

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
DECEMBER 2004-JANUARY 2005

Executive Privilege

Crisscrossing the Commonwealth

by Marilyn Heine, MD
President, PaACEP



"We would welcome a visit from you. If you are able to come to Johnstown, I would be interested in organizing a meeting with area physicians."

What a great offer from Dan Wehner, MD, FACEP. We had been discussing the plan for regional visits to venues other than those where the PaACEP Annual Meeting is held. He enthusiastically arranged an excellent dinner meeting hosting emergency physicians from the region.

About a dozen emergency physicians attended the Johnstown event in November, coming from the immediate vicinity and as far as Bedford, Somerset, and Indiana Counties. We had a lively discussion about issues affecting emergency medicine practice in the area. Questions we discussed included, "How has the medical liability crisis affected your practice and access to on-call physicians in the area? What approaches have you used to address ED overcrowding and work with your hospital administration to understand the value of the ED?"

PaACEP Executive Director David Blunk and I learned about the loss of obstetrics services in rural Pennsylvania,

the challenge of obtaining orthopedic coverage, and how a change in cardiology availability has shifted care of AMI from routine catheterization intervention to an increased use of thrombolytic therapy.

Many of the attendees stayed after the program. Dr. Wehner observed, "The event was a welcome opportunity for emergency physicians to discuss issues and socialize."

The next week, David Blunk and I were off to Old Forge. There we met emergency physicians from Scranton, Wilkes Barre, Wyoming Valley, Geisinger, and Reading. This event was organized by Steve Brunetti, DO, FACEP, PaACEP Medical Economics Committee Chair. We had a delicious dinner and informative meeting. In addition to identifying priority advocacy issues, we discussed the challenge of increasing PaACEP membership among employed physicians.

James BenKinney, MD, FACEP commented how being near I-80 and I-84 has made the area a bedroom community for New York and led to a growing population. His perspective as a regional EMS Medical Director was particularly interesting.

In Johnstown past PaACEP Board member Marc Finder, MD, FACEP, MBA enlightened us on how ACEP leadership addresses issues facing rural emergency physicians, and how to negotiate with hospital administrators. Attendees at the

Old Forge meeting included PaACEP past presidents Rich O'Brien and John Skiendzielewski—also a past ACEP Board member, plus PaACEP Board member Doug Kupas. It is great to see the participation of past and current chapter leaders and committee members. We encouraged all attendees to sign up for PaACEP committees and become more involved in the chapter.

As described in earlier editions of PaACEP News, we had an outstanding regional meeting in Erie, hosted by Ron Strony, MD, FACEP in August. This coupled CME with a superb dinner and time for getting to know area physicians.

David Blunk and I saw the varied terrain of Pennsylvania, from farmland to mountaintops, from a lakefront park and developing property to an urban down-

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Governor Signs Mcare Abatement

On November 29, Governor Ed Rendell signed into law House Bill 1121, which funds extending the critically needed Mcare abatement for physicians through December 31, 2005. The new law is Act 154 of 2004.

“The original bill had a two-year extension, but the Senate cut it back to a one-year extension at the last minute and the House agreed,” said John Milliron, PaACEP’s lobbyist. “It was either take it or leave it and we took it.” PaACEP advocated for 100 percent Mcare Abatement for all emergency physicians, but the legislators tiered the abatement as described below.

Background on Medicare Abatement issue

In December 2003, the General Assembly delivered Governor Ed Rendell’s long-promised Mcare relief to Pennsylvania’s physicians by passing Act 44, the Health Care Provider Retention Program of 2003. The law provided for abatement of Mcare assessments usually applied to physicians. Key elements of the Mcare abatement program included:

- Abatements applied to the 2003 and 2004 assessments only. **Under Act 154, assessments for 2005 are also covered.**
- The amount of the Mcare abatement is as follows:
 - 100 percent for obstetricians; neurosurgeons; orthopedic surgeons; and high-risk surgeons who are members of the highest rate classes of the prevailing primary premium; nurse midwives; family practitioners in rural areas who routinely deliver babies; and **emergency physicians who are certified by the ABEM or AOBEM and employed full time or working under an exclusive contract at a Level I or II trauma center**
 - 50 percent for all other physicians.
- To be eligible for abatement, physicians must sign a “pledge to practice,” which means they agree to practice medicine in Pennsylvania for a full calendar year after the abatement year.
- If a physician who receives an abatement leaves the state prior to the

expiration of the retention year, the physician must repay the abated amount in full plus any administrative or legal collection costs incurred by the state, unless the physician qualified for an exemption from the continued practice requirement.

- A limited number of physicians are ineligible for the abatement due to such factors as prior license revocation, criminal violations, and poor claims experience.
- Receipt of an abatement is not automatic. Physicians must apply for abatement, even if they are eligible for 100 percent abatement, by February 15 of the following year. The deadline to apply for 2004 abatement is February 15, 2005.

The next steps

According to Milliron, one reason that the Senate cut the Mcare abatement extension from two years to one was that the governor wanted all issues related to medical liability reform to be worked on together in 2005. This includes developing a specific long-term plan to provide financial relief to physicians and hospitals and to retire the Mcare Fund. “To be honest, it makes sense to discuss all these issues at the same time rather than doing it piecemeal,” Milliron said. “We would have preferred the Mcare abatement to have been two years, but we got a one-year extension and that gives us next year to discuss the overall aspects of the medical liability crisis and our plans to reform the system. This crisis is not going away.”

Although the abatement does provide some short-term relief, it does not impact physicians’ premiums for primary medical liability insurance. PaACEP members and Milliron will continue to work with legislative leaders on the Chapter’s long-term goals for medical liability reform. In the new legislative session that begins in January 2005, PaACEP and the Pennsylvania Medical Society will renew the push for legislative action that allows a public referendum on a constitutional amendment permitting caps on non-economic awards. ■

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town that is struggling for survival. We were informed about the ethnic and age diversity of the patients in each area. We were told that limited roads were hindering growth in Conemaugh Valley, while superhighways were making Northeast Pennsylvania a bedroom community of New York, and how this impacted EMS programs there. We learned how physician recruitment challenges of Northwest Pennsylvania exacerbate ED overcrowding.

The emergency physicians we visited are in communities that are far apart geographically. However, they have similar challenges to practicing emergency medicine. We surveyed each group and found that their priorities are aligned with those of the chapter: addressing the medical liability crisis, ensuring fair and equitable reimbursement, and resolving ED overcrowding.

Another common aspect is the warmth and hospitality that greeted David and me wherever we went. For that, we thank our hosts and all who participated. We wish everyone in PaACEP a good holiday season and all the best in the New Year.

If you would like to help host a regional meeting in your area in the next year, or would like further information, please contact David Blunk at dblunk@pamedsoc.org, 1.800.228.7823 X 1468 or reach me at mheine@paacep.org. ■

2004: A Challenging Year

Looking back, 2004 has been a year of challenges. Throughout the year, the Chapter focused on its mission of “promoting the delivery of quality medical for all patients and supporting the professional endeavors of emergency physicians.” Although the Chapter successfully faced many difficulties, there are extreme challenges that remain on the table. The most notable is medical liability reform and the crisis situation now facing Pennsylvania’s physicians. Here is a look at the year past and what lies ahead for PaACEP members.

Board Plans for PaACEP’s Future

With more than 2,000 members and a \$600,000 plus budget, Pennsylvania ACEP is the American College of Emergency Physicians’ fourth largest state chapter. The Chapter’s volunteer board and committee chairs—assisted by a staff consisting of an executive director, a secretary and two part-time meeting managers—oversee an organization charged with ...

- Advocating and supporting emergency physicians in the delivery of quality medical care;
- Providing leadership in continuing medical education, graduate medical education, and research;
- Advancing the state’s emergency medical services system;
- Providing guidance and advocacy in the ongoing process of legislation, regulation, and oversight; and
- Advocating for equitable reimbursement for services provided.

The Chapter leadership participated in strategic planning sessions in June 2004 to help effectively meet these charges, manage PaACEP’s numerous project and programs and grow the organization in the future. Based on member input, the leaders decided the most pressing issues for Pennsylvania emergency physicians are: resolving the medical liability crisis; obtaining fair and equitable reimbursement for services; and addressing emergency department overcrowding. They defined measurable objectives to address

these problems over the next 18 months and also set objectives for each PaACEP committee. “We have a rich tradition of accomplishments,” PaACEP President Marilyn Heine, MD, wrote in describing the strategic planning session. “PaACEP is a dynamic chapter with many talented members and the capacity to achieve a great deal.”

Chapter’s Legislative Efforts Bring Frustration and Success

The results of last year’s PaACEP membership survey demonstrated that Pennsylvania’s medical liability crisis is the number one concern of emergency physicians—and physicians in general. As a result, this issue was first on the list of legislative priorities for the Chapter’s Governmental Affairs Committee and lobbyist John Milliron. Although Milliron described the year as “frustrating” because of the failure to achieve caps on damage awards, there were some tort reform victories.

Also this year the Chapter monitored hundreds of bills, and maintained key contacts with legislators by participating at political fundraising events.

Medical Liability Reform

The year began on a positive note when the Pennsylvania Senate on March 9 passed a meaningful reform measure that supported a constitutional amendment to cap jury awards for pain and suffering. The House followed on June 30 by passing its own version of the caps bill. “We had legislation calling for caps on liability awards passing in both the state House and Senate, but in different forms. We could not get either the House or the Senate to agree on an identical form,” Milliron said. “As a result, it was like a ping pong game.

“The Pennsylvania Trial Bar Association was very effective in using the parliamentary rules of the legislature to stall. It was very frustrating for us to know we had the votes to pass meaningful legislation, but not able to put them together in time—by the end of June—so we could move a bill along and achieve a constitutional amendment. We will have to start again

next year and reintroduce our legislation. That doesn’t mean we won’t be talking to members of the House and Senate about caps in the meantime,” he said.

Opposing the Transfer of the EMS Division to PEMA

PaACEP Past President Arthur Hayes testified on March 9 before the State House Committee on Veterans Affairs and Emergency Preparedness regarding House Bill 1060. The bill proposed transferring the state’s Emergency Medical Services Division from the State Department of Health to the Pennsylvania Emergency Management Agency (PEMA).

“Pennsylvania ACEP does not believe the transfer is necessary or wise,” Dr. Hayes emphatically told legislators. “We believe the EMS system should remain under the Department of Health’s guidance for reasons related to infrastructure, mission, and continuum of care.” At the end of the 2003-2004 legislative session, no action was taken on the bill.

Trauma Center Support

On March 24, Governor Ed Rendell signed the PaACEP-supported House Bill 100 into law. The Pennsylvania Trauma Systems Stabilization Act assists hospitals in providing comprehensive emergency services by funding Level I and II trauma centers. The law also requires the Pennsylvania Trauma Systems Foundation to establish accreditation and standards for new Level III trauma centers. These centers will be located in medically underserved areas in the state. PaACEP members Art Hayes, MD, FACEP, and Richard McKenzie, MD, FACEP, were appointed to the committee drafting the Level III standards.

Legislators Recognized

At PaACEP’s 2004 Annual Membership Meeting on April 22 in Philadelphia, the Chapter recognized three Pennsylvania legislators who demonstrated strong support of issues important to emergency medicine. U.S. Senator Arlen Specter was honored for his leadership in achieving fair payment for physicians under Medicare. Congressman James Greenwood

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(R-08), received a PaACEP award for his leadership in the fight for federal medical liability reform, and State Senator Robert Tomlinson (R-Bucks) received a Chapter award for his work to obtain meaningful medical liability reform in Pennsylvania and to retain Pennsylvania's motorcycle helmet law.



PEP-PAC Increases Political Clout

2004 also saw Pennsylvania ACEP building a strong presence on Capitol Hill through its Pennsylvania Emergency Physicians' Political Action Committee (PEP-PAC). Because of PEP-PAC, Chapter members a number of fundraising events during this election year.

Focus for 2005

PaACEP will continue to strongly advocate for medical liability reform, work with payers to improve reimbursement, and confer with regulators and others to address ED overcrowding.

CME Courses Feature Clinical and Practice Management Topics

Pennsylvania ACEP has a long history of sponsoring high quality continuing medical education programs. During 2004, the Chapter offered its members more than 150 hours of ACEP/AMA Category 1 CME credit that addressed a wide range of clinical and practice management topics.

Scientific Assembly

Each year, the Chapter's biggest CME program is the Annual Scientific Assembly. The 2004 PaACEP Scientific Assembly proved to be relevant and interesting to the 200 emergency physicians who attended the meeting held April 21-23 in Philadelphia.

The 27 hours of CME programming during the three days included a mix of clinical, research and practice management

topics. "I received so much feedback from attendees and most of it was extraordinarily positive," said Jack Kelly DO, FACEP, who coordinated the program.

EDIS ... 10 Years of Excellence

The Chapter's highly touted National Symposium on Emergency Department Information Systems marked its 10th anniversary in 2004. *How to Computerize Your ED the Right Way* was held December 5-8 at the Chicago Hilton.

Other CME features

The Chapter's other well-attended CME offerings in 2004 included: the Emergency Medicine Written Board Review Course in Philadelphia in September; the Oral Board Simulation Courses in April and September; Trauma 2004 and the Reimbursement and Coding Seminar in November.

Public Health Remains a Chapter Priority

Pennsylvania ACEP has long been recognized as a strong advocate of public health and safety. The Chapter is known for its leadership in public health issues, such as motorcycle helmets and seat belts, and its ability to galvanize others on initiatives that protect patients' access to quality emergency care. In 2004, the Chapter focused on strengthening Pennsylvania's seat belt law, building a case to reinstate the motorcycle helmet law and promoting EMS.

Seat Belt Law

Amending Pennsylvania's seat belt law to change police enforcement from secondary to primary will be one of the Chapter's legislative priorities for the 2005-2006 legislative session. This would allow officers to stop a motorist solely because he or she was not wearing a seat belt. "This is a white hat issue for us," said Theodore Christopher, MD, FACEP, chair of PaACEP's Governmental Affairs Committee. "We believe it's important that everyone wears their seat belt when they drive their vehicle, and law enforcement should be able to stop you if you're not. It's so obvious that wearing your seat belt cuts down on injuries in an accident."

Motorcycle Helmet Law

In 2003, the Chapter played a major role in the fight to retain Pennsylvania's 35-year motorcycle helmet law. Although the

General Assembly voted to repeal the law, the issue provided significant positive media coverage for PaACEP. The PaACEP board committed in 2004 to seek reinstatement of the helmet law and enlisted the help of chapter members in the effort. During the summer months, the Chapter asked emergency department directors to collect data on the impact of riders not wearing helmets in motorcycle accidents. This information, along with traffic statistics from the Pennsylvania State Police and other sources, will be presented to state legislators and the media at a press conference in spring 2005 to demonstrate the consequences of repealing the state's helmet law.

EMS Week

During the 2004 EMS Week (May 17-21), PaACEP representatives participated in a series of press conferences sponsored by the Pennsylvania Turnpike Commission to promote emergency medical services in Pennsylvania and to recognize local EMS providers. Marc Finder, MD, FACEP, Bruce MacLeod, MD, FACEP, Douglas McGee, DO, FACEP, and Kevin Weaver, DO, represented the Chapter at media events held in Altoona, Whitehall, Harrisburg, and King of Prussia.

Medical Economics Committee Responds to Member Concerns

During 2004, the Medical Economics Committee, chaired by Steven Brunetti, DO, FACEP, has been responding to member concerns and complaints about the payment practices of insurance companies and other third party payers. Dr. Brunetti has authored several articles in *PaACEP News* that address such critical reimbursement topics as payers' inappropriately bundling services, applying erroneous modifiers in claims, or denying payment for critical care services performed in the ED. Each article offered tips on how to improve reimbursement or avoid problems resulting in the denial of claims.

To help members increase their bottom-line and earn CME credit, the Chapter also sponsored its annual Reimbursement and Coding Seminar on November 9 in Harrisburg. The one-day program included valuable information on: E&M procedure documentation; what to do when claims are denied; compliance; and

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the latest reimbursement news from Washington, DC and Harrisburg.

Chapter Speaks Out at ACEP Council Meeting

In 2004, Pennsylvania ACEP submitted a record number of resolutions to the ACEP Council that met on October 15 and 16 in San Francisco. The Chapter's volume of resolutions significantly impacted debate at the meeting and ensured that Pennsylvania ACEP's voice was heard. "I think Pennsylvania had a compelling presence and earned the respect of many," said Theodore Christopher, MD, FACEP, who coordinated the Chapter's resolution process and authored several resolutions. "We brought up issues that are important to emergency physicians across the country and got our points across."

Of the Pennsylvania resolutions submitted, four were adopted, one was referred to the board, and two were defeated. However, one defeated resolution—which asks ACEP to amend its policy statement, "Written Admission Orders"—generated so much debate that ACEP has appointed a subcommittee to study the issue. Fifteen PaACEP members represented the Chapter at the Council meeting, which included a mixture of board members, committee chairs and rank-and-file members. In 2004, the Chapter had one of the largest state delegations attending the meeting.



Chapter Reaches Out to Members

In 2004, Chapter leaders traveled to meet members by initiating regional membership events in Erie, Johnstown, and the Scranton-Wilkes-Barre area. More than 50 members attended the meetings that included updates on Chapter activities and priority issues. The meetings also allowed the leadership and members to get to know one another.

"Our goal for these regional meetings is to raise awareness that PaACEP is here to serve the emergency physicians in Pennsylvania. We are the strongest voice they have," said Ronald Strony, MD, FACEP, the Chapter secretary who coordinated the Erie meeting.

Making Members More Aware of Patient Safety Issues

To help emergency physicians become more aware of critical patient safety and risk management issues, *PaACEP News* began having regular columns devoted to patient safety beginning in September. John Kelly, DO, FACEP, a member of PaACEP's board of directors, is coordinating the project. Dr. Kelly, an attending in the Department of Emergency Medicine at Albert Einstein Medical Center in Philadelphia, is a noted expert on patient safety.

New Committees Address Priority Issues

Pennsylvania ACEP established two new committees in 2004—the Emergency Medicine Practice Committee and the Terrorism and Disaster Preparedness Committee. Both committees will seek solutions to both practical and potential problems facing emergency departments today, such as ED overcrowding, patient safety, and preparing emergency physicians for potential terrorist attacks or other disasters.

Covering the Uninsured

PaACEP President-Elect Doug McGee, DO, FACEP represented the chapter in November at a forum focused on covering the uninsured. He addressed access to emergency medical care in this population. ■

PaACEP President, Marilyn Heine, MD, is a member of the PaMPAC Board of Directors. On August 9, the Pennsylvania Medical Society's Political Action Committee, PaMPAC, endorsed the re-election of President George W. Bush in recognition of his advocacy for medical liability reform and the doctor-patient relationship. Dr. Heine presented First Lady Laura Bush with PaMPAC's endorsement. ■



Serving on ACEP's Board Was "the Best"



John Skiendzielewski, MD, FACEP, is home more these days. He's not flying off to Dallas for ACEP meetings. He's not traveling to make presentations to emergency medicine residency programs or state ACEP chapters. He's not away at quite as many conferences. In October, Dr. Skiendzielewski completed his six-year term on the ACEP board of directors. He hopes to see more PaACEP members on the ACEP board in the future,

"Being on the ACEP board was a tremendously rewarding experience," Dr. Skiendzielewski said. "The best thing was I got to work with some wonderful people—both the other physicians on the ACEP board and the people who work for the College. They are extremely dedicated to the College, the specialty and our patients."

Proud of board's accomplishments

The emergency department director at Geisinger Medical Center in Danville said he is proud of the ACEP board's accomplishments while he was a member. He was part of the search process to find a new executive director for the college. "Colin Rorrie, PhD, CAE, was our executive director for more than 20 years and decided to change jobs. The board was faced with the task of selecting a new person," he explained. The board hired a national search firm, appointed a search committee, held face-to-face interviews with the final candidates and then selected Dean Wilkerson. "That was certainly a huge process and one that really impressed me," he added.

As with many other medical organizations, Dr. Skiendzielewski said national medical liability reform was a priority for the College during his term and the board struggled to find some solutions. "I was very proud that ACEP joined an alliance with other specialties and worked together on a strategy to fight the liability crisis," he said. "We pledged \$1 million of our reserves, along with the other specialties, to mount a public relations campaign against senators who were voting against national caps on non-economic damages. It paid off with the results of the last election. I was very happy about that." With the Republicans picking up seats in the Senate, Dr. Skiendzielewski said he hopes to see some movement in ACEP-supported reform legislation in the next few years.

During his term, Dr. Skiendzielewski said the board also dealt with the issues of emergency department overcrowding and Medicare reimbursement for emergency services. ACEP is working with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to develop hospital standards for getting patients treated in a timely manner. Also ACEP was instrumental in turning a scheduled 4.5 percent decrease in Medicare reimbursements for emergency services in 2004 and 2005 to a 1.5 percent increase. "That was one of the really satisfying things that we were able to accomplish during my tenure," he said.

Dr. Skiendzielewski is especially proud that ACEP did not raise dues during the six years he served on the board. "Price increases and dues increases are just part of our society. You expect them from year to year," he explained. "But for six years, we were able to hold the line on dues, and I think that is pretty remarkable." During that time, the board concentrated on building other sources of revenue for

the College and controlling expenses. "We grew our educational programs, for example," he explained.

Challenges ahead

When looking to the future, Dr. Skiendzielewski said ACEP faces changes in how the government pays physicians. "The government is going to link payment to some type of quality measures ... pay for performance," he predicted. "One of the College's challenges will be to work with government agencies to develop those quality measures and make them appropriate to emergency medicine. The challenge for physicians and emergency departments will be to meet those measures to ensure sufficient reimbursement."

Since his "retirement" from the ACEP board, the PaACEP past president said he has been asked to become more involved in the Chapter. He has agreed to serve on the Membership Committee and is looking at how the Chapter can revive PaACEP's Foundation. "First, we have to review the Foundation's purpose and then see from there if we can make some good from that," he explained.

In the coming years, Dr. Skiendzielewski hopes more Chapter members will be represented on the ACEP board. He will mentor any member who wants to run for election. "I think that with all the talent and resources we have in Pennsylvania, there is no reason why the Chapter can't be represented on the ACEP board on a regular basis. We need to groom physicians to ascend to this position," he said.

"It was a wonderful opportunity for me to serve on the ACEP board to give back to the specialty for everything it's given me. I've grown personally and professionally because of the experience. I would certainly recommend the position to anyone interested in running for the board and would work with him or her to accomplish that." ■

Catching Up With the EMS Medical Director

Douglas Kupas, MD, FACEP, has held one of the state's highest-ranking EMS positions for almost five years and has not lost his enthusiasm for the job. As the Commonwealth Emergency Medical Director in the Pennsylvania Department of Health, he says the job "continues to be extremely interesting. It's a tremendous opportunity to impact the care given to many, many patients by our statewide EMS system."

In this position, Dr. Kupas acts as a resource to the director of the Office of Emergency Medical Services and others in the Department of Health. He also serves as a liaison to the 16 regional EMS medical directors. In addition, he assists with the implementation of the Statewide EMS quality improvement program, assists with revisions to the scope of practice of EMS personnel, reviews and provides recommendations for statewide and regional EMS protocols, provides guidance for complaint investigations, reviews clinical research proposals, participates in various meetings and committees, and works on projects to improve the EMS care in the Commonwealth. Dr. Kupas said he works about 12-15 hours a week and travels about 10,000 miles a year on this part-time position. "I'm fortunate to have great clinical partners at Geisinger Medical Center who permit me the scheduling flexibility to do this job," he explained.

Newest EMS Projects

According to Dr. Kupas, he and the Division of EMS have been busy, and there are some exciting developments of interest to emergency physicians.

After more than two years of work by many of the State's EMS physicians and practitioners, the Statewide BLS Protocols became effective this September. "These protocols set an expectation for the level of care provided by all EMS personnel in Pennsylvania," he explained. There are about 40 protocols available on such topics as:

- Triage of trauma patients,
- Treatment of acute stroke patients,

- Immobilization of the cervical spine, and
- Administration of medication by EMS personnel.

Another high-profile project involves disaster preparedness and terrorism response, according to the EMS medical director. "This has been a mammoth undertaking by many departments within the State." To prepare for attacks with chemical agents, the Centers for Disease Control has developed "Chem packs." These pre-set packages contain antidotes for people exposed to nerve agents or cyanide. Chem packs are being placed at strategic places across the state, Dr. Kupas said. The Department of Health has also developed statewide protocols for the use of nerve agent and cyanide antidotes by EMS personnel.

In addition, the EMS office is establishing SURGE ambulance services in the 16 EMS regions as emergency back-ups. These special ambulance services will receive special training, immunizations, and protective equipment. "These units will be equipped, prepared, trained and immediately able to respond to a disaster, including a terrorist-related event," Dr. Kupas said. Each EMS region will have 10 SURGE units. The units will be a resource to regional counter terrorism task forces and to PEMA for response both within and outside of their regions.

EMS Safety Event Reporting System

Dr. Kupas said he is excited about the Department of Health's new EMS Safety Event Reporting System. This is modeled after a national system used by pilots who have a near-miss event or an error. A key element of the system is that reports are anonymous. "The goal here is not to point blame at individuals, but to find system problems that we can prevent from happening again in other services or regions," Dr. Kupas said. "We encourage reports from anyone in the system, including medical command physicians and emergency physicians. Many times the emergency physicians are the ones who see an EMS safety issue or recognize an

EMS medication or procedural error that may have been preventable. We'd really like to have them participate by reporting to the EMS Safety Events Reporting System."

According to Dr. Kupas, error reports can be made online at www.health.state.pa.us/EMS. The department then collates the information contained on the system and distributes statewide reports. Individual incident reports are given to the region where an event happened for regional quality improvement and used for statewide EMS quality improvement. Other Department of Health resources found on www.health.state.pa.us/EMS include:

- All current statewide EMS protocols;
- The most current "scope of practice" for each level of EMS practitioner; and
- The state-approved list of medications that may be administered by EMS personnel.

In addition to the efforts to improve quality of care and safety for patients, the EMS Office is also concerned about the safety of EMS practitioners. Pennsylvania has one of the highest frequencies of ambulance crashes when compared with other states. The EMS Office has established a safety sub-committee within the State CODES committee that includes EMS personnel as well as representatives from the Pennsylvania State Police, PennDOT, and insurance carriers. This group is working to develop a plan to reduce EMS occupational injuries, including those from EMS vehicle crashes. Toward this goal, the EMS Office has partnered with Volunteer Firemen's Insurance Services, Inc. (VFIS) to promote their Operation Safe Arrival project throughout Pennsylvania.

Recently, the EMS Office has been working with PaACEP to update the Base Station Medical Command course that is required of all recognized Medical Command Physicians, Dr. Kupas said. The task force is also exploring how to move the course to a web-based system, so that

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The Healing

by Rani Kumar, MD, FACEP, FAAP



I felt a knot in the pit of my stomach. I was paralyzed and frozen as sweat ran down both my temples. The 15-year-old was limp and “flat line” on the monitor.

It made my heart pace into tachyrythmia as I managed this case. This overdosed teenager was alive when he got to my emergency department. How did I fail him? I had intubated him with ease and finesse as soon as he was brought in. He was stable and waiting for the critical care bed. As I rushed through my other patients, I had put little thought into managing this simple OD case.

I was not expecting this twist of fate and as I attempted to resuscitate him, I felt a sense of guilt. Did I miss something in his management or was this a course of his unknown OD? He was surely an easy run-of-the-mill patient that I am used to in my ED everyday. A “case,” I mean. Patients are all cases like chest pain, CHF, DVT, or some other diagnosis. I guess the impersonalized format keeps us from getting too close emotionally to our patients until some extraordinary events occur. I’ve felt compelled to be pulled into my own cage to avoid getting too close to my patients emotionally. I hate a sense of attachment that haunts my sleep when I feel close to patients in their critical moments of life.

Questioning yourself

I remembered that this budding adult, a 15-year-old child, had an innocent look when he arrived. I began to wonder what went wrong. The management was easy and clear cut. I froze again looking at the straight line. The lump in my throat grew bigger as I bagged faster and pounded on his chest harder. The rush in my head was almost “volcanic” waiting to erupt. As the staff looked up to me for support, I mumbled under my breath. What went wrong and how could “I” let this child

die? The nurse finally touched my hand gently. Her kindness reflected my vulnerability. I finally uttered these words in a low tone, “Code is off.”

I stood numb by the bedside as staff moved equipment and cleaned his limp body. How did I let that happen? Was his death a result of my inadequacy? I dreaded facing his parents to give them this earth shattering news. How will I tell them that their child is gone forever? As I walked to the family room, I wished I never was a physician. The mother’s screams pierced and shattered my already broken heart. I felt so responsible.

It’s been six months since that case. Yes, it was reviewed in my CQI committee and the jury of my peers found me “not guilty.” There were no errors found in the care of the child at any time. With time, the pain has gotten more distant and a little less.

Healing the healer

When I have some quiet moments, I often wonder if there is time for “Healing of the Healer” in emergency medicine. We thrive in an atmosphere where our movements are forward at a slippery mudslide speed. Our nights, days, weekends and holidays are tumultuous, and in the midst of all this, we carry some deep wounds and hurt that ache forever. In the midst of an organized chaos, we rarely deal with our own emotions and trauma. The pain of the loss of an unexpected patient and dealing with notifying the family leaves scars to our well-being.

My personal healing comes from my nurses and the team I work with. I feel healed by their soft smiles and gentle touches of understanding during a difficult shift. My healing comes from my emergency colleagues who share their own difficult experiences with me and reassure my good status in their minds. The healing comes from a non-emergency colleague who calls the next day to thank me for a difficult pick up on an unusual case. It comes from patients who remember my name many years after a visit that touched them. It comes from my own family and my husband, who lets me go

through the unwinding time I need and through my bad mood swings. Yet he is there for me all the time.

If I had to go back and do it all over again, I would still choose emergency medicine as my career. It feels much like the road less taken and understood, but a road that is very satisfying at the end of the day. If I had to do it all over again, I would learn to be more supportive when my colleague is going through a painful time after a difficult, unexpected outcome. I’d help in anyway I can to heal the healer a tad quicker.

To heal, the healers need healing of their own. We are very poor at providing that. This is true more so in emergency medicine where the tides move you forwards so fast that you do not have time to stop and think of the damage that is left on your soul. So next time, express a few comforting words or looks to a colleague who has lost a patient, or just touch him or her kindly. I think it “heals.” ■

PaACEP News

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PaACEP Leadership Meetings: A Resident's Experience

by Robert Cannon, DO



In April 2003 I learned of a new position on PaACEP's board of directors. My residency program director informed me that a resident representative position was being

added, and encouraged me to apply. As a first year resident, I was consumed with acquiring the knowledge and skills necessary to practice emergency medicine. I did not really appreciate what PaACEP and ACEP do for me as an emergency physician.

I probably had some of the same thoughts and questions that many residents reading this may have now. I thought to myself: "These board members and ACEP councilors may enjoy the political arena, but they're probably out of touch with the daily workings of the ED and the problems faced by the so-called "pit doc." What are the major issues right now? What does the PaACEP board of directors actually do? As a resident, will I really have a say in what goes on at the meetings? How do PaACEP and ACEP help me as a resident? My experience as the resident representative has provided answers to these questions, which I would like to share with you.

Aren't PaACEP leaders consumed with politics and out of touch with most emergency physicians?

This question was answered at my first board meeting, and it is a resounding NO! It immediately became apparent to me as our political liaison was giving his report that politics are not something our leaders particularly enjoy, but rather a necessary element in the fight for what is important to emergency physicians across the state. I could immediately sense the passion the board members have for the major issues facing emergency physicians in Pennsylvania: the medical liability cri-

sis, diminishing reimbursement, and ED overcrowding. Everyone expressed several personal anecdotes about being affected by these problems while working shifts, which told me that clinical practice is still a major part of our leaders' functions. This ensures that they are in touch with the concerns of all emergency physicians.

What does the PaACEP board of directors actually do?

PaACEP advocates for all emergency physicians in Pennsylvania. They do this by working tirelessly to interact with state legislators, so that our messages are heard in Harrisburg. However, it does not stop at the state level. The board of directors also drafts resolutions pertinent to the problems faced by Pennsylvania emergency physicians to be heard at ACEP's yearly Scientific Assembly, which helps gain national support for our objectives. For example, PaACEP submitted three resolutions dealing with the medical liability crisis, which is hitting Pennsylvania hard. These called for ACEP to support the concept of emergency physicians' right to defend themselves, caps on economic as well as non-economic damages, and alternative dispute resolutions like medical courts as alternatives to the current tort system.

However, PaACEP does not stop at advocating for physicians. The board of directors is also mindful of public safety. As you may recall, the motorcycle helmet law was repealed last year. In response to this, we submitted a resolution last year that called for ACEP to study its effects on morbidity and mortality, and urge Congress to pass a national motorcycle helmet law.

In addition to the above duties, PaACEP leaders work to provide continuing education to emergency physicians as evidenced by our yearly Scientific Assembly, computer course, and over 100 hours of ACEP Category I credit.

Is the resident really an active participant on the board, and what opportunities will I have?

I can say that I am definitely an active participant in many board meetings.

The agenda list always includes time for the resident's report, and our comments and opinions are always encouraged. As the resident representative, I have the same voting privileges as the other board members.

As a member of the PaACEP board of directors, I was afforded opportunities I would not have otherwise had. One was the chance to influence the Resident Forum discussion at this year's PaACEP Scientific Assembly. My fellow representative, Rex Mathew, MD, and I were directly responsible for planning this year's discussion on contract negotiations.

Also, I had the opportunity to attend two ACEP Scientific Assemblies as an alternate councilor in Boston and a councilor in San Francisco. This experience was invaluable. I had the chance to learn how issues faced by emergency physicians everyday throughout the country are articulated into resolutions. These resolutions are then debated on the Council floor, and either rejected or adopted by the ACEP Council. It gave me the insight to realize that any emergency physician, by getting involved in his or her state's chapter, could have a voice on the Council floor in the form of a resolution drafted by his or her particular chapter.

Being a councilor at the Scientific Assembly was also rewarding in that I had the opportunity to meet and interact with many of the leaders in emergency medicine. Not only that, but I actually had a vote in ACEP's board of directors election this year.

What do PaACEP and ACEP do for me as a resident?

Resident issues have been important discussion topics at the two Scientific Assemblies that I have attended. The Council members are certainly aware that many residents are members of ACEP, and it is the duty of ACEP to advocate for their particular issues as well. Two examples immediately come to mind. Realizing that the job search can be intimidating to

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Resident Corner

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graduating residents with regards to different practice models, types of insurance coverage, contract negotiations, etc., a resolution was submitted that called for ACEP to put together a resource guide to help graduating residents with some of these issues. It was overwhelmingly adopted in 2003. The Emergency Medicine Residents' Association (EMRA), who also has Council representatives, put forth a resolution this year calling for ACEP to appoint a task force to develop a curriculum to teach residents risk management and tort law. Realizing that many residents do not receive adequate education on this important issue, it was adopted by the ACEP Council.

These are just two concrete examples of how ACEP works for the residents. But the experience I received by being the PaACEP resident representative is already paying off in other ways. I just returned from a weeklong trip of interviews for fellowship positions. In every interview, this experience provided a stimulus for good conversation between the interviewer and me. It's an experience that other residents just didn't have.

How can I be involved?

You don't need to be the PaACEP resident representative to be involved. By reading the newsletter and visiting the web site, you can stay up to speed on the current issues facing Pennsylvania emergency physicians. Visit the governmental affairs section on the web site. By doing this, you will know when bills that may affect your practice or public safety are being sent through the legislature. It is easy to call or write to your local legislator to express support or opposition. The web site also provides great information on CME courses, regional meetings, and many more. Attending a regional meeting is a great way to be involved.

Also, by visiting the resident's section of the PaACEP web site, you will find a link where you can submit any news, questions, concerns, or thoughts you have.

There are also links to the other residency programs throughout the state. It is a good way to communicate with your fellow residents.

Being involved in the Emergency Medicine Residents' Association of Pennsylvania (EMRAP) can also provide opportunities. Becoming your residency's EMRAP representative, attending the EMRAP meeting at the Scientific Assembly, and attending the annual Resident's Day are great ways to meet EMRA leaders. By doing this, you may also have a chance to be a Council member through EMRAP.

In conclusion, the experiences I have had and the people I have met will benefit me throughout my career. I encourage all residents to be more involved. In particular, I encourage the first-year residents to strongly consider this position, as there will be openings at the end of the academic year. You will have a chance to develop ways to bring together and increase the involvement of your fellow emergency medicine residents. In addition, you will share in many of the same enlightening and career enhancing experiences that I've had. ■

The advertisement is enclosed in a dark blue border. At the top, it reads "Two Great groups" in a large, bold, sans-serif font. Below this, the logos for "EMP" (Emergency Medicine Physicians) and "EPMG" (Emergency Physicians' Medical Group) are displayed side-by-side. The center of the ad features the text "One Outstanding Company" in a large, bold, sans-serif font, with "EMP" below it. At the bottom, a paragraph states: "In June 2004, EMP of Canton, Ohio and EPMG of Roseville, California joined forces to provide the highest quality management services to their physician partners. EMP Management Group provides billing and management services for over 1.8 million emergency visits nationwide." At the very bottom, contact information for three individuals is listed: Dominick J. Bagnoli, Jr., MD, FACER, FAEM; Dak M. Phillips, MD, FACER, FAEM; and E. Joshua Rubin, MD, FACEP.

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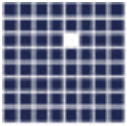
Alan T. Forstater, MD, FACEP

EMS Medical Director

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physicians can take the course online rather than attending a seminar.

Overall, Dr. Kupas said life as the Commonwealth Emergency Medical Director is going well. "I'm grateful to be a part of EMS in Pennsylvania, and I appreciate the assistance that many PaACEP members have given me over these last four and half years," he said. ■



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