

# Alabama Chapter Update

A Newsletter for the Members of Alabama ACEP

Spring 2011

## From the President Jeremy Rogers, MD

### SEC Conference Is One Of The Best

If you have not signed up for the Southeastern Chapters regional conference, it is not too late. You can go to our website and sign up now. We continue to expand the number of participating chapters which now include Alabama, Mississippi, Arkansas, Louisiana, Kentucky, Tennessee and South Carolina. We are very thankful for each chapter's involvement and contributions to this conference. It has truly grown into one of the best ACEP conferences. We have a wide variety of topics that are covered with excellent workshops on Thursday. There is now an ENA Nursing Track being held on Monday as well. Many thanks to Dr. Dave Garvey, Dr. Annalise Sorrentino, and Denise Louthain, our executive director, for creating an incredible conference this year. The conference is located at the beautiful SanDestin Golf and Beach Resort in SanDestin, Florida. It's a perfect spot for families with plenty of activities and hopefully lots of sunshine. You can view the conference brochure by clicking here. See you in SanDestin!

Jeremy Rogers, MD, FACEP

### Alabama Chapter ACEP

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## Conference Schedule

### MONDAY, JUNE 6

6:30 am	Registration & Continental Breakfast	Exhibit Area
7:00 – 7:30 am	ACEP Update	Dr. Michael Gerardi
7:30 – 8:30 am	CMS Update/Healthcare Reform	Dr. Richard Wild
8:30 – 9:30 am	Risk Management	Karen Everitt, BSN, JD
9:30 – 10:00 am	BREAK	Exhibit Area
10:00 – 10:30 am	New Practice Guidelines	Dr. Michael Gerardi
10:30 – 11:30 am	Observation Medicine	Dr. Sharon Mace
11:30 – 12:30 pm	Wellness/Stress and Humor in the ED	Dr. David Garvey

### ENA NURSING TRACK

7:00 – 7:50 am Sepsis in the ED: What's Really Going On Kitty Harris, RN

7:50 – 8:40 am	Eye Emergencies	Brandy McCulloch, NP, RN
8:40 – 9:30 am	Hypothermia: When Cold is a Good Thing	Kitty Harris, RN
9:30 – 10:00 am	BREAK	Exhibit Area
10:00 – 10:30 am	Skin Pathology	Brandy McCulloch, NP, RN
10:30 am	Join SEC Session	
6:00 pm – 9:00 pm	Welcome Reception	

## TUESDAY, JUNE 7

6:30 – 7:00 am	Continental Breakfast	Exhibit Area
7:00 – 7:30 am	Approach to the Febrile Child	Dr. Annalise Sorrentino
7:30 – 8:00 am	Pediatric Tricks of the Trade	Dr. Michael Gerardi
8:00 – 8:30 am	Altered Mental Status	Dr. Mike Roman
8:30 – 9:00 am	The Graniteville Chlorine Disaster	Dr. Stephen Grant
9:00 – 9:30 am	Acute GI Bleeds	Dr. Jonathan Jones
9:30 – 10:00 am	BREAK	Exhibit Area
10:00 – 11:00 am	Literature Update – Pediatric	Dr. Mark Meredith
11:00 – 11:30 am	Hypertensive Emergencies	Dr. Jonathan Jones
11:30 am– 12:00 pm	All That Vomits is Not Gastro	Dr. Annalise Sorrentino
12:00 – 12:30 pm	Overdose/Poisoning	Dr. Mike Roman
1:30 – 6:00 pm	Dr. Sam Heard Memorial Golf Tournament	Baytowne Golf Club

## WEDNESDAY, JUNE 8

6:30 – 7:00 am	Continental Breakfast	Exhibit Area
7:00 – 7:30 am	Prehospital Airway Management	Dr. Henry Wang
7:30 – 8:00 am	Sedation and Analgesia	Dr. Luis Camero
8:00 – 9:00 am	Adult Literature Update	Dr. Paul Veach
9:00 – 9:30 am	Concussions and Return to Play	Dr. Luis Camero
9:30 – 10:00 am	BREAK	Exhibit Area
10:00 – 10:30 am	Green Tobacco Sickness	Dr. Ryan Stanton
10:30 – 11:00 am	Therapeutic Hypothermia	Dr. Henry Wang
11:00 am – 12:30 pm	Interactive Case Review	Dr. Larry Stack
5:00 pm – 7:00 pm	Wine Tasting with the Exhibitors	Poster Presentations

## THURSDAY, JUNE 9

7:00am – 12:30pm 4 Workshops – Register for only one

1) Urgent Care Workshop (designed for MLPs) – Dr. Preston Gallaher

Wound Care – Suturing I&D, Otho Care – Splinting, Basic Radiograph Ordering & Interpretation

2) Observation Medicine Workshop - Sandra Sieck

Compliance, Facility Guidelines, Physicians Guidelines, Processes/Operations

3) Pediatric Trauma and Disaster Course – Dr. Mark Baker

4).. Ultrasound Workshop – Dr. David Piggot



## Upcoming Meetings

### **2011 MASA Annual Session**

May 26-20, 2011  
SanDestin, Florida

### **2011 ACEP Scientific Assembly**

October 15-18, 2011  
Moscone Center - San Francisco, CA

### **Emergency Department Directors Academy - Phase I**

November 14-18, 2011  
Omni Dallas Park West - Dallas, TX

### **Emergency Department Directors Academy - Phase III**

November 15-19, 2011  
Omni Dallas Park West - Dallas, TX



## **Clinical News**

### **Hospitals Vary Widely in Applying Proven STEMI Treatments**

Implementation of evidence-based treatments for patients with acute myocardial infarction saves lives, but hospitals show substantial variation in the extent to which they apply these treatments, according to a study of more than 60,000 patients treated at 72 Swedish hospitals during 1996-2007.

During the period studied, Swedish hospitals increasingly used proven treatments for patients presenting with ST-elevation MIs, including increased use of reperfusion therapies, aspirin, clopidogrel, statins, beta-blockers, and ACE inhibitors or angiotensin receptor blockers. Concurrently with increased use of these interventions, the standardized, 1-year mortality of patients dropped from 19% in 1996 to 11% in 2007, Dr. Tomas Jernberg, a cardiologist at Karolinska University Hospital in Stockholm, and his associates reported in an article published online on April 27 (JAMA 2011;305:1677-84).

But in addition to documenting the efficacy of evidence-based therapies for treating acute STEMI, the findings also revealed a wide variation in the application of these therapies by all 72 Swedish hospitals that provide care for patients with acute cardiac diseases.

[Read the entire article online.](#)

### **Antibiotics Alone May Suffice for Uncomplicated Acute Appendicitis**

Uncomplicated acute appendicitis can be safely treated by antibiotics alone, a systematic meta-analysis suggests.

Use of antibiotics may prevent unnecessary appendectomy and reduce overall complication rates, lead author Dr. Katherine J. Liu said at the annual meeting of the Central Surgical Association.

“Appendectomy may be reserved for antibiotic treatment failure and recurrent appendicitis,” she said.

Dr. Liu pointed out that antibiotics have become progressively more powerful in the last 30 years and that spontaneous resolution of acute appendicitis occurs in 24-48 hours without any treatment in up to 20% of patients in large series. A recently

published study found that the negative appendectomy rate in the era of computed tomography is 5% with CT and 10% without CT (Ann. Surg. 2008;248:557-63). Also, perforated and nonperforated appendicitis are probably two separate disease entities, based on several very large epidemiologic studies, she said.

[Read the entire article online.](#)

### **Focus On: Variceal Hemorrhage**

“Focus On” is an ongoing series of articles that examine common complaints that present to the emergency department or highlight new literature or treatment options. The February 2011 article reviews current therapy for gastroesophageal varices and the importance for emergency physicians to deliver life-saving treatment.

Learning objectives for this article include to assume that patients with a history of cirrhosis who present with upper GI bleeding have esophageal varices until proven otherwise; recognize that patients with esophageal varices have an extremely high mortality rate; always perform a rectal exam and consider nasogastric lavage in the evaluation of esophageal varices; treat esophageal variceal bleeding with octreotide, proton pump inhibitors, antibiotics, intravenous fluids, and early blood product transfusion; and consult GI specialists and interventional radiology early in the evaluation of variceal bleeding.

**After reading the article, take the CME quiz [online](#).**



## **ACEP Joins Partnership of Professional Organizations to Improve Care for Patients with Hereditary Angioedema**

ACEP is excited to announce its partnership with the American College of Allergy, Asthma and Immunology (ACAAI), the American Gastroenterological Association (AGA) Institute, and the World Allergy Organization (WAO) in the “HAE: Learn About It, Talk About It” program, an innovative, peer-driven campaign aimed at uniting disparate specialties that see patients with hereditary angioedema (HAE) to help advance the standard of care.

HAE is a rare and potentially fatal genetic disease characterized by sudden, severe, and painful swelling episodes that can affect any part of the body. Because HAE symptoms can mimic other emergencies, including appendicitis, acute abdomen, or an allergic reaction, the average patient can endure 13 years of repeated misdiagnoses before HAE is identified.

As the first line of contact with undiagnosed and diagnosed patients in many cases, emergency physicians and physicians’ assistants can play an important role in improving care for patients by quickly recognizing HAE symptoms, understanding new disease management paradigms, and referring patients to an HAE-treating physician for appropriate management.

With new, targeted therapy options available in the U.S., now is the time for specialists on the front lines of HAE to work together to improve patient care through increased awareness and education, faster diagnosis, and appropriate disease management.

Visit their [website](#) to learn more about HAE and its impact in emergency medicine, to be prepared by finding an HAE-treating allergist in your area, and to take advantage of free educational resources, including an HAE Webinar, podcast series, and iPhone app.

“HAE: Learn About It, Talk About It” is supported by ViroPharma Incorporated.



## The 2011 Emergency Department Director of the Year Winner and Finalists Announced by the Emergency Medicine Foundation and Blue Jay Consulting

Blue Jay Consulting and the Emergency Medicine Foundation (EMF) announced that Royce D. Coleman, MD, FACEP, has been named the 2011 Emergency Department Director of the Year. Dr. Coleman, Medical Director at the University of Louisville Hospital and Associate Professor at the University of Louisville, Department of Emergency Medicine, will be honored at the Emergency Department Directors Academy on Monday, May 2nd in Dallas, TX. Three additional finalists will be honored later this year.

“The Blue Jay Consulting/Emergency Medicine Foundation Emergency Department Director of the Year Award recognizes current emergency department physician leaders who made significant impacts on improving the operations of their departments, resulting in improvements in the quality of patient care,” said Jim Hoelz, Chief Nurse Executive/Managing Partner at Blue Jay Consulting.

“This year’s winner, Dr. Royce D. Coleman was chosen for his active collaboration with nursing to achieve departmental improvements, his commitment to providing excellent patient care, his work to implement programs to improve the quality of the patient experience and community involvement, as well as professional involvement with the American College of Emergency Physicians,” Mr. Hoelz said.

An Emergency Department Director wears many hats,” said EMF Chair, Michael Gerardi, MD, FACEP. “Daily they are charged with providing leadership; planning; ensuring ethical practices; coordinating with nurses and administrators; improving utilization of the facility, service and staff; all while ensuring quality care for the patients.

“We are pleased to honor Dr. Coleman, as he truly set himself apart; and demonstrated his dedication to improvement and sustaining excellence in both quality of care and employee and physician satisfaction,” Dr. Gerardi said.

### **The three finalists in alphabetical order are:**

Dave A. Holson, MD, MPH is the Mount Sinai Services at Queens Hospital Center in Queens, New York.

Robert L. Muelleman, MD, FACEP, is the Emergency Medicine Chair, Department of Emergency Medicine at the University of Nebraska Medical Center in Omaha, NE and the Emergency Medicine Medical Director at The Nebraska Medical Center in Omaha, NE.

Mark Rosenberg, DO, MBA, FACOEP-D, FACEP is the Medical Director with St. Joseph’s Healthcare System in New Jersey.

### **A Letter from the Emergency Medicine Foundation Chair**

The Emergency Medicine Foundation is having a busy year already in 2011! The 13 EMF grantees are concluding a great research year. With projects in stroke care, binge drinking prevention in college-age students, health care reform, mild TBI, and so much more, we are anxiously awaiting their results to be presented at ACEP’s Scientific Assembly Research Forum in

San Francisco this October.

EMF's ability to fund emergency medicine research, coach and encourage up-and-coming researchers, and recognize leadership in our specialty is because of members like you. ACEP members continue to increase their support of EMF each year, providing a majority of EMF's funding. Corporations, foundations, physician groups, and ACEP chapters are also supporting EMF in record numbers. We thank all our donors for their commitment to improving emergency care in our nation.

EMF not only appreciates your financial support but your ideas, as well. Recently, Dr. John Rogers led the charge to encourage the Georgia and Tennessee chapters to donate \$1 per member to EMF. We appreciate Dr. Rogers' initiative and the chapters' willingness to meet this challenge. I encourage other chapters to join Georgia and Tennessee in supporting EMF through this Chapter Challenge.

Our donors are the reason that EMF grows more successful each year. Your support is so valuable and vital to spearheading emergency medicine research. I encourage you to continue to support EMF and the future of emergency medicine. To learn more or to make a donation, go to our [website](#) or call (800) 798-1822 x3216.

Sincerely,

Michael J. Gerardi, MD, FACEP  
Chair, Emergency Medicine Foundation  
Member, ACEP Board of Directors



## AAEM, Small Groups Join EM Action Fund

Recognizing the potential threat to the independent practice of emergency medicine, the American Academy of Emergency Medicine (AAEM) and several small to mid-sized groups have joined the Emergency Medicine Action Fund, which is collectively working to impact health care reform's regulatory implementation.

These contributors are looking past the differences of the varied participants in the EM Action Fund and recognizing the need to improve the emergency medicine practice for everyone, said Dr. Wesley Fields, Chairman of the EM Action Fund.

"What I hope AAEM, the other EM organizations vested in the EM Action Fund, and EM groups large and small will do is to change the conversation about the acute care continuum among policy makers and thought leaders regarding the future of health care in the U.S.," Dr. Fields said.

"There will never be a better time or a more compelling need for emergency physicians to find common cause," he added. "The macro forces that threaten our specialty and our health care system are far greater than any intramural disputes between EM organizations."

AAEM will join the American College of Emergency Physicians, the Emergency Medicine Residents' Association (EMRA), the American College of Osteopathic Emergency Physicians (ACOEP), and the Society of Academic Emergency Medicine (SAEM) on the EM Action Fund Board of Governors. AAEM and SAEM each contributed \$25,000 to the Action Fund, and EMRA contributed \$100,000 over the next two years. ACOEP contributed \$50,000 over the next two years.

Invitations to sit on the Board also have been extended to the Association of Academic Chairs of Emergency Medicine (AACEM), and the Emergency Department Practice Management Association (EDPMA) and were still being considered in mid-April.

The remaining 10 Board seats will be allocated to the largest contributors. Several small and mid-sized groups are working together to form coalitions in hopes of attaining a seat on the Board.

As of mid-April, 12 physician groups of various sizes have contributed to the EM Action Fund, along with two companies that work closely with emergency physicians. There have also been dozens of individual contributions.

As an adjunct to ACEP's Washington, DC staff, the EM Action Fund's consulting firms have been developing analysis pieces about the recently released draft regulations for Accountable Care Organizations (ACOs) from the Centers for Medicare & Medicaid Services (CMS).

There is a synopsis of the quality reporting requirements for ACOs, a summary of the ACO waivers of various federal laws, and many other useful resources useful for review as a formal response to CMS is being prepared.

The [website](#) also has a list of the issues and provisions in the Patient Protection and Affordable Care Act (PPACA) relating to emergency medicine, a timeline of implementation dates of various provisions, and a status update of current legal challenges to PPACA.

"Regardless of one's personal views of the Act, it is obvious to any serious observer that the federal government is likely to continue to have more and more influence over the practice of emergency medicine," Dr. Fields said. "That is why the Emergency Medicine Action Fund will focus on federal regulatory affairs, which, under IRS guidelines, are not political in nature or in tax law."

There is still time to contribute to the EM Action Fund, which is expecting to have its Board in place and being regular meetings later this summer.

"Regardless of your mode of practice, EMAF deserves your support and needs your intellectual capital as much as your financial pledge," Dr. Field said.

Find out more and use the new [online contribution form](#).



## Make A Difference: Write That Council Resolution

ACEP is a living entity, which needs new ideas to keep it healthy and viable in the 21st century. Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. For 2011, the Council has 338 Councillors: ACEP members representing

chapters, sections, EMRA, AACEM, and CORD.

This Council meeting is your opportunity to make a resounding impact by setting our agenda for the coming years. Topics such as the direct election of the president-elect, or working with the Emergency Nurses' Association on staffing models, grew directly from member resolutions submitted to the Council. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

### **I'm Ready to Write My Resolution**

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. This should be short, focus on the facts, and include any available statistics. The Resolved section should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a simple majority vote to pass, while Bylaws resolutions require a two-thirds majority. When writing Bylaws resolutions, list the Article number, and Section from the Bylaws you wish to alter. Then, in the resolution, you should show the current language, and bold your suggested new language while striking through the suggested edits. See the ACEP Web site article, "[Guidelines for Writing Resolutions](#)," which further details the process and offers tips on writing a resolution.

### **I Want to Submit My Resolution**

It takes at least two members to submit a resolution, or a Chapter, Section, AACEM, CORD, or EMRA may submit a resolution. If the resolution comes from a Chapter or Section, then a letter of support from the President of the Chapter or Chair of the Section is required. The Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions pass through the Bylaws committee for review and suggested changes. These changes and suggestions are referred back to the author of the resolution for consideration. One may submit a resolution by mail, fax, or email. Resolutions are due at least 90 days before the Council meeting. This year the deadline is July 16, 2011.

### **Debating The Resolution**

Councillors receive the resolutions prior to the annual meeting along with background information from ACEP staff. Discussion often occurs on the Council electronic list serve prior to the Council meeting. At the discretion of the Speaker, non-Councillor resolution authors may be added to the Council e-list serve upon request.

At the Council meeting, the Speaker and Vice-Speaker divide the resolutions into four reference committees. The reference committees meet and hear testimony on each resolution. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and unlimited testimony, and participants often have questions best answered by the author. Afterwards, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council then meets to discuss all the resolutions. Each reference committee presents each resolution, providing a recommendation and summary of the debate to the Council in writing and on the podium, and then the Council debates each resolution. Any ACEP member may sit in the back and listen to the Council debate whether a Councillor or not. If you wish to speak directly to the Council, you may request to do so in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your Chapter or Section for alternate Councillor status and permission for Council floor access during debate. Chapters and

Sections often have alternate Councillor slots and encourage the extra participation.

The Council's options are: Adopt the resolution as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; Not Adopt (defeat or reject) the resolution; or Postpone.

### **Hints from Successful Resolution Authors**

- Present your resolution prior to submission to your Chapter or Section for sponsorship on the Council floor. This way, they can give advice and assistance.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP web site is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

### **I Need More Resources**

Go to ACEP's Web site, [www.acep.org](http://www.acep.org). Click on "About Us," then "Leadership," and finally click on "Council." Scroll down and you will see a link to the "Guidelines for Writing Resolutions" article. All authors should review this article prior to writing their resolution. Additionally, there is information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. Under this link are PDF documents dating back to 1998 summarizing each resolution and what has occurred with each of them. You can review past actions, or keep track of what happens once your resolution passes.

### **Well, Get To It**

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for College members to speak to the leaders of the College and the Board of Directors. Even if your resolution does not pass, the College will debate the topic and consider its ramifications. Additionally, other members may have resources or suggestions to address your issue. I encourage you to take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council.



## **Welcome New Members**

Timothy Blake Lovely  
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