

# Alabama Chapter Update

A Newsletter for the Members of Alabama ACEP



Summer 2013

## From the President Bobby Lewis, MD, FACEP, UHM

Dear Alabama Chapter,

The SEC ACEP Educational Conference, held in Sandestin on June 3-6, was a great success with good turnout and outstanding up-to-date education for all those who attended. Planning is already started for the meeting next year, with several potential improvements taking place.

Members of the board met with the Tennessee delegation in Sandestin and are planning a future meeting with the hopes of gaining even more support from the surrounding state chapters. We will keep the membership informed of the major plans. There has been some discussion about changes in venue, with the meeting move from year to year to some of the surrounding participating states. We will explore that option, but most of the feedback has been in favor of staying at the beach location, and at Sandestin. We will carefully research all options and allow the board to make that decision, with input from the other state participants.

Dave Garvey has done a great job of planning the program and we are exploring the best way to get him some help, this will be discussed at the upcoming meeting.

We are pleased to have input from the nurse practitioners and the physician assistants who are working in emergency departments in the state. A representative from each of their organizations has been invited to participate in our board meetings and we look forward to their input into what we can do to best support them in their work and training.

I would also like to remind everyone that the board meetings, which are held on the first Thursday of September, December, March in Montgomery, and in June at the Educational Conference, are open to the membership if anyone wants to attend.

Please feel free to contact me with any feedback and recommendations you might have for improvements as to how the Chapter might serve you in the future

### Alabama Chapter ACEP

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## AL ACEP Board of Directors Changing of the Guard

We would like to thank the outgoing members for the time and contributions during their tenure serving on the board. These include: Drs. John Croushorn of Hoover, Michael Roman of Birmingham, Diamond Vrocher of Trussville, and David Garvey of Hampton Cove. The newly elected board members include: Drs. Elizabeth Phillips of Mountain Brook, Steven Werdehoff of Huntsville, Lenny Nasca of Troy, and re-elected for another session is John Garvey of Hampton Cove.

**The officers are:**

**President:** Dr. Bobby Lewis of Clanton

**President-Elect:** Dr. Melissa Costello of Mobile

**Secretary/Treasurer:** Dr. David Garvey of Hampton Cove

**Immediate Past President:** Dr. Bryan Ballentine of Birmingham

There will be many challenges for the board to engage in handling. Obamacare leads the list. Much remains to be seen as to the effect it will have on our emergency rooms. With the closing of several hospitals and mental health centers, the remaining ERs mental health facilities will be strained to their limits.



## SEC Conference Sandestin 2013... A Big Hit

I have to say that the momentum of the annual SEC Conference is a remarkable sight to behold.

From the small, simple conference in Gulf Shores 30 years ago... to the huge turnout this summer of 2013, it is a fantastic experience and a great educational tool for all practicing emergency medicine clinicians. This conference is now bringing in more and more regional talent and speakers that bring diversity and a variety of academic repertoire. We welcome them and they have already been a great help with lecture and resident participation.

The current venue is a great one as it allows all participants to come to the beach and also be off the sand to enjoy some bayside activities. It has something for all to enjoy; from the quaint New Orleans-like corridors of restaurants and bars to the children's adventure playground of zip line, ropes course, trampolines and ice cream parlors.

This site is also a somewhat central location for the southeast dwellers and prevents some states from driving the full east-west trip. The venue that has been chosen by the board is an exceptionally worthy one and while we considered moving it to an area closer to some of the other states, the fact remains that most clinicians desire to bring their family to the beach at some point in the year. There is the convenience of Bayside Wharf with all its amenities, and is relatively central for all participating states. Sandestin continues to be the site that has the most to offer for the cost.

**Some of the highlights of the 2013 meeting are as follows:**

Over the last 3 years we have seen: 25 % increase in total participants

- 14% increase in physicians
- 58% increase in non-physicians (nursing and medical technicians)
- 136% increase in poster presentations

Vendor support has been level and strong due to the amount of space that we have elected to use and allows the event to be a more intimate and user friendly for its participants.

These statistics above are incredible! It is exciting that we have participated in all of this over the past few years. All those involved from the board of directors, regional lecturers, administrative staff and, especially its participants are to be praised. It is worth mentioning that more residents are using this as a springboard to present their hard-earned research or clinical case reports. This venue has the effect of getting them involved regionally, and allows the residents to network with practicing physicians, nurses, and vendors from all across the region. They are able to intermingle with future emergency medicine staff, EM employment staffing, current technology trends, and this networking creates a feeling of family and belonging.

Also of note, we are pleased that the EM Nursing is becoming involved and are most happy to see them at the conference.

**The current participating states are:**

Alabama, Tennessee, Arkansas, Louisiana, Mississippi, Tennessee, and Kentucky.

I would like to thank Dr. David Garvey for his tireless work in bringing this conference from its infancy to its current state. He has taken the challenge to create and advance this conference and should be recognized for his hard work.

We at Alabama ACEP want to thank all that have continued to support this great educational/networking event and are looking forward to seeing even more of you at future events!

Best Regards,  
A. Michael Roman, MD, MBA

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## Pain Management Legislature Update

**House Bill 151**, known as the Alabama Pain Management Bill, was passed on April 9, 2013 with little amending.

Starting January 1, 2014, all physicians and health care centers performing medical services that involve prescription of controlled substances, in order to treat chronic nonmalignant pain, must be registered with the Alabama Board of Medical Examiners.

Annual registrations cost \$300 and renewals thereafter will be \$300/year. Failure of the physician who continues to provide these types of medical services could result in a fine of \$10,000, as well as potential suspension or restriction of his medical licensure for the state.

Also included with the application, is a background check through the FBI using fingerprints.

This may not stop the continued appearance of patients presenting themselves to our ERs for pain management control. If anything, it could increase the frequency of these types of patients should the physician or center providing these types of medical services to not get registered.

ACEP has partnered with the National Institute of Drug Abuse and the Centers for Disease and Prevention to provide new and effective approaches in treating ED patients with substance use disorders, now known as SUD. Future conferences are scheduled and available to be found at the ACEP web site.

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## EMS for Children's Corner

Alabama participated in the National Pediatric Readiness Project from March 1 to June 1, 2013. There were 94 hospitals assessed and 50 completed the assessment. The project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (EDs) have the essential guidelines and resources in place to provide effective emergency care to children. The assessment was the first phase of the project.

The purpose of the assessment is three-fold:

1. to establish a composite baseline of the nation's capacity to provide care to the children in the ED;
2. to create a foundation for EDs to engage in ongoing quality improvement process that includes implementing the Guidelines for the Care of Children in the Emergency Department; and
3. to establish a benchmark that measures and ED's improvement over time.<sup>1</sup>

There are two items that the Alabama EMS for Children program would like to address based on the results of the assessment:

1. weighed and recorded in kilograms and;
2. continuous end-tidal CO<sub>2</sub> monitoring device. These are two things that should be in place in all EDs in Alabama.

The National EMS for Children program is pushing for all pediatric patients to be weighed in kilograms. This is one standard that can be changed to improve data collection and ultimately improve outcomes. Of the 50 hospitals that completed the assessment only 32% (16 out of 50) currently weigh and record pediatric patients in kilograms. The national average, to date, is 54% of EDs weighing and recording in kilograms. This puts Alabama at 22% below the national average. It is the hope of the Alabama EMS for Children program that 100% of Alabama EDs will be weighing and recording in kilograms when a reassessment is completed in two years.

The next EMS for Children installment will address the importance of continuous end-tidal CO<sub>2</sub> monitoring devices in the ED.

Katherine Dixon Hert, EMS for Children Project Director  
Alabama Department of Public Health, Office of EMS

<sup>1</sup> National Pediatric Readiness Project. EMS for Children National Resource Center, n.d.

Web. 8 July 2013. [www.pediatricreadiness.org](http://www.pediatricreadiness.org)



## Alabama Stroke System Update

The Stroke System is much closer to activation. There are 15 hospitals so far that are being fitted with computers to enable communications for referrals by EMS, or hospitals, to the appropriate stroke center hospital.

We should hear in the next 4-6 weeks how soon this program will be activated and in what regions of the state.

AL ACEP wants to send special thanks to all that have enabled this process to come forth. As with the Trauma System Program, this Stroke System program will enhance the care for all of our stroke patients.



## ACEP13

Now is the time to register for the conference in Seattle, Washington from October 14-17, 2013. Don't forget the pre-conference too. It would be wonderful to have a great turn out from Alabama. Perhaps as we get more from our state to attend, we can organize a meeting or gathering for a future conference.

To register for ACEP13, click on the link below:



## Kudos to One of Our Own

Congratulations goes to Lisa M. Bundy, MD of Montgomery for her article, "Adventures of a Rookie" in the November 2012 issue of *ACEP News*.

I forgot to send this in our last newsletter. It is great to see our Alabama ED docs highlighted in the national spotlight. We try to keep up with these newsletters.

If anyone notices a fellow Alabamian article in any recognized journal, please send it my way through the AL ACEP office. We need to recognize our fellow physicians that bring our state into the limelight.



## Thanks to You, EMF Reached the Goal



Emergency Medicine Foundation (EMF) reached our \$1 million matching grant goal, and we could not have done it without you! Because of you, EMF is one step closer to reaching our first ever endowment. Eighteen ACEP chapters raised \$30,678 to further emergency medicine research. EMF appreciates the generosity and leadership of these state chapters.

## Auctioning Items to Further with EM Research

EMF will host a silent auction during ACEP13 to continue raising money for research. The silent auction will include signed items from entertainers and athletes, weekend getaways and many more great items. We are also taking donations to be auctioned off. You can donate items such as a weekend getaway, wine, jewelry, or an excursion package can be donated for the auction. To donate your items, go to the foundation [website](#). For more information contact Cathey Wise at [cwise@acep.org](mailto:cwise@acep.org) or 469-499-0296.

### **Be a VIP at The Taste of the Northwest**

The silent auction is not the only event planned for EMF during ACEP13. The Taste of the Northwest Classic at Chihuly Garden and Glass is our first-class VIP event recognizing our major donors. Donors who contribute \$1,000 or more since January 1 2013, receive complimentary tickets based on their giving level. Wiegentstein Legacy Society members receive two tickets. Individual tickets will also be available at the ACEP Bookstore for \$125. Sponsorship packages are still available. Please visit [acep.org/emfevent](http://acep.org/emfevent) for more information.

Because of donors and state chapters like you, EMF awarded more than \$500,000 in emergency medicine research. Research includes how physicians communicate with patients after they leave the emergency department, patient return to the ED, prescription drug monitoring, and implementing an emergency department to home transition intervention.

Thank you of your support and donations to EMF and emergency medicine research. Because of you, we can continue funding vital research to improve emergency medicine practice and patient care.



## **Clinical News**

### **Opioid Overdose Deaths Skyrocket in Women**

American women are dying from prescription drug overdose at historically high rates, the Centers for Disease Control and Prevention announced July 2.

[Read the entire article](#)

### **Apixaban Beats Warfarin on Safety in Acute VTE**

In patients with acute venous thromboembolism, 6 months of treatment with the oral-anticoagulant apixaban was as effective as was standard therapy with subcutaneous enoxaparin for a week followed by oral warfarin, and apixaban caused significantly fewer major bleeding complications in a randomized, multicenter trial with more than 5,000 patients.

[Read the entire article](#)

### **Eight principles outlined for safe opioid prescribing**

Opioids aren't always appropriate for treating pain, and if they have to be prescribed, they must be used cautiously and at the lowest effective dosage, Dr. Lynn R. Webster advised.

[Read the entire article](#)



## **Gadgets and Gizmos**

I love this title. You all know Inspector Gadget. He uses some cool and unusually effective gadgets and interesting gizmos that you just may not be familiar with. Well, here are some for you to consider. I do not profess to endorse or not endorse these G & Gs. Just think about them. I "borrowed" these from a lecture given in Ponte Vedra Beach, Florida at the Clinical Decisions in Emergency Medicine Conference presented by a friend of mine, Leslie Simon, DO FACEP from the University of Florida in Jacksonville, FL. Here are some of the toys she presented for consideration.

Axotrack is a sterile hand held device to assist in central line placements and could assist in aspirations or other fluid collecting needs like paracentesis. It is a gun-like sonographic assisted device with a magnetically attached needle programed for virtual

needle image placement. Cool device. Not that expensive, especially when you consider even just one law suit for a misplaced line or procedure.

Ambu aScope2 is a hand-held disposable fiber optic stylet for endotracheal intubations. This would be great for field use in the EDs, on EMS rigs, mass casualties in the field. It is a one-time use system for some difficult intubations when a flexible fiber optic scope is not available. It does not have any suction or grasping device ports. The vision quality seems a little poorer than our standard fiber optic scopes. But, in a pinch, these could help to intubate some trauma patients.

VividTrack is a disposable fiber optic endotracheal laryngoscope that can attach to computers or iPads that use MAC, Windows or a Sonosite device. I saw another program that attached to computers in a prior meeting. You may not need to purchase a space occupying machine for the small size ED floor plan already taken up by other machines, crash carts, and hallway stretchers.

I would suggest that when you go to ACEP 13 in October, look for these and more. Be your own inspector. Some of these will be more cost effective for your facility to purchase as well.



## Welcome New Members

Adam B Carroll, MD  
Benton M Cason  
Steven Lebron Chadwick  
Ryan Corrick, MD  
Michael S Dumas  
Ernest Byron Foster, II, MD  
Brent Griffin  
Joel Hamm, MD  
Carolyn Kezar, MD  
Joanna Maya  
Casey Andrew McIntosh, MD  
Therese Michelle Medalle, MD  
Anna P Melerine, MD  
Daniel T Neuberger, MD  
Brittany Owensby  
David B Page, MD  
Meagan Pate, MD  
Patrick J Siler, MD  
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