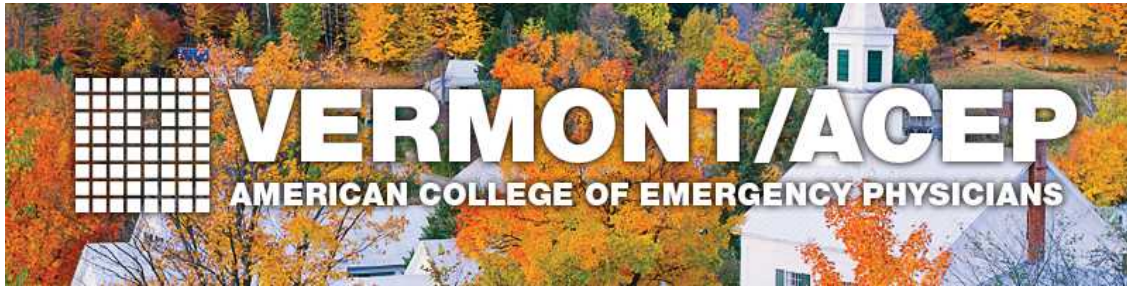


A Newsletter for the Members of the Vermont Chapter



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## From the President Ryan Sexton, MD

Hello Fellow Vermont ACEP Members!

I am excited to work with our chapter's board and all of you to enhance our chapter's presence, both in terms of state advocacy and as part of our national EM community.

As an introduction, I attended medical school at UVM and completed EM residency and fellowship in EMS/Disaster Medicine at Cooper University Hospital in Camden, NJ. I returned to Vermont three years ago with my wife, Kara, who is also an EM doctor. We live in central Vermont with our two young children. I am the Medical Director of Emergency Services at Northeastern Vermont Regional Hospital in St. Johnsbury.

We have a strong chapter membership - currently 90 active members. However, participation in chapter activities over the past few years has been limited. Our primary goal this year is to improve member participation in our chapter functions. With that, we want to hear from you regarding potential activities. How can Vermont ACEP support you? Are you interested in specific educational activities, policy discussions, social gatherings, etc....? Let us know what is important to you.

We have recognized that scheduling chapter functions can be difficult. To allow for better planning, we will provide more advanced notice for chapter activities. We also recognize that traveling to chapter activities can be difficult. We plan to vary venue location and are certainly open to ideas.

To take advantage of an already scheduled and well-attended conference, we will hold a small informal chapter gathering to correspond with the [UVM Emergency Medicine Update Conference](#). This gathering is scheduled for **Tuesday, January 29, 2019 at 7:30pm**. The venue in the Stowe area is TBD and may even be held at the hotel lobby. If you will be at the conference, please **RSVP** via [email](#) and let Adriana, our Chapter Executive, know if you will attend the gathering on the 29th of January. The deadline to **RSVP** is **Sunday, December 23rd**.

Please mark your calendars and check your email or refer to our new website for reminders. If you have not visited our chapter website, click [here](#) to see the chapter website.

### **Chapter Annual Meeting**

For 2019, we would like to hold the chapter annual meeting at the end of June. A final date, time and location can be determined at the gathering to be held in Stowe. If you have any suggestions for the annual meeting, prior to the gathering, please send the chapter an email by clicking [here](#).

### **ACEP18 Council Meeting**

I would like to thank the Chapter Secretary/Treasurer, Christopher E. Barsotti, MD and Alexandra N. Thran, MD for serving as Councillors and representing our chapter at the national ACEP Council Meeting, held this year in San Diego. We are fortunate to have two active members volunteering their time to represent our chapter's interests and giving us a voice on the national level. Please see Dr. Thran's letter below about her experience.

### **Workplace Violence**

Finally, in the wake of the recent murder of our fellow EM physician Dr. Tamara O'Neal, I would like to offer my thoughts on workplace violence. We practice in arguably the most challenging environment in healthcare. We are regularly faced with critical illness and have to make split second decisions with little or no background information at all hours of the day. Unlike in any other setting, we are tasked with treating all who present seeking care. While we specialize in triage and resuscitation, we have to be experts in multitasking, care coordination and customer service. We regularly encounter violent and threatening behavior from patients. Our work is difficult without this, and behavior directed at providers and staff should not be considered "part of the job". I encourage all members to work with your hospital administration to develop policies and practices that minimize risk to staff. We should expect rapid involvement of security and law enforcement when a patient is threatening and abusive to staff. We hold true the promise of first do not harm, and we should not be harmed in providing care.

In response to recent escalation in ED workplace violence, national ACEP has developed some useful resources. Click [here](#) to read more about it.

I will continue to advocate for our safety and hope to work with ED Medical Directors across the state to develop best practices on this front. I am interested in hearing your thoughts on this important initiative and specifically how Vermont ACEP can help make our EDs safer.

I look forward to seeing you in January at Stowe or at our annual meeting to be held at the end of June.

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## **From a Member of the Chapter Alexandra Nicole Thran, MD, FACEP Councillor**

### **Council Meeting - Update**

Dear Fellow Vermont ACEP Members,

As an enthusiastic member of ACEP, I am making a personal appeal to you to help us strengthen our chapter.

This fall, Chris Barsotti and I were fortunate to represent Vermont at the ACEP Council Meeting that was held in San Diego. As a first-time Councillor member, I found it fascinating, truly the sausage making of Emergency Medicine. It made me aware of the hundreds of folks who work tirelessly behind the scenes for all us every day.

Below are a few of the Resolutions discussed at the Council Meeting:

- Divestment from Fossil Fuel-Related Companies - I went to this debate and the debate on the floor was astonishing. One of the members said that he did not understand what California wildfires had to do with this resolution. We can lead when it comes to environmental issues! I would like to see us co-sponsor with another chapter, such as California, to promote a ACEP policy in an energy-responsible, greener direction. Climate change is, in my view, related to the health and wellbeing of our patients and ourselves
- Firearm Safety & Injury Prevention Policy Statement
- ACEP Policy Related to Immigration
- Separation of Migrating Children from their Caregivers
- ACEP Policy Related to Medical and Recreational Cannabis

If any of the above issues are important to you, I urge you to get involved.

Last year, I was also fortunate enough to represent Vermont and ACEP on Capitol Hill to lobby Senators Leahy and Sanders and Representative Welch for several pieces of legislation important to us all, e.g. funding for opiate treatment, the drug shortage crisis. I would mind some company this year! If you're interested in the ACEP [Leadership and Advocacy Conference](#) in DC this spring, please let me know.

With the UVM residency beginning this summer, I think we need to establish our presence as a chapter. I will discuss this with the Vermont Chapter Board and we will keep you posted.

We are also looking for volunteers to contribute to our chapter newsletter, in any way shape or form. Please feel free to reach out to [Adriana Alvarez](#) our Chapter Executive or via our Chapter President, Ryan Sexton. Please feel free to contact me if you have any input or have any questions or comments.

### New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

#### Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

#### Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)

#### Smart Phrases for Discharge Summaries:

- [CT Scans for Minor Head Injuries](#)
- [MRI for Low Back Pain](#)
- [Sexually Transmitted Infection](#)
- [Why Narcotics Were Not Prescribed](#)

### Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

**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.

Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here.](#)

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion ( $\geq 10$  units), but not in those who receive  $< 10$  units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.



ACEP • Ojai, CA • Feb 19-22, 2019

ReCharge • ReEnergize • ReFocus

## Introducing BalancED

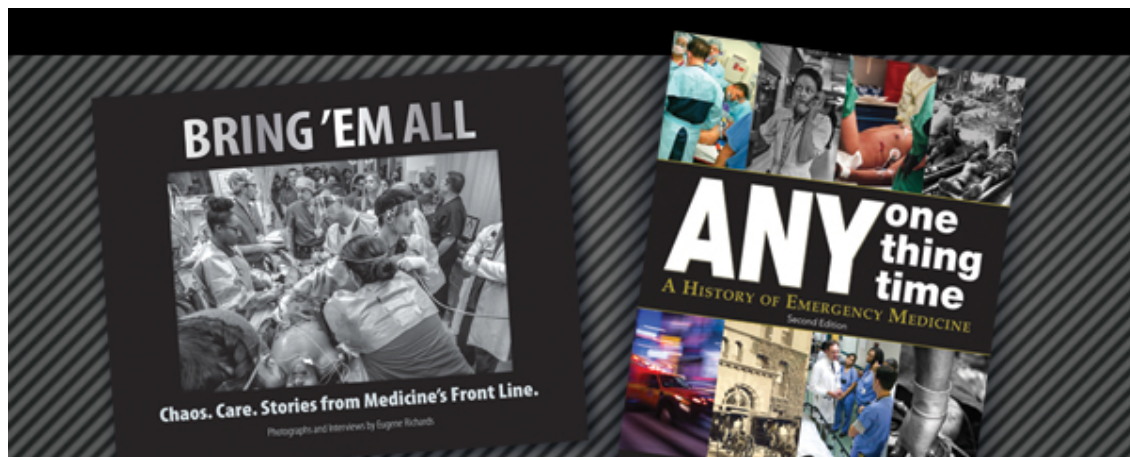
A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

## ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website [www.emergencycareforyou.org](http://www.emergencycareforyou.org). The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, "day-in-the-life" experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)
- [Heat Stroke and Hot Cars](#)
- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.





## ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at [bookstore.acep.org](http://bookstore.acep.org).

# Improve the Care Provided to Older Patients

## Become an Accredited Geriatric Emergency Department

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

[ACEP.org/GEDA](http://ACEP.org/GEDA)



## Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.



Providers  
Clinical Support  
System

With PCSS training, you  
can help save lives from  
opioid use disorder

By getting MAT trained, you can help  
people take their lives back from OUD.

Visit [pcssNOW.org](http://pcssNOW.org)

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

## Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more information on PCSS, [click here](#). For more information on MAT training, email [Sam Shahid](mailto:Sam.Shahid@pcssnow.org).



**STR-TA**  
Consortium  
State Targeted Response  
Technical Assistance

**Call to Action!**  
Navigating together for change



*Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

## **Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative**

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](#) for more information.



## **NEMPAC On Track to Reach Record Fundraising Goal**

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and

patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

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## Welcome New Members

Suven Cooper - Medical Student  
Jesus Mendez, Jr. - Medical Student  
Don Siclari - Vermont

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