

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
MARCH 2005

Executive Privilege

Life, Death, and the Gray Zone

by Marilyn Heine, MD
President, PaACEP



Dr. Michele Morris was an enthusiastic, insightful, articulate intern who demonstrated maturity and poise. She had been graduated from the

Medical College of Virginia and came to Thomas Jefferson University Hospital to study internal medicine. One day on rounds we were discussing end-of-life care. She advised me that where she had gone to medical school they used the term, "Death with Dignity" rather than "Do Not Resuscitate."

She explained how she and her prior instructors found that when expressed as "Death with Dignity" patients and families seemed more accepting of thoughtful termination of aggressive treatment. The emphasis is on *facilitating something of value*, death with dignity; rather than the *withholding* of resuscitation that is likely to be futile.

The news media has been busy reporting about the controversial Terri Schiavo case, and 20 years ago was debating the merits of the Karen Ann Quinlan situation. Theologians, bioethicists, lawyers, the public and politicians have weighed in on these high profile cases.

Experience in the ED

Meanwhile on a nearly daily basis in the ED we are asked to decide about continuing patients' care, to determine if a patient's living will pertains to his or her current condition, and discuss weighty issues with patients and family members whom we have just met. Not infrequently a family member struggles to do what he or she thinks is best for the loved one without having previously considered how to manage such a situation.

ACEP notes that "emergency medical providers offer care for patients in cardiac arrest, and numerous ethical dilemmas may be encountered, including confirming family opinions, unreasonable requests by bystanders, lack of availability of advance directives, and others."¹

PaACEP members have testified about prudent pre-hospital DNR legislation and commented on bills addressing health care power of attorney and a DNR registry.

At the chapter's regional meeting in Erie, Fred Mirarchi, DO, FACEP, presented a thought provoking session on DNR. The discussion was spirited. Attendees were asked, "What is your understanding of the code status DNR? Do you offer resuscitation to a patient with an exacerbation of a chronic medical condition?"

Recently the National Institutes of Health convened a panel of experts on end-of-life care. They noted that care provided in the

last 6 – 24 months of life is "often fragmented among providers and provider settings, leading to a lack of continuity of care." Fragmentation, Medicare barriers to hospice enrollment, the need to use the more publicly acceptable term "palliative care" instead of "end-of-life care," and poor communication among physicians, patients, and families undercut high-quality care.² Clinical guidelines are available for quality palliative care.³

Choices to Make

In 1992, Pennsylvania enacted the Advance Directive for Health Care Act, which is often called the Living Will Law. Generally speaking, the Living Will Law authorizes health care professionals to comply with a patient's living will when he or she is incompetent and has a terminal condition or is permanently unconscious. Patients are asked to consider: What medical treatment do I want to receive or refuse? What other instructions do I want to leave regarding my care? Do I wish to choose a proxy? The Medical Society website provides valuable information on this topic.⁴ It is essential for

continued on page 6

Contents

2005 Scientific Assembly	2
Capitol Hill Rally	3
The Ultimate Gift	5
Classified	7

2005 Scientific Assembly is Jam Packed with Special Events

PaACEP's 32nd Annual Scientific Assembly, scheduled for April 18-20 at the Harrisburg Hilton and Towers Hotel, offers a well-rounded program that goes beyond the emergency department. There is still time to sign up. Join your colleagues for three days of learning, networking and fun.

"I hope you find this year's Scientific Assembly the most innovative and exciting meeting you attend this year," said Michael Bohrn, MD, FAAEM, FACEP, who chairs the committee planning the Scientific Assembly. "We truly believe we have an All-Star conference lined up to help meet your educational and professional needs. The program is packed with exceptional speakers, new features, and timely topics."

Although the bulk of the conference focuses on clinical topics, the following special events add value to the traditional clinical fare.

For Residents...

Missing Links in ACLS

Monday, April 18

6:30 p.m. – 7:30 p.m.

"We are all taught ACLS...a very important topic in emergency medicine. We have all used ACLS principles, and many survive sudden death because of it. However, some people die despite our efforts," commented Rex Mathew, MD, one of the resident representatives on the PaACEP Board of Directors. "This year's EMRAP program will go beyond the principles of ACLS."

The Emergency Medicine Residents' Association of Pennsylvania (EMRAP) program on Monday evening features Robert Neumar, MD, FACEP, an assistant professor of emergency medicine at the University of Pennsylvania's School of Medicine. Dr. Neumar, who is also director of the university's Molecular Brain Resuscitation Lab, will review evidence on post-resuscitation care – what has worked and what has not. He will also look into what new developments lie ahead. "It's important for all emergency physicians to stay aware of what current research shows



regarding this topic. You won't want to miss this fascinating program," Dr. Mathew said.

Legislative Update and Capital Hill Visits

Tuesday, April 18

8:00 a.m. – 12:00 noon

Having the Scientific Assembly in Harrisburg is always special because PaACEP puts legislative issues at the forefront. Tuesday's agenda begins with the Chapter's lobbyist John Milliron giving an update on important legislative issues and then "rallying the troops to get emergency physicians more politically active," said Theodore Christopher, MD, FACEP, chair of PaACEP's Governmental Affairs Committee. The keynote speaker for the morning session will be Al Neri, an expert on Pennsylvania's political inside scoop.

Members will then walk two blocks to the State Capitol to meet with local legislators and their staff members. "Emergency physicians must become involved in governmental and legislative affairs to help guide changes in our laws and regulations that affect the provision of emergency medical care. We must let legislators know who we are," Dr. Christopher explained.

After the legislator visits, the Chapter is trying something new – a briefing for legislative health staffers on emergency

medicine. Topics will include the difference between an emergency department and a trauma center, emphasizing the broad scope of illnesses and injuries treated in Pennsylvania's 210 emergency departments.

Annual Membership Meeting Tuesday, April 18

12:00 noon – 2:00 p.m.

Attending Tuesday afternoon's Annual Membership meeting will give you a close-up look at what the Chapter is doing for you and all Pennsylvania emergency physicians, according to PaACEP President Marilyn Heine. "At the Annual Meeting, PaACEP members have an open forum to discuss Chapter business," Dr. Heine said. "At this year's meeting, you'll be able to vote on bylaws changes, learn about the financial management of the Chapter, and hear updates on PaACEP projects directly from the Chapter's leaders."

Steve Foreman, JD, PhD, MBA, a renowned health policy expert will be the luncheon's keynote speaker. Dr. Foreman, who is associate professor of Health Care Management, Robert Morris University in Pittsburgh will be discussing the emergency physician workforce in his presentation, "Will Your Job Be There for You Tomorrow?" During the Annual Membership Meeting, Dr. Heine said the Chapter will also announce the results of the board of directors' elections, and present awards for outstanding research, the CPC competition and for excellent contributions to emergency medicine in Pennsylvania.

ED Management Forum

Tuesday, April 18

6:00 p.m. – 7:00 p.m.

The topics for the ED management forum are timely – Pennsylvania's continuing medical liability crisis, ED crowding, and the role of mid-level providers in emergency departments.

"As everyone knows, being an ED director can be challenging," commented PaACEP President Marilyn Heine, MD.

continued on page 3

September 27 Capitol Hill Rally Taking Shape ACEP Urging Chapters to Attend During Annual Meeting

Make plans now to attend the Capitol Hill Rally at the *2005 ACEP Scientific Assembly* and ensure that your state is represented in this unprecedented experience.

The Rally will gather thousands of emergency physicians from 10 to 11 am, Tuesday, September 27 on the West Lawn of the Capitol to bring attention to the current condition of emergency medicine.

Together, physicians and key lawmakers will stand side by side and implore Congress to act on meaningful legislation by declaring a state of emergency in the nation's emergency departments, and illustrating the impact on patient care.

Rousing speeches from ACEP leaders and other special guests will get the attention of national media. A sea of emergency physicians in white coats will underscore the widespread and serious nature of such concerns as crowding, liability laws, and patient access to care.

Transportation will be provided. Time in the course schedule will be provided. Even the white coats and placards will be provided!

Just bring yourself and a colleague, and help emergency medicine's voice be heard! ■

Chapter Applies for ACEP Grants To Fund Patient Education Projects

On January 7, PaACEP submitted a record number of proposals to ACEP requesting funding for educational projects directed to the public. At press time, the chapter is still in the running to receive potential funding for a brochure and newsletter to help educate patients on emergency medicine. ■

2005 Scientific Assembly is Jam Packed with Special Events

continued from page 2

"The ED Management Forum is an excellent opportunity for ED directors from across Pennsylvania to meet, discuss issues, and share ideas on how to approach problems they experience. The forum provides a valuable way to network and learn from each other."

Some issues that will be discussed at this year's forum include:

- **The medical liability crisis** – How difficult has it become for your emergency physician group to obtain professional liability insurance? What has been the impact of the medical

liability crisis for patients seen in the emergency department?

- **ED crowding** – How prevalent is the problem? How is the problem being addressed across Pennsylvania?
- **Mid-level providers** – Who is helping staff the emergency departments? What are the roles of mid-level providers? What should their level of independence and training be?

Join us for what promises to be an educational – and lively – evening.

Registering is easy

Tuition for PaACEP's 2005 Scientific Assembly is \$250 for members. First-year graduated residents, current residents and medical students attend free. *By attend-*

President

Marilyn J. Heine, MD

President Elect

Douglas L. McGee, DO, FACEP

Vice President

Alexander M. Rosenau, DO, FACEP

Treasurer

Robert A. Cameron, MD, FACEP

Secretary

Ronald S. Strony, MD, FACEP

Past President

Theodore A. Christopher, MD, FACEP

Board of Directors

Thomas Anderson, MD, FACEP, MBA

Thomas A. Brabson, DO, MBA, FACEP

Robert Cannon, DO

John J. Kelly, DO, FACEP

Harry E. Kintzi, MD, FACEP

Douglas F. Kupas, MD, FACEP

Bruce A. MacLeod, MD, FACEP, Exofficio

Rex Mathew, MD

Amy Snover, MD, FACEP

Michael A. Turturro, MD, FACEP

Committee Chairpersons

Education

Alan T. Forstater, MD, FACEP

Jonathon B. Leiser, MD, FACEP

Emergency Medicine Practice

Alexander M. Rosenau, DO, FACEP

EMS

Keith Conover, MD, FACEP

Governmental Affairs

Theodore Christopher, MD, FACEP

Thomas Anderson, MD, FACEP, MBA

Medical Economics

Steven Brunetti, DO, FACEP

Communications

L. Albert Villarin, Jr., MD, FACEP

Membership

Ronald S. Strony, MD, FACEP

Terrorism & Disaster Preparedness

Edward Jasper, MD, FACEP

Webmaster

L. Albert Villarin, Jr., MD, FACEP

Web Site Committee

Alan T. Forstater, MD, FACEP

ing, you can earn up to 30 hours of Category 1 continuing education credit.

Registering is easy. Simply visit the Chapter's secure website, www.paacep.org, and sign up today. If you have questions, please call Tami Brehm at the PaACEP office, 888-633-5784, extension 1483 or send her an e-mail at tbrehm@pamedsoc.org. ■

Chapter President-Elect Testifies at Philadelphia Access to Care Forum



On November 18, 2004, PaACEP President Elect Douglas McGee, DO, FACEP, testified at a public forum in Philadelphia. The forum, *Health Care Crisis:*

Hospital Perspectives on Access and Coverage, was co-sponsored by the Philadelphia Department of Public Health, the Delaware Valley Healthcare Council and the College of Physicians. This was one of a series of public meetings designed to guide the development of a universal health care plan for Philadelphia as mandated by voters in 2003.

“Quality emergency care is a fundamental right and unobstructed access to emergency services should be available to all patients who perceive the need for emergency services.’ This is the first value

statement of the American College of Emergency Physicians,” Dr. McGee testified. “...Emergency physicians believe that each patient is entitled to the same level of excellent care regardless of their ability to pay.”

Dr. McGee went on to discuss EMTALA and how this law removed a huge barrier to accessing emergency care for those without insurance. However, he said that this “great idea” is unfunded and “...even though emergency physicians will happily care for any patient, emergency departments bear a disproportionate amount of responsibility for uncompensated care.”

In addition, the PaACEP president elect said that in caring for uninsured patients, emergency physicians often face difficulties finding specialists to do follow-up care. “...Clearly uncompensated care is a

huge disincentive to taking ED call,” he explained. Also, patients without insurance often do not carry out discharge plans. As a result, lack of follow-up care drives the patient back to the emergency department.

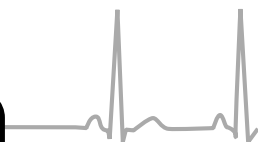
To deal with the uninsured problem, Dr. McGee discussed two programs initiated in his emergency department at the Albert Einstein Medical Center in Philadelphia. One program, funded by the Pennsylvania Commission on Crime and Delinquency, pays for a case manager who coordinates financial assistance for those victims of crimes without insurance. Einstein also received a grant for its “Frequent Flyer” program, which uses a case manager to follow up with patients after their ED visit and encourage them to carry out their discharge plans. ■

**PARTNER WITH
A LEADER**

Experience The
CPR
ADVANTAGE

- **Rapid turn-a-round for claim submission**
(Most charts are coded and billed within 48 Hours of receipt)
- **Paperless System**
- **Web portal access for reports, financial info, educational resources and patient records**
(View reports and charts from any computer)
- **Comprehensive training sessions for providers by an EM physician**

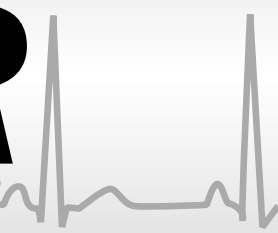
DOES YOUR BILLING COMPANY MEASURE UP?



CPR's average days in A/R is 60—
Well-below the industry standard of 90 days!
CPR sends out claims within 48 HOURS!

CPR

Strengthening the Pulse of Your Financial Future



Comprehensive Professional Reimbursement
SPECIALISTS IN PENNSYLVANIA EM CODING AND BILLING

Nanette Rinaldi • (877) 969-4069 Ext. 313 • Fax: (570) 558-7936 • nrinaldi@cprcoding.com
PO Box 167 • Dunmore, PA 18512

Xtreme MARKETING www.XtremeMarketingTeam.com

The Ultimate Gift

by Rani Kumar, MD, FACEP, FAAP

The three year old was limp and pale, as
mother held her child in bed

A tender life was slipping away; she did not wish
to think ahead

Her wet cheeks felt the feeble heart, as she kissed
her a million times

And wished to hold these moments left, that she would
treasure all her life.

She prayed for time to just stand still, till she could talk to
her little one

Or long enough to find safe place, where she and child
could make a run.

She hoped this ugly dream would end, to wake her up to
happy life

Where life was back to way it was, a child, a husband and
his wife

Just then a sweet young doctor came, to talk to mom of
final summation

To say how fading life could light, so many lives with
“organ donation”

The words were like a lightening bolt, was she discussing
my child dear

She did not approve what doctor said, she couldn't believe
the end was near

Her words replayed so many times, on how a fading life
could spark,

A light of life in hopeful ones, a daylight following a night
that's dark.

She turned to look at shrinking hope, which hung by just
a feeble thread

To greener pastures, fields of love where God himself had
come and led.

The child then smiled for brief moment, as she opened
her green blue eyes

A glow on face and peaceful looks, its time to say final
good byes.



A life was drifting away from earth and yet had so
much strength to give

A ray of hope to alter life, for those who lost their
chance to live.

“Give meaning to my senseless death, Oh
mommy dearest to thee I pray.”

My life will still go on as life, when in the ground my
body lay.

In yet another part of world a mid-night shrieking phone
made noise

Exciting voice told frail young girl, of package due to
bring some joys.

They summoned her to come prepared, for transplant
journey and pretest

As she was filled with hope and thoughts, to dawn of life
to bring the best.

The joyful mood spread fast at home, as fate just brought
a lucky twist

The dialysis visits and painful needles, most certainly will
just not be missed.

A dying life thus gave new life; the tiny sparkle lit some
lights

The darkness lit by shiny stars, had lead today to holy
night

A gloomy sadness, loss of one, had offered much to some
unknown.

A suffering life waiting to wilt got once again to be
re-born.

The utmost gift, a gift of life is, is one we all perhaps can
give

This worthwhile end is so supreme, when unknown
strangers get to live.

You can too be an organ donor and give this gift, to
spread a light

When nights are dark, you'll shine as star whose light is
always utmost bright. ■

This Dedication is to the mother of an unknown 3 yrs old whose courage helped her donate a kidney to one of my family members recently.

Rani K. Kumar, MD, FACEP, FAAP, is chair of the Emergency Department, UPMC McKeesport, McKeesport, PA

Executive Privilege

continued from page 1

the patient, physician, family and proxies to communicate clearly to help ensure the patient's wishes are met.

DNR status indicates that CPR should be withheld in the event of a cardiac or respiratory arrest. Beyond that, a patient or surrogate needs to determine the specific limitations on care to be provided. DNR status does not preclude palliative measures from being instituted. These may include surgery to alleviate a bowel obstruction, transfusion, antibiotics, hydration, feeding, or other interventions.

The President's Commission on Deciding to Forgo Life-Sustaining Treatment stated in 1983, "Any DNR policy should ensure that the order not to resuscitate has no implications for any other treatment decisions. Patients with DNR orders on their charts may still be appropriate candidates for all other vigorous care..."⁵ The AMA's Council on Ethical and Judicial Affairs concurred by recommending, "DNR orders only preclude resuscitation efforts and should not influence other therapeutic interventions."⁶ The US Supreme Court requires that state laws allow for unfettered treatment of pain for patients facing death.

In "End of Life Care: Surrogates Need Care Too," ACEP Ethics Committee member Markowitz points out that while a physician's primary responsibility is to the patient, it is important to involve the surrogate in decision-making. He advises enlisting the aid of social worker, psychologist, or member of the person's religious faith when possible.⁷

Medical Economics

In "Financing End-of-Life Care," Austin and Fleisher write, "While aggressive treatment should be made available to those who may benefit from it, health care consumers need to understand that there comes a time when palliative measures may be more appropriate."⁸

It is commonly thought that there will be significant savings if there is more widespread use of advance directives, increased funding of hospice programs, and less aggressive life-sustaining treatments for dying patients. Over 10 – 12% of all health care expenditures and 27% of Medicare expenditures are spent at the end of life.⁹

Researchers refute this. They acknowledge the merits of providing compassionate, dignified care at the end of life, but assert that cost savings from such practices are not likely to be substantial.^{8,10}

A Specialized Form of End-of-Life Care

A specialized form of end-of-life care is the organ donation process. ACEP recognizes the need for organ and tissue donation procurement and states that emergency medicine can play a key role in this process.¹¹

When the first successful cornea transplant took place 100 years ago, a new era began. Much progress is yet to be made.

With the success of solid-organ transplantation, there is an expanded need for organ donors. According to the United Network for Organ Sharing, in 2000 nearly 6000 patients died while awaiting a potentially life-saving transplantation.¹² 17 people die each day waiting for an organ because of a donor shortage. Unrealized potential contributes to a "donation gap."¹³ Factors include the significant number of families of eligible donors who are not given the option of donation and the large number of families who decline donation when it is offered.

The donation gap is greater among racial and ethnic minorities, especially African-Americans. This has been attributed to the failure to identify potential donors and the minority community's lack of understanding, awareness, and trust of the organ donation process.

Bridging the Donation Gap

Efforts to increase the supply of transplantable organs include awareness campaigns and expanded criteria for living and asystolic donors. Despite these initia-

tives, the donation gap remains wide.

The federal Conditions of Participation from the Centers for Medicare and Medicaid Services require that all families be presented with the option of organ and tissue donation when death is imminent, and that the person initiating the discussion is trained and skilled in doing so. Yet many physicians lack this preparation, with potentially detrimental consequences for organ retrieval.

The AMA launched the "Live and then Give" program to increase physician consciousness of the need for organ donation and encourage physicians to become organ donors. If all PaACEP members signed our organ donor cards, we would be one step closer to addressing the shortfall. For information, please call 1-877-DONOR-PA

JCAHO has listed several policy initiatives as worth studying in demonstration projects to cut the shortage of available organs. These include presumed consent—which presumes everyone is willing to be an organ donor unless they have documented an objection to it, and mandated choice—that requires each person to declare a choice on organ donation when getting a driver's license or during some other government-mandated task.¹⁴

A team approach helps the ED staff be successful in getting consent for organ donation. Having pocket reminder cards and checklists on death paperwork asking about post-mortem donation possibilities enhances professional staff awareness. Fostering a close working relationship with the local organ procurement organization has value – Pennsylvania is covered by the Gift of Life Program in the east and the Center for Organ Research and

continued on page 7

Types of legal documents:

Advanced directives: Patients indicate what kind of healthcare they want to receive if they become unable to make their own treatment decisions. These are two types of advanced directives: the living will and the power of attorney for healthcare.

Living will: Patients indicate the desire to receive, or to withhold, life-support procedures when they become permanently unconscious or terminally ill and unable to make informed decisions.

Durable power of attorney for healthcare: Patients specify in advance who should make healthcare decisions for them if they become unable to make their own health care decisions. The individual named is the agent, proxy, or attorney-in-fact for the patient

Executive Privilege

continued from page 6

Education (CORE) in the west and center. When the ED team gains consent for an organ donation, providing positive reinforcement paves the way for the next "win."

It is not PaACEP's role to comment on the merits of an individual case regarding the above matters. Emergency physicians, however, need to be actively engaged in the debate. We provide a special perspective through our professional experience. Emergency physicians can help educate others and guide the development of meaningful public policy.

To obtain further information or provide comment, please contact David Blunk at dblunk@pamedsoc.org or me at mheine@paacep.org. ■

References

1. "Do Not Attempt Resuscitation" Orders in the Out-of-Hospital Setting: <http://www.acep.org/3,437,0.html>
2. <http://consensus.nih.gov>
3. www.nationalconsensusproject.org
4. http://www.pamedsoc.org/Content/NavigationMenu/Patients/Tips,_Tools_and_Takeaways/Dignity_in_Life,_Dignity_in_Death.htm
5. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. Deciding to Forgo Life-Sustaining Treatment. March 1983.
6. Guidelines for the Appropriate Use of Do-Not-Resuscitate Orders. AMA Council on Ethical and Judicial Affairs Report D – I-90: www.ama-assn.org/ama1/pub/upload/mm/369/ceja_di90.pdf
7. Markowitz JE, End of Life Care: Surrogates Need Care Too. ACEP News. July 2004.
8. "Financing End-of-Life Care: Challenges for An Aging Population" Austin, Bonnie, J. and Fleisher, Lisa K., February 2003.
9. Lubitz JD, Riley GF, Trends in Medicare payments in the last year of life. *New England Journal of Medicine*. 1993; 328:1092 – 1096.
10. Emanuel EJ, Emanuel LL, The Economics of Dying – The Illusion of Cost Savings at the End of Life. *New England Journal of Medicine*. 2005; 330: 540 – 544.
11. Emergency Medicine's Role in Organ and Tissue Donation: <http://www.acep.org/3,475,0.html>
12. United Network for Organ Sharing. 2001 Annual Report: <http://www.unos.org>.
13. Increasing Organ Donation. AMA Council on Scientific Affairs Report 4 – I-02: <http://www.ama-assn.org/ama/pub/category/print/13582.html>
14. Health Care at the Crossroads: Strategies for Narrowing the Organ Donation Gap and Protecting Patients: http://www.jcaho.org/news+room/press+kits/organ+donation/od_exec_summary.pdf

Classified Ads

Lehigh Valley Hospital's Emergency Medicine Group continues to grow! We are recruiting two additional Emergency Medicine Residency-trained physicians to join our group of 37 board certified physicians and 11 PAs. Our team evaluates over 100,000 patients at the three sites of 750-bed Lehigh Valley Hospital (LVH). Educational and research opportunities continue to grow in tandem with our Emergency Medicine Residency Program, which will expand next year from 24 to 36 residency spots. We are a collegial group with a good mix of experience, and our physician retention rate is extraordinary. We are employed by Lehigh Valley Physician Group, the multi-specialty physician practice of LVH. We have an active Emergency Medicine Institute that provides a number of educational programs, including a paramedic school. EMI trained over 11,000 healthcare providers last year.

LVH is now the largest hospital in Pennsylvania by number of admissions, with a Level I trauma program with three helicopters, Regional Burn Center, kidney and pancreas transplantation, 900 open hearts, 3,200 births, etc. The Hospital has 13 freestanding, fully accredited residency programs, including one in Emergency Medicine, and about 700 medical student rotations annually. You would be eligible for faculty appointment at Penn State/Hershey. And you would be working with excellent nurses; we are very proud that in 2002 LVH received the highest honor in nursing, which is MAGNET designation. LVH was recently voted one of the top 100 "wired" hospitals in the U.S., so you will enjoy working with state-of-the-art ER-based radiology, as well as electronic medical records, physician order entry and documentation systems. Our hospital also uses bar coding for patients' medications.

You'll receive a competitive salary with bonus, and benefits including: healthcare for you and your family with no employee contribution, life insurance of two-times salary, three forms of pension, five weeks of paid time off plus one week of CME with \$4,500 annually, long term disability of 75% of salary, etc. AND, our hospital was just voted the second best large company at which to work in Pennsylvania. LVH is located in the beautiful Lehigh Valley, with 700,000 people, excellent suburban public schools, safe neighborhoods, a moderate cost of living, 10 colleges and universities and many cultural and recreational organizations. And it's close – but not too close – to two great cities; Philadelphia is 60 miles south and NYC is 80 miles east. If you would like to learn more, please email your CV to Michael Weinstock, MD, Chair of Emergency Medicine, at carol.voorhees@LVH.com. Phone (610) 402-7008. Hope to hear from you!

Pennsylvania, Pittsburgh suburb: UPMC Passavant Hospital is located in an affluent suburban area with excellent housing and schools. The Emergency Department sees 33,000 patients annually with 36 hrs of phy-

sician coverage & 15 hrs of physician-extended coverage daily. The ED is state-of-the-art with an excellent nursing staff and great on-call coverage. An outstanding compensation/benefit package includes paid occurrence malpractice, employer paid retirement plan, etc. EM board-certification/preparation required. Call Dr. Robert Maha at 888-432-7480 or email at mahar@upmc.edu.

Pennsylvania, Pittsburgh: The Western Pennsylvania Hospital, a major teaching affiliate of the University of Pittsburgh Affiliated Residency in Emergency Medicine, is currently seeking a board certified/board prepared, residency-trained emergency physician to complement their existing team in this department that sees 30,000 annual visits. This major 542-bed, full-service community teaching hospital has 9 residency-training programs and two medical school affiliations. Competitive compensation with an excellent benefit package is offered with flexible scheduling, and 15 hours of physician double coverage. This is a great opportunity for anyone who would like to join a democratic group of employed emergency physicians that is stable, well established, and works as a team. Please send your CV to Thomas P. Campbell, MD, FACEP, Chairman, Department of Emergency Medicine, The Western Pennsylvania Hospital, 4800 Friendship Ave., Pittsburgh, PA 15224, 412-578-5442; fax: 412-578-1144; e-mail: tcampbell@wpahs.org. ■

PaACEP News

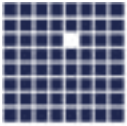
Newsletter Editor
Art Hayes, MD, FACEP
Executive Director
David C. Blunk
Meeting Managers
Tami Brehm, Joanna Ward
Writer
Maureen Hoepfer

PaACEP News is published by the Pennsylvania Chapter of the American College of Emergency Physicians and is printed in the USA. Opinions expressed in this newsletter do not necessarily reflect the chapter's point of view.

All advertisements appearing in PaACEP News are printed as received from the advertisers. Advertisement in PaACEP News does not imply endorsement of any product or service by PaACEP. PaACEP receives and publishes advertisements but neither reviews, recommends or endorses any individuals, groups or hospitals who respond to these advertisements. All correspondence should be addressed to:

PaACEP News
777 East Park Drive, P.O. Box 8820
Harrisburg, PA 17105-8820
717-558-7750 or 1-888-633-5784
717-558-7841 (Fax)
E-mail for PaACEP News: news@paacep.org

 PENNSYLVANIA CHAPTER
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



**Pennsylvania Chapter,
American College of Emergency Physicians**

777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
www.paacep.org



PRESORTED STANDARD
U.S. POSTAGE
PAID
HARRISBURG PA
PERMIT NO. 922

**Looking for a rewarding
career opportunity in
emergency medicine?**

You just found it.



**EMERGENCY RESOURCE
MANAGEMENT INC.**

a part of UPMC

Quantum One Building
2 Hot Metal Street
Pittsburgh, PA 15203
Telephone: 888-647-9077
Fax: 412-432-7490

**Pennsylvania's Leader in
Emergency Medicine**

- 14 sites in western Pennsylvania
- Varied settings: Suburban, urban, and rural
- Coverage averages less than two patients per hour
- Excellent compensation and benefits
- Employer-paid occurrence malpractice
- \$15K retirement contribution
- Equitable scheduling
- Great opportunities for growth
- Physician leadership

**For information, call Robert Maha, MD,
at 888-647-9077, or send e-mail to
mahar@upmc.edu.**