have been witnessing to countless incidents of violence in the emergency department where I work. Congressman

Courtney, unfortunately, has heard similar stories from his wife, who is a nurse practitioner, and from his constituents. It was these alarming stories that prompted him to develop HR 1309. We ended our meeting by discussing his bill and how we believe it will stem some of the violence experienced in healthcare.

After leaving Congressman Courtney's office, I met with staff from the office of Senator Tammy Baldwin. Senator Baldwin is the sponsor of HR 1309 in the Senate. Since the bill has not yet been presented in the Senate, Senator Baldwin's staff is still actively working to ensure its passage. The staffer with whom I met expressed his gratitude about the op-ed my colleague and I had written. He told me that, prior to our op-ed being printed, he had not heard much from the physician community regarding this bill. In contrast to nursing groups, who have been very vocal on this issue, he found the silence from the physician community perplexing. He asked me, somewhat exasperatedly, "Where are the physicians on this?" I did not have a good answer for him.

As physicians, we need to make our voices heard on this issue. Workplace violence has become a grimly common occurrence in our profession. According to the Joint Commission, hospital staff are confronting "steadily increasing rates of crime including violent crimes such as assault, rape, and homicide" . Approximately 75% of all workplace violence incidents reported to OSHA occurred in the healthcare field and healthcare workers are over four times more likely to be victims of workplace violence compared to every other profession (excluding law enforcement) .

Despite these appalling numbers, there are very few legal protections for us in place. Only nine states currently require healthcare facilities to have proactive violence prevention strategies . Hospitals in the remaining forty-one states are under no mandate to have any type of policy in place. OSHA has produced a guideline to reduce the risk of workplace violence in healthcare, but it is purely advisory⁴.

Our silence on this issue is unacceptable. Violence has become ubiquitous in our field and something must be done to reverse this trend. I truly believe that, while HR 1309 will likely not solve workplace violence in healthcare by itself, it is an important first step. To my fellow physicians, if you also support this legislation, please be vocal in your support. If there is one thing that I learned from my experience of writing my op-ed, it is that our lawmakers value our perspective as physicians. I never imagined that my op-ed would make it to the halls of Congress or that I would be invited there myself. Your Senators are waiting to hear from you; please let them know how important this issue is to you. Your advocacy today may make your workplace safer tomorrow.

1. Congress.gov. HR 1309 - [Workplace Violence Prevention for Health Care and Social Service Workers Act](#) Accessed February 27, 2020
2. Jasani G, Hussain A. The dangers of being a doctor: threatened by those who seek help. The Baltimore Sun. 2020
3. Preventing violence in the health care setting. The Joint Commission. Sentinel Event Alert 2010; 45: 1-3.
4. Occupational Safety and Health Administration. [Guidelines for preventing workplace violence for healthcare and social service workers](#) Accessed February 26, 2020
5. ECRI Institute. [Violence in Healthcare Facilities](#) Accessed February 27, 2020



Medical Student Corner

Exploring a Career in EM during the COVID-19 Pandemic

Mary Melati

In only a few days, the Covid-19 pandemic had quickly changed the medical school experience. For first-year medical students, in-person small groups and lectures moved online to Zoom meetings and pre-recorded lectures. Second-year medical students had their Step 1 exams cancelled and clerkships delayed, and third-year medical students paused their rotations and started online electives. Due to the Covid-19 pandemic, traditional opportunities for medical career exploration like shadowing and electives were discontinued, and certainly many students felt left without guidance about how they could still learn about different medical specialties during this time.

Fortunately, through communications from ACEP, I was still able to explore a career in Emergency Medicine. I signed up for the Covid-19 (Coronavirus) Communication Hub as soon as it was set up, and I was in awe at the quick response by WA-ACEP who shared their Seattle ED experiences and the extensive nation-wide information sharing that ensued. Through the joint ACEP webinars with the Society of Critical Care Medicine, I learned about the latest guidance on treatment and management of patients with Covid-19. From Dr. John Rozel's webinar "Hurting and Helping: Team Care and Self Care During Crisis Confirmation," I learned new ways to be resilient. I also attended the Virtual EMRA/YPS Health Policy Primer and then joined Dr. Reese Tassey, Dr. Bob Linton, and other EM physicians, at the ACEP Virtual Hill Visit to talk with staff of federal legislators about PPE and testing.

Time goes by very quickly in medical school and I will soon have to decide what specialty I want to go into. My ACEP membership has been helpful as I consider my future decision to join EM by allowing me to continue learning about the field through their robust organization platform and network. I hope you have found the ACEP community equally helpful as you find your way through the Covid-19 pandemic. I look forward to one day meeting all my EM role models in person. Meanwhile, I hope all of you stay safe and well.

Adriana's Corner

A special thank you to all of you for your continued support of your patients during this pandemic. These are unprecedented times and many of you have made many sacrifices and have continued to risk your lives for others. Wishing you all the best during this crisis. Stay safe and healthy!

Take advantage of the useful resources that are posted on the chapter website:

[COVID-19](#)
[Mental Health](#)

Welcome New Members!

A special welcome to the new members of the Maryland Chapter. We are excited to have you.

Karl Dachroeden, MD
Bobbi-JO Lowie, MD
Harsh G. Pathak, MD
Ryan H. El Sibai, MD
Kara Abarcar, MD
Lisa Saffire, MD
Aileen Virella
Kiriana Morse, MD
Daniel Piening, MD

Ok Shin, MD
Haydon Lutz, MD
Reed Macy, MD
Diana M. Bongiorno
Julie Pfeffer
Maduka Nnadozie
Hamza Raja
Benjamin J. Miller

You may wonder if you should get involved with Maryland ACEP or EMRA or at the national level? We encourage you to please get involved!

If you are unsure about how to get involved, feel free to contact the chapter [directly](#).

FROM NATIONAL ACEP



**COVID-19 (Coronavirus)
Clinical Alert**

www.acep.org/COVID-19

New COVID-19 Website, Plus Updates to COVID-19 Field Guide

Featuring more than 400 resources, our [revamped COVID-19 website](#) will help you find what you need, when you need it. Our most popular resource, the [ACEP Field Guide for Managing COVID-19 in the ED](#), has grown to more than 230 pages and been translated to 5 additional languages. The following sections are newly updated: decontamination/cleaning, HCW checklist, HFNO, treatment and management

Public Poll: Emergency Care Concerns Amidst COVID-19

There is a worrisome trend across ERs of people who are avoiding getting the medical care they need. While it's important to stay home and follow social distancing guidelines, it's critical to always know when to go to the emergency department. [Read more.](#)

National EMS Week is here!

We are proud to partner with NAEMT to feature [National EMS Week](#) as an initiative to create significantly greater visibility of EMS among health professions and communities. ACEP thanks the [generous organizations](#) supporting this year's initiatives.

TJC Statement, COVID 4.0 Package and More in this Week's Capital Minute

Tune into the reimagined ACEP Capital (30) Minutes every other Thursday at 3 p.m. ET to get federal advocacy updates and answers to your questions in real-time. In the latest edition, we're covering the most recent regulatory changes and funding updates, The Joint Commission statement on mental health that came out earlier this week and what you need to know about the COVID 4.0 package. Watch this week's ACEP Capital Minute [here](#) and register for the next edition [here](#).

Medicare Telehealth Flexibilities...Are They Here to Stay?

We are seeing an expansion of telehealth that we have never seen before, and it is hard to imagine ever going back to where we were before. However, for us to keep up the momentum and not return to the pre-pandemic telehealth world, a few things need to happen---read this week's [Regs & Eggs blog](#) to find out what.

COVID-19 Financial Survival Guide: What You Need to Know

ACEP is standing up for our members who, despite serving on the frontlines of the COVID-19 pandemic, are having their livelihoods threatened. Cutting benefits, reducing shifts or canceling contracts in today's environment is akin to signing a 'Do Not Resuscitate' order for many emergency departments and the physicians who care for patients, especially those in rural or underserved areas. [Access the guide.](#)

TJC Statement Supports Removing Barriers to Mental Health Care for Clinicians and Health Care Staff

ACEP recently met with The Joint Commission to discuss physicians being penalized by state licensing boards and other entities for seeking mental health support. On May 12, TJC [released a statement](#) that supports “the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.” [View more wellness and crisis support resources.](#)

Upcoming Virtual Grand Rounds Focused on Physician Wellness

Join us May 27 for our Virtual Grand Rounds! From 10 a.m. – 2:45 p.m. CT, we'll cover physician wellness, second victim syndrome in COVID times, emergency mindfulness, overcoming self-judgment with self-compassion, and how to support your team during times of crisis. [Register by 8 a.m. CT on May 27.](#)

Related Resources:

- Physician Crisis Support: ACEP collaborated with the American Association of Emergency Psychiatry on a [webinar and podcast](#) related to physician wellness and mental health during COVID-19.
 - ACEP Member Benefit: [Free Counseling and Support](#)
-

Did You See This Broadway Tribute to Emergency Medicine?

ACEP and ENA were asked to join the “Resilient Project,” featuring more than 60 Broadway theatre artists to virtually perform “Resilient” as a thank you to emergency healthcare professionals worldwide. [Watch for cameos from several EM physicians and nurses in the video](#), which also aims to raise money for COVID-19 research through EMF.

Member Benefits: COVID-19 No Cost, Discount & Other Offers

You are risking your lives to care for patients from this unprecedented pandemic, and we all appreciate the additional stress on you and your families. We want to help. And, so do a lot of companies out there. So, thanks to you and thanks to the companies willing to support our healthcare heroes. [View the benefits.](#)

Stigma and OUD

In January, ACEP convened a summit, Addressing the Opioid Stigma in the ED, and [a powerful 11-minute video](#) from that event is now available. Be part of the solution!

Related Resources:

- [ACEP's PACED accreditation program](#) is the nation's only specialty-specific program that allows EDs to improve pain and addiction care.
 - ACEP, Get Waivered, & ED Bridge are providing the first [Zoom version of the traditional waiver training](#) May 20 at 10 a.m. ET.
-

COVID-19 Special Edition of Critical Decisions in EM

Our newest CDEM features lifesaving lessons focused on the ED evaluation and management of COVID-19, including timely information on risk factors, common examination findings, valuable diagnostic tests, and the safe use of pharmacological treatments. The issue also takes a deep dive into PPE, the provision of respiratory support, and what interventions should be avoided when managing these vulnerable patients. [Learn more](#).

Call for Research Forum Abstracts

Submit your abstracts to ACEP's Research Forum 2020 by June 11. Abstracts will be peer reviewed for presentation at the 2020 Research Forum during ACEP's Scientific Assembly. [See abstract requirements](#).

Be Accredited to Provide Pain & Addiction Care in the ED

Show your community that your ED is part of the solution. ACEP is now accepting applications for the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org.

**Maryland Chapter
c/o National ACEP
4950 West Royal Lane
Irving, Texas 75063-2524**

© 2021 Maryland Chapter ACEP. All rights reserved.