

A Newsletter for the Members of the Rhode Island Chapter

Summer 2018



Catherine A. Cummings, MD, FACEP, President

[Marc Bialek](#), Executive Director

Phone: 401.331.1337 | [Website](#)

Thank you for attending the RI ACEP 2018 Annual Meeting in Newport!

The Rhode Island ACEP annual meeting was held on June 6 in Newport, Rhode Island at the Gurneys Waterside Resort. There was a great turn out which included residents from both Brown and Kent as well as member physicians from around the state.

Attendees enjoyed a beautiful spring evening starting with a cocktail hour on the outside patio overlooking Newport Harbor. After cocktail hour, our annual meeting moved inside where Vice-President Jamieson Cohn, MD gave a quick update of RI ACEP activities.

There are new leaders of the EMS Committee, and the Education Committee, Drs. Joe Lauro and Jeff Feden. In addition, the next education event will be held on November 15. Dr. Tony Cirrillo gave a legislative update which included progress at the state level on balanced billing, opiates and some of the other priorities that RI ACEP and Rhode Island Medical Society have focused on over the last year.

Dr. Francis Sullivan won the first ever RI ACEP Emergency Physician of the Year Award. It was

announced that Dr. Anthony Cirillo won the Colin C. Rorrie, Jr. Award for Excellence in Health Policy.

The keynote speaker, Dr. Alison J. Haddock, who is the Director of Health Policy at Baylor College of Medicine and on the ACEP Board of Directors did a wonderful job sharing a national ACEP perspective. Dr. Haddock spoke about balanced billing, maintenance of certification, and ACEP's national legislative priorities. Her evaluation of the most important issues facing EM physicians was insightful. She did a great job guiding the conversation and answering questions from the Rhode Island Members. A great time was had by all attendees.





Education Committee Update

Jeffrey Feden, MD, FACEP
Chair, Education Committee

The RI ACEP Education Committee is actively working on the Fall CME event. **Save-the-date for Thursday, November 15, 2018.** The focus this year will be on disaster preparedness and response. We will have didactic content from local experts in addition to an interactive component. Please mark it on your calendar and consider joining us!

We are also developing a member showcase forum in which RI ACEP members will have the opportunity to present on topics of their choice at a future meeting in 2019. These will be brief, TED-style talks presented to your peers, allowing us to highlight local talent and expertise amongst our membership. Stay tuned for additional details regarding the submission process.

As always, please feel free to [contact me via email](#) with any ideas or suggestions about how the Education Committee can help you succeed in your practice.

EMS Committee Update

Joe Lauro, MD, FACEP
RIACEP EMS Committee Chair
RIACEP Representative: Ambulance Service Advisory Board

Greetings from the RIACEP EMS Committee! We hope everyone has been enjoying their summer. While the committee has taken a much needed break since our last meeting administration remains quite active. We anticipate our next meeting toward the end of August. Please review the [doodle poll](#) and join us! We even have food, refreshments and a Corvette give away at every meeting. By Corvette I mean cup of coffee.

DOH has released the updated version of the [RIEMS Protocols](#), version 2018.02. The medical directors are actively educating providers regarding the new protocols including field termination of resuscitation and rapid sequence intubation. Most field termination cases do not require a call to medical control and both of these skills are limited to the paramedic level.

Another important update to the protocols is point of entry for [behavioral health patients](#). The intent of the protocol as outlined in protocol 2.09: “If there are no medical or substance use disorders transport the patient to a [mental health preferred facility](#) if the transport time is less than 20 minutes”. Alcohol intoxicated patients should still be taken to the nearest appropriate hospital facility as highlighted by the [advisory document](#) recently released by the Director of Health and Chief of EMS. It is very important that we educate our services so that patients get to the right place the first time. While on the topic of education remember to add your education event to the [list](#) located on the RIDOH website.

Our team is proud to welcome our newest medical director, Dr. Heather Rybasack-Smith. Dr. Rybasack completed her EMS fellowship at Brown and received much of her training at Cumberland Rescue. She will stay on as co-medical director along with Dr Lauro to continue to provide medical oversight to the Cumberland Paramedics. Heather undoubtedly will make a strong impact in RI as an EMS Fellowship trained physician.



In the coming year we are hopeful to gain more interested members. Since its inception the EMS committee has made robust strides in coordinating and standardizing medical oversight throughout the state in conjunction with the new Medical Director Guidelines. This continued momentum is contingent upon participation of as many EMS medical directors as possible. If you are reading this you are probably offering medical direction to EMS in one capacity or another. We encourage you to [reach out to us](#) and participate however your availability allows. If you can't attend meetings you can still participate by joining the email list which enables you to review minutes and remain aware of pertinent issues. [Email Marc Bialek NOW!](#)

Enjoy the rest of your summer,
Joe Lauro and the EMS Committee

Advocacy Update

Otis Warren, MD

Advocacy Chair

2018 was a busy year for RI ACEP advocacy. Dr. Anthony Cirillo served as our champion in the balanced billing (surprise billing) arena, advocating for legislation that creates an arbitration process for providers and insurers when emergency care was rendered out of network. This is an ongoing battle that will continue into next year.

A couple of our members were involved in legislation related to the e911 fees and the use of the finances. For those of you who missed it, the state collects a toll on your phone bills (cell and land line) to finance the 911 system. However, this money has been funneled into general expenses for years and not used exclusively for the 911 system. This created a bit of a political controversy this spring. Our members (Drs. Lauro and Cummings) have been working with the legislature on writing protocols to update and modernize RI's 911 system using some of these funds. This would include training operators on how to give medical and CPR techniques. As it stands now, an operator simply says, "Help is on the way."

RI's Medicaid Office, EOHHS, introduced a number of cost saving measures to the House budget office. We were strong opponents of a suggested copay for what they deemed to be unnecessary ED visits. This is the classic case of chest pain turning out to be GERD and now the payers don't want to cover it. Needless to say we opposed it, not so much for the copay, but for the precedent this could have on the private insurers who would love to see this play out. This measure did not pass. As of now in RI we operate on a "prudent layperson" standard of a necessary ED visit in determining if the insurers will cover the expense. However, this is a national hot-button issue that is sure to play out. Please see ACEP's position on this: [ACEP vs Anthem](#)

Opiates were also a hot button topic at the State House. Several bills (or amendments to current legislation) were proposed. We generally supported legislation allowing providers to disclose to family members of opiate overdose and other addiction patients. This is in keeping with national HIPPA guidelines. This bill passed the Senate but stalled in the house, mostly because of the last minute nature of it. Expect more next year.

We were vocal opponents of legislation that would allow for involuntary holds, and forced treatment for select opiate overdose patients. This was late-introduced legislation that was born from distraught family members who could not force their loved ones into

treatment, as well as Suboxone providers seeing very few if any referrals from the EDs.' There are multiple problems with this legislation. Much of it rests with our ability to hold someone who has capacity to refuse treatment, as well as the repercussions (and exposure to malpractice) if we don't and the person has a fatal overdose. This is not to mention that opiate treatment is mostly outpatient, and there is no evidence that forced treatment works (for those outside of the parole system). Oh, and there is no current facility that would accept these patients on involuntary holds. This did not make it out of the Senate hearings, but I expect more next year.

As always, contact me if you have any other issues we should address, and please, [donate to our PAC](#). Your contributions allow us to sit down with policy makers and tell our side of the story.

Advocacy Event Opportunity



Please join...

Congressman Jim Langevin (D-RI)

House Armed Services Committee
House Committee on Homeland Security

Saturday, September 22, 2018

6:00 p.m. to 8:00 p.m.

Capital Grille

*10 Memorial Boulevard
Providence, Rhode Island*

Suggested contribution

Individual \$250

Couple \$400

Host \$500

RSVP or Questions to:

L. Anthony Cirillo, MD ~ acirillo@usacs.com

Please make checks payable to:

Langevin for Congress
181-A Knight Street

Warwick, RI 02886

To contribute online, please visit:

www.jimlangevin.com

FEC ID: C00346697

Designed and printed at house

Disclaimer:

Contributions or gifts to the Langevin for Congress Committee are not deductible as charitable contributions for federal income tax purposes. Federal law requires the Langevin for Congress Committee to use its best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions from foreign nationals, corporations, national banks, federally chartered corporations, federal contractors, and labor unions are prohibited. Contributions are limited to \$5,400 per individual or federal non-unionizable PAC (\$2,700 for the primary election and \$2,700 for the general election) and federal unionizable PAC's may contribute up to \$10,000 (\$5,000 for the primary election and \$5,000 for the general election). Persons are prohibited from making contributions in the name of another person.

Newsworthy Accomplishments

ACEP Awards

The ACEP 2018 Council Awards Committee has selected the following award recipient from the Rhode Island Chapter:

- Curmudgeon Award – Charles Pattavina, MD, FACEP

The ACEP Board of Directors approved the following award recipient from the Rhode Island Chapter:

- For the Colin C. Rorrie, Jr. Award for Excellence in Health Policy – L. Anthony Cirillo, MD, FACEP

The ACEP Academic Affairs Committee selected the following award recipient from the Rhode Island Chapter:

- 2018 National Faculty Teaching award – Robert Tubbs, MD, FACEP, Alpert Medical School, Brown University

W.W. Keen Award

Ahead of the 250th Commencement and reunion weekend at Brown University, the Brown Medical Alumni Association (BMAA) announced that the senior leadership team of Brown Physicians, Inc. has been selected as the recipient of the annual W.W. Keen Award.

Named in honor of 1859 alumnus and well-known medical professional William Williams Keen, the Keen award is the most coveted honor bestowed by BMAA. The award is presented to individuals in recognition of their outstanding contributions in the areas of medicine, research, education, leadership, patient care or public health.

- Congratulations to Dr. Brian Clyne, a 1997 graduate of the Warren Alpert Medical School, interim chair of the Warren Alpert Medical School's Department of

Emergency Medicine, and an associate professor of emergency medicine and medical science.

Speaking and Board Certification

Congratulations to Dr. Michael Siclari who presented on June 25th at the American Association of Physicians Specialists Scientific Meeting held in Nashville, TN. The Presentation was “Stop the Bleeding – Use of Tourniquets for Control of Extremity Hemorrhage – Lessons Learned from Military Medicine. Dr. Siclari also recently recertified in Emergency Medicine through the Board of Certification in Emergency Medicine, an affiliate of the American Board of Physician Specialists.

Prevent Diabetes STAT Rhode Island: Screen/Test/Act Today is on September 8, 2018

Over one third of Rhode Islanders are pre-diabetic and the vast majority are not aware that they are. Left untreated, between 15 and 30 percent of pre-diabetics will develop full type 2 diabetes within five years. Diabetes Prevention Programs have proven to be very effective in preventing pre-diabetics from progressing to diabetes, which is the single most costly chronic condition in Rhode Island.

Representatives from the American Medical Association and Rhode Island Department of Health will provide detailed data regarding the effectiveness of Diabetes Prevention Programs (DPP). This educational activity will focus on the importance of performing routine pre-diabetic screenings, how to perform such screening, and how to refer patients to free, evidence-based DPPs in their communities. Given these tools, physicians will not only establish new clinical habits, but will also empower patients to take better care of themselves.

Current topics include:

8:45 a.m. - 9:00 a.m. - Welcome - Sarah Fessler, MD - Immediate Past President, Rhode Island Medical Society

9:00 a.m. - 9:30 a.m. - Diabetes Prevention: Bending the Diabetes Curve - Arnold Goldberg, MD

9:30 a.m. - 10:00 a.m. - Effectively Tracking and Presenting DPPs Outcomes - Matt Collins, MD, V.P. of Clinical Integration, BlueCross BlueShield of RI

10:15 a.m. - 11:00 a.m. - Connecting Physicians and Patients to Diabetes Prevention Programs - Megan Fallon, MD, Health Systems Intervention Manager, RI Department of Health and Nellie Guerriero, DPP Lifestyle Coach, Bristol Parks and Recreation Center

11:00 a.m. - 11:30 a.m. - Incorporating DPP into Your Medical Practice - A Case Study - Marna Heck Jones, IT EHR & Data Analytics Coordinator, Anchor Medical Associates

11:30 a.m. - 12:00 p.m. - Call to Action & Adjournment - Bradley Collins, MD, President, Rhode Island Medical Society

Learning Objectives:

1. Assess patients' risk for pre-diabetes.
2. Conduct routine screenings.
3. Connect patients with DPPs
4. Engage and communicate with local DPPs to establish a process to receive feedback about patient participation/progress.
5. Position themselves to prosper under new payment models.

Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Warren Alpert Medical School of Brown University and the Rhode Island Medical Society. The Warren Alpert Medical School of Brown University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The Warren Alpert Medical School of Brown University designates this live activity for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This event is made possible through a grant from BlueCross BlueShield of Rhode Island.

RIMS Members: \$25

Non-Members \$50

[Register Here](#)

Prevent Diabetes STAT: Rhode Island
September 8, 2018 8:00am to 12:00pm

[Registration Form](#)

Name, Degree & Title *(as preferred for name badge)*

Primary Medical Specialty:

Email (required):

Office Address:

Office Phone:

Registration Fees

- \$25 - RIMS Members
 \$50 - Non-members

Breakfast is included. Please advise if you have any dietary restrictions.

Please make checks payable to
"RI Medical Society Foundation"

Credit Card Payment: VISA MC AMEX

Name on Card:

Card Number:

Expiration Date:

Billing Address:

No refunds will be issued for no shows.

Please send your registration materials to:
RI Medical Society, 405 Frontenade Street,
Providence, RI 02908

RIMS members [HERE](#) can register online
at www.rimod.org

Thank you to the DPP Planning Committee:

BlueCross BlueShield of Rhode Island
• Elizabeth James, RN

Rhode Island Medical Society
• Marc Biabek
• Steve DiToy
• Newell Wards, PhD

Brown Office of Continuing Medical Education
• Maria Sullivan, BS
• Andrea Goldstein

Rhode Island Department of Health
• Michelle Barron-Magne, BS
• Randi Belhumeur, MS RD LDN CDOE
• Megan Fallon, MS



RHODE ISLAND
MEDICAL SOCIETY

405 Frontenade Street, Suite A
Providence, RI 02908
Phone: 401.331.3307
Contact: Sarah Stevens
E-mail: sstevens@rimod.org

RHODE ISLAND
MEDICAL
SOCIETY
PRESENTS

**Prevent Diabetes
STAT
Rhode Island
Screen/Test/Act Today™**



Saturday,
September 8, 2018
8:00am – 12:00pm

Warren Alpert
Medical School of
Brown University
222 Richmond St.
Providence, RI

Prevent Diabetes STAT Rhode Island: Screen/Test/Act Today™

Over one-third of Rhode Islanders are pre-diabetic and the vast majority are not aware that they are. Left untreated, between 15 and 30 percent of pre-diabetics will develop full type 2 diabetes within five years. Diabetes Prevention Programs have proven to be very effective in preventing

pre-diabetics from progressing to diabetes, which is the single most costly chronic condition in Rhode Island.

This activity will provide detailed data regarding the effectiveness of Diabetes Prevention Programs (DPP). It will also focus on the importance of performing routine pre-diabetes screenings, how to perform such

screenings, and how to refer patients to free, evidence-based DPPs in their communities. Given these tools, physicians will not only establish new clinical habits, but will also empower patients to take better care of themselves.

Learning Objectives

1. Assess patients' risk for pre-diabetes.
2. Conduct routine screenings.
3. Connect patients with DPPs
4. Engage and communicate with local DPPs to establish a process to receive feedback about patient participation/progress.
5. Position themselves to prosper under new payment models.

Program Agenda

8:00am – 8:45am: Registration/Breakfast/Visit Exhibitors

8:45am – 9:00am: Welcome

- Sarah Fessler, MD, Immediate Past-President, Rhode Island Medical Society

9:00am – 9:30am: Diabetes Prevention: Bending the Diabetes Curve

- Arnold Goldberg, MD, Asst. Program Director, Kent Hospital/UNECOM Family Medicine Residency Program

This discussion will focus on the toolkit created by the AMA and CTX that can help physician practices screen and refer patients to evidence-based diabetes prevention programs without adding a burden to their practice.

9:30am – 10:00am: Effectively Tracking and Presenting DPP's Outcomes

- Matt Collins, MD, V.P. of Clinical Integration, BlueCross BlueShield of RI

Given that 1 in 3 adults likely have pre-diabetes, the value of diabetes prevention seems obvious. Purchasers of DPP need assurances that the results obtained from locally-sourced DPPs produce the same value as those in the DPP06 and NIDDK.

10:00am – 10:15am: Break/Visit Exhibitors

10:15am – 11:00am: Connecting Physicians and Patients to Diabetes Prevention Programs

- Megan Fallon, MS, Health Systems Intervention Manager, RI Department of Health
- Nellie Guerriero, DPP Lifestyle Coach, Bristol Parks and Recreation Center

Screening for prediabetes is a crucial first step for quality improvement and diabetes prevention. Presenters will discuss how RI-based FQHCs currently screen for prediabetes through clinical quality measures and clinic work flow redesign. Presenters will then explain the structure of RI-based DPPs, the effectiveness of these programs, and how physicians intervene by referring patients to DPPs in their communities.

11:00am – 11:30am: Incorporating DPP into Your Medical Practice - A Case Study

- Marna Heck-Jones, IT/EHR & Data Analytics Coordinator, Anchor Medical Associates

Anchor Medical will discuss the methodology and the effective implementation it employed over the past six months to incorporate diabetes prevention programs into its medical practices.

11:30am – 12:00pm: Call to Action & Adjournment

- Bradley Collins, MD, President, Rhode Island Medical Society

A wrap up of the day's discussion and listing of resources for physicians.

Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint provider-ship of the Warren Alpert Medical School of Brown University and the Rhode Island Medical Society. The Warren Alpert Medical School of Brown University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The Warren Alpert Medical School of Brown University designates this live activity for a maximum of 3.0 AMA/PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



This event is made possible through a grant from BlueCross BlueShield of Rhode Island.

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
-

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 lab and 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.



The advertisement features three black and white photographs on the left: a man holding a child, a nurse attending to a patient in a hospital bed, and a doctor examining a young child. To the right is a large graphic with the text 'ACEP 50 YEARS' in a stylized font, with '50' being the largest and most prominent. Below the photos and graphic, the text reads: 'Celebrate the depth and diversity of emergency medicine with ACEP's 50th Anniversary Commemorative Book'. The background of the graphic is dark with colorful, brushstroke-like patterns in blue, green, and yellow.

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?

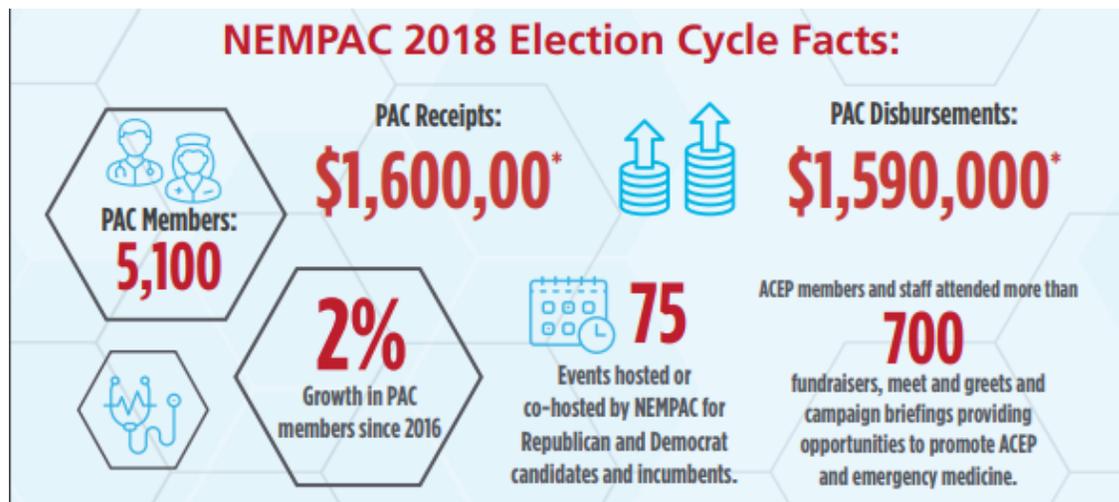
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour [geriatric pre-conference](#) during ACEP18. Hear from the geriatric experts who will walk you through the increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused 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

Hailey N Bossio, DO

Sara M Capobianco

Peter C Mattson

Caroline P Meehan, MD

Austin M Quinn, MD

Frederick Varone, MD

**Rhode Island Chapter ACEP
Rhode Island Medical Society
405 Promenade St, Suite A
Providence, RI 02908**

Copyright © 2018 Rhode Island Chapter ACEP. All rights reserved.