PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
AUGUST/SEPTEMBER 2010

Executive Privilege

Affect Positive Change

Daniel R. Wehner, MD, MBA, FACEP
President

This is my first President's Report since taking over the PaACEP Presidential reins in April from Mike Turturro, MD, FACEP. I have the mixed blessing of holding this office at a very interesting time, with lots of important issues out there: healthcare reform, Congress' repeated inability to permanently solve the Medicare reimbursement SGR issue, ED crowding, lack of surge capacity, the Commonwealth raiding our MCare fund, medical liability concerns, threats to our being able to provide moderate/deep sedation and other governmental/insurer intrusions/constraints upon our practices. Yes, there are lots of interesting dynamics presently unfolding, that should only intensify over the upcoming months and years. Fortunately, PaACEP, ACEP, the Pennsylvania Medical Society (PAMED) and other organizations are keeping a watch on the various issues, and are diligently working to mitigate threats and facilitate improvements for our patients and our ability to be able to provide quality emergency medical care. Let me briefly describe some of the issues and what's being done to try to make improvements.

National healthcare reform is only beginning to unfold. Many of the details have yet to be decided upon, yet alone enacted. ACEP is keeping a close watch and will work very hard to affect positive change. ED volumes should increase by at least 5% to account for the millions more people who will qualify for Medicaid and other insurance programs, and who will choose to come to the ED for their care.

Congress has been able to make recurrent temporary fixes for Medicare reimbursement, but is unable to decide upon a permanent fix. If Congress cannot come up with a permanent fix, and allows significant Medicare cuts to be undertaken, many primary care physicians and specialists will opt-out of Medicare, forcing even more elderly patients to come to the ED for their care, and making it difficult for us to arrange primary care or specialty follow-up. ACEP and other organizations continue to lobby for a permanent fix, but, have thus far remained unsuccessful. The latest temporary fix is scheduled to expire in November. Stay tuned.

ED crowding and lack of surge capacity continue to be problematic nationwide, particularly in larger, more urban hospitals. As hospitals struggle with increased cost and declining reimbursement, they must try to run near (or over) capacity at all times, affecting our ability to transfer admitted patients to the inpatient setting in a prompt manner. PaACEP is working with the Pennsylvania Department of Health trialing a Full Capacity Protocol pilot project, which allows prompt placement of boarded admitted patients from the ED to pre-approved non-traditional inpatient locations, such as hallways. Five hospitals are participating, and the protocol seems to be safe and effective. Our goal is to eventually have this option available to every ED in the Commonwealth.

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ACEP Legislative & Advocacy Conference

"Get involved…Be an advocate… Demonstrate leadership…"

There are many catch phrases today that adequately describe what physicians *should* be doing in the face of major health care reform legislation. Yet, words are always easier said than done. Fortunately, the ACEP Leadership and Advocacy Conference provides an opportunity to put thoughts and opinions into actions, and to teach physicians how to make a difference at the Capitol. The 2010 Conference was held May 16-19 with great Pennsylvania representation. Daniel R. Wehner, MD, MBA, FACEP, PaACEP President stated, "This year's Leadership and Advocacy Conference was the best attended to date, and the quality of the program and speakers was outstanding. It's an excellent and unique opportunity to learn about politics, health care reform, and the political issues/players affecting emergency medicine and our patients. Now, more than ever, we all need to work together to ensure that we'll be able to continue to provide quality emergency medical care to our patients. The L&A conference instills the motivation and provides the tools and access to help attendees better communicate with their legislators and staff, to help them understand our viewpoint, so that they, hopefully, will be able to make the right choices in the future."

PaACEP also strongly believes in the importance of cultivating advocacy interest in young physicians. In 2004, the chapter initiated the Young Physicians Leadership Fellowship, which helps to offset the cost of attending the conference. Erik Kochert, MD, was the recipient of the 2010 Young Physicians Leadership Fellowship, and positively describes his experience.

"I enjoyed the L&A Conference and found it to be a valuable experience. The conference is a great opportunity to meet active leaders and advocates for emergency medicine, build leadership skills, and learn about important political issues, such as the recent health care reform bill. It also provided a valuable and organized visit to Capitol Hill to speak with our elected officials about important issues in emergency medicine. I left this year feeling more informed, motivated, and empowered to do my part to influence health care reform and continue to advocate for our patients and the specialty of emergency medicine. I encourage all emergency physicians and residents to attend."

The Pennsylvania delegation was represented by:

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Legislative Update

Andy Goodman & Lydia Hollinger
Milliron Associates

Safety legislation has always been a priority of PaACEP. Because of widespread outrage over distracted driving, the legislature is moving toward an automobile safety law. However, as always in the world of legislative law, the details are the sticking points. You can read House Bill 67 anytime on the General Assembly website, and you should, to get a glimpse at the current status of this important piece of legislation. Our office is working with the Senate and House to ensure the best possible legislation arrives on the Governor's desk. However, the legislation is a bit contentious and we cannot underestimate the emotions and purpose to finalize the legislation.

House Bill 67 has been under discussion by the Pennsylvania General Assembly since early 2009. The bill, which places restrictions on junior driver's licenses and the operation of wireless communication devices, is most well known because of its crack down on distracted drivers. The legislation determines the consequences of using a wireless communication device while driving and its enforcement, which would be primary or a secondary offense. The current language of the bill includes a secondary charge. That change was made in the Senate, after passing the House with primary language. That change means a driver would need to be ticketed with a primary traffic offense first, and then this measure could impose an additional $50.00 fine for texting or using a cell phone.

The current status of the bill is that the House voted to non-concur on the changes made by the Senate. That means that the Senate has the option of recognizing the House's vote or ignoring it. If the Senate recognizes the non-concurrence vote, the legislation would go to an appointed conference committee for further discussion. The conference committee would work to build a compromise or decide that nothing should be done. The Senate has not yet indicated whether it will recognize the House non-concurrence vote or if it will ignore it. The recommendation of the conference committee would have to receive one more final (yea or nay) vote in each chamber. If the chambers vote yea, the legislation would go to the Governor for his signature or veto. Early indications are that the Governor would sign the

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Legislative

Legislators at Your Level

In the last newsletter, we urged PaACEP members to ask their legislators to visit their ED. If you haven't done this yet, please consider making that effort today. This is important for many reasons. Asking a legislator to your hospital to experience a typical day in the life of an emergency physician provides them with a viewpoint and an understanding that could not be reached with a phone call or a letter. Also, in 2011, the chapter will be launching an effort to introduce "Clear and Convincing Evidence" standard for EMTALA related care. We are working to establish "clear and convincing evidence" as a higher level of burden of proof with the intent of achieving decreased liability premiums, increased availability of liability insurance, and enhanced patient access to care.

In order to successfully reach this goal, chapter members need to make the effort now to reach out and build a relationship with their legislator. There is no better time to schedule a visit than during the legislative summer recess.

Your visit may swing that crucial vote that favors emergency medicine. Call your legislator today. If you need help, call the chapter office at 877-ER-DOC-PA and ask for the free publication, *Tips for Hosting an Emergency Department Visit.* PaACEP staff and our lobbyist, John Milliron, can also provide logistical support. After your visit, please call the PaACEP office and let us know how it went! ■

Members in the News

Congratulations Dr. Heine

Marilyn J. Heine, MD, FACEP, was recently appointed by Governor Edward Rendell to the Pennsylvania Health Care Reform Implementation Advisory Committee. This external advisory group will help to implement many of the key elements of the federal health care reform act, and consists of insurance industry executives, hospital representatives, medical professionals, large and small purchasers, unions, health and budget policy experts, and consumers. The committee will identify best practices in health care, and review and provide feedback to the administration on its findings, recommendations and strategic plans. The first committee meeting was held June 30, 2010. Dr. Heine will play a critical role as the voice of emergency medicine, and will remain especially vigilant on issues such as the inclusion of the stipulation that exchanges need to include coverage of emergency care according to the prudent layperson standard. The chapter will keep members apprised of any pertinent updates.

Congratulations Dr. Heine on this achievement! ■

YP Mentorship Program

The PaACEP Young Physicians Committee has officially launched the Mentorship Program. The mentorship program evolved from a need voiced by young physicians who were seeking guidance and advice on pertinent issues, such as contract negotiation, advocacy, clinical challenges, balancing career and personal life, and financial stability. The Committee co-chairs paired mentees to volunteer mentors and hope that a solid relationship can begin to develop from these matches. If you are interested in participating either as a mentor or a mentee, please contact Kristi Spargo, PaACEP Assistant Executive, at kspargo@pamedsoc.org or (717) 909-2697.

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EMS Trip Sheets

Keith Conover, MD, FACEP
on behalf of the EMS Committee

In the EMS Committee's work reviewing proposed changes to the Pennsylvania EMS Act, there has been a remarkable consensus in support of the current proposal posted on the Pennsylvania Emergency Health Services Council (PEHSC) website, www.pehsc.org. However, there are many major issues which potentially affect emergency physicians.

One is the question of using board certification as a criterion for ALS medical directors, which has been neatly sidestepped by requiring ALS medical directors to have completed a residency in emergency medicine, or a residency in surgery, internal medicine, family medicine, pediatrics or anesthesiology as well as having completed ATLS and PALS courses. There is no mention of board certification, and thus no need to deal with "third-rail" ABEM-BCEM issues.

The EMS Committee finds broad-based support for the proposed Act 45 revision, including the potentially-divisive qualifications for ALS Medical Director, Medical Command Physician, and Prehospital Physician.

Yet there is one minor issue—tripsheets—that remains controversial.

What the Regulations Say

Here is what the current EMS Regulations say:

> *Subchapter C. COLLECTION OF DATA AND INFORMATION*
>
> *§ 1001.41. Data and information requirements for ambulance services.*
>
> …
>
> *(d) When an ambulance service transports a patient to a hospital, before its ambulance departs from the hospital, it shall provide to the individual at the hospital assuming responsibility for the patient, either verbally, or in writing or other means by which information is recorded, the patient information designated in the EMS patient care report as essential for immediate transmission for patient care. Within 24 hours following the conclusion of its provision of services to the patient, the ambulance service shall complete the full EMS patient care report and provide a copy or otherwise transmit the data to the receiving facility. The ambulance service may report the data to the receiving facility in any manner acceptable to the receiving facility which ensures the confidentiality of information designated as confidential in the EMS patient care report.*

Some have interpreted it as allowing hospitals to require a written report from medics, but others say that the "in any manner acceptable to the receiving facility" applies only to the 24-hour-later formal Patient Care Record.

Essential Information

The EMS Office determines the minimum essential information from the "Patient Care Record" that must be given at the time of patient drop-off. In 2002, there was a list sent to PEHSC for review.

However, this was never apparently acted on, and as far as we can tell from our contacts with PEHSC and the EMS Office, there is at present no official list of required immediate reporting elements.

It may be that, as representing the primary consumers of immediate EMS data, the emergency physicians of PaACEP should have a major role in determining what information they want medics to give them.

Synthesis

This issue is important—the trip sheet serves both as a data collection device and as a patient care record (note that patient care record is **not** capitalized now.) As a patient care record, it does not serve the needs of the ED doctors or nurses, and as illustrated above, it sometimes works against them.

One group of physicians has suggested that there be a **real** written patient care record that is dropped off at the ED, and then a data collection form that is sent to the state. That way, there aren't (allegedly) inaccurate Patient Care Records that arrive after the patient is discharged, admitted or dead. These people envision a Golden Age of EMS when medics left accurate, complete and readable records when they dropped off a patient, complete with artistic drawings of the scene, and want a return to the past.

Another group of physicians remember this "Golden Age" as an era where trip sheets were incomplete, illegible notes that, half the time, never made it to the chart – and slowed down medics at busy times. These physicians say "It's an ED problem, not a medic problem. The medics should be able to give a verbal report, and the nurse or someone else should be responsible for recording it in the patient's hospital record."

A third group of visionaries sees this as an **opportunity**. We need to get information from medics to ED doctors and nurses, and add it to the medical record? We need to do this realtime and get the medics back on the street? "We have the technology!"

After much deliberation, committee meetings, and careful consideration, the EMS Committee has brought the following recommendation regarding important transfer of care elements to the Board, which was approved on April 16, 2010. This recommendation was also forwarded to the Department of Health and PEHSC.

Whereas Emergency Medical Services (EMS) personnel's reports are an important source of medical information for Emergency Department (ED) nurses and physicians, as well as other hospital medical personnel, and

Whereas transfer of care is widely recognized as having a high risk of medical error, and structured sign-out procedures are widespread,[1] and

Whereas communication failures are cited in 25-67% of adverse medical events,[2] and verbal transfer-of-care from EMS to ED personnel has been found unreliable,[3] and

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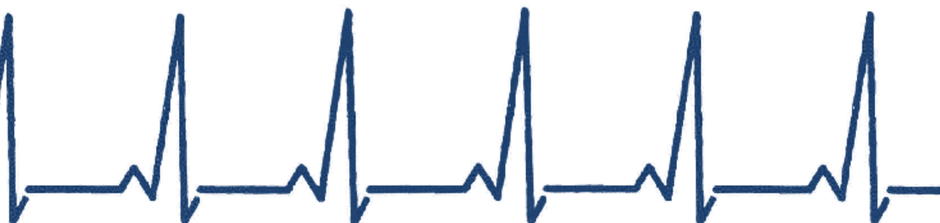

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2010 EM Practice Enhancement, Reimbursement, and Coding Symposium

On November 15, 2010, PaACEP will be hosting an ED Reimbursement Seminar at the Pennsylvania Medical Society Headquarters in Harrisburg. It has been at least two years since the chapter has conducted a reimbursement/coding seminar, and since then, there have been dramatic changes in the reimbursement climate, culminating most recently in the passage of PPACA with its wide-ranging implications for fundamental restructuring of healthcare and its reimbursement. Attendees need to hear the latest understanding of the content of the Act and how it will leverage their delivery and reimbursement models. Some topics include how to take advantage of provisions and avoid the pitfalls of new regulatory changes, tapping into the neglected revenue stream of ED Facility Coding, optimizing coding of high level encounters in a compliant fashion, and streamlining the care of treat-and-release patients.

Speakers Ed Gaines, Ron Stunz, MD, FACEP, Dave Eitel, MD, MBA, FACEP, and Todd Thomas bring a lot of knowledge, experience and value to the seminar. Ed Gaines is a nationally renowned expert in Emergency Medicine compliance and the only non-physician member of the National ACEP Reimbursement Committee. A co-founder and board member of the Emergency Department Practice Management Association (EDPMA), Ed is a frequent speaker at national seminars, and was ACEP's Speaker of the Year in 2007. Ron Stunz, MD, FACEP, is the Medical Director and a member of the Corporate Compliance Committee of Medical Management Professionals, one of the nation's largest and oldest Emergency Medicine coding and billing companies. He is the Co-Chairman of the PaACEP Emergency Medicine Practice and Reimbursement Committee, a member of the Government Affairs Committee, and serves as PaACEP's representative to the Highmark Medicare Carrier Advisory Committee. As a member of the Emergency Department Practice Management Association (EDPMA) he serves on Task Forces for Healthcare Reform, Quality Initiatives, and Documentation Guidelines. A career emergency physician, he brings clinical expertise to the complex issues of coding and billing for the specialty. Dave Eitel, MD, MBA, FACEP, is a Physician Advisor for Case Management for the Wellspan Health System in York, PA and has a career interest in health care reimbursement systems in the United States. He is co-editor of the recently released "Optimizing Emergency Department Throughput: Operations Management Solutions for Health Care Decision Makers" and was the invited speaker for ACEP's 2009 Stakeholders Conference. Dr. Eitel completed an executive MBA and became interested in Operations Research and the Management Sciences during that time. Todd Thomas is a respected figure in emergency medicine coding circles, and has taken a consistently thoughtful and compliant approach to complex coding questions. He has also been named the recipient of the ACEP 2010 Speaker of the Year award.

Attendees will walk away reinvigorated and confident with their new knowledge of ED reimbursement. At the end of the day a coding/billing professional will understand the compliance implications of the changes in health care law, how to best leverage the power of the ED in regards to optimal contributions to both hospital and physician financial success, and will learn how to make the most of compliant coding opportunities for high level ED patient encounters. Complete course information will be available in September. Mark your calendar! ■

Save the Date!

EDIS Course: November 12-15, 2010 at the Hilton Miami Downtown, Miami, FL

Since its inception 16 years ago, the EDIS course has worked to help you find the best system for your Emergency Department. This year, while we'll still work to help you find the best system for you, we'll also help you find the small fixes and tweaks that will help make your existing system work the way you need it to. We'll help you simplify your life in the ED by helping to solve the problems you experience every day.

New for 2010!

This year's course will have an emphasis on the everyday process problems in our EDs and possible solutions. Each day of our conference will have a different focus: Input, Throughput, Output and Outcomes.

There will also be best practice sessions which are designed to educate attendees about success stories at hospitals where a particular EDIS has been installed or process change implemented. The presenter will highlight their realized success in addressing a particular need.

For more information contact Judy Smith, Meeting Manager, at (717) 909-2696 or jsmith@pamedsoc.org. ■

Patient Resource

Help Finding and Paying for Drug and Alcohol Treatment

What do you do when a patient in your emergency department needs treatment for drugs or alcohol? Whether the need becomes clear in a conversation with a patient or the need becomes obvious in an injured or unresponsive patient, where to refer the person can sometimes be a dilemma for several reasons.

Sometimes patients who know they have problems with drugs or alcohol don't know how to find treatment. Or, they are convinced that they can't pay for treatment because their health insurance won't cover it, their deductible is too high for them to pay, or they just don't have insurance.

In Pennsylvania, there is an organization that can help. ACCESS Family Advocacy for Addiction Treatment in Harrisburg has a 24-hour, confidential helpline, 1-866-709-0590. Callers can also get help understanding how to get a family member or other person they care about into treatment.

Information about the program is contained in the box below. This information can be copied and passed on, or you can get a printable version the size of a business card by emailing webber-accesseap@comcast.net. ■

Are drugs or alcohol causing problems at home, school or work?
Trouble finding or paying for treatment

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www.access-treatment.org

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Executive Privilege

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The Commonwealth did raid our MCare fund. PAMED filed suit and a judge recently ruled in our favor, that the legislature did not have the legal right to take our money. PAMED will continue to stay on top of things, to see if any of those funds may be returned to us.

Medical liability continues to be a large issue in Pennsylvania, making it difficult to recruit and retain physicians in Pennsylvania, driving up defensive medicine costs, and affecting many of us personally. PaACEP hopes to begin to introduce legislation in 2011 to raise the burden of proof in medical liability cases for EMTALA-related care from the current preponderance of evidence to clear and convincing evidence, which should make plaintiff's verdicts more difficult to win, and hopefully drive away frivolous and other low-merit cases.

Nationally, CMS, in its interpretive guidelines, has recently excluded any nurses, except nurse anesthetists and nurse anesthetist students, from being able to provide propofol or any other moderate- or deep-sedation agents to patients. This can be problematic, particularly in smaller ED's, and truly is an unrealistic requirement. ED nurses under the direction of an ED physician skilled in procedural sedation and airway management, should most certainly be allowed to provide moderate- and deep-sedation agents. ACEP and ENA are working to affect positive change.

This was a recap of some of the more important issues facing us, and what is currently being done to help improve matters. As I sit here typing this on the 4th of July weekend, I see a significant similarity between our current situation and the American Revolution. Many of the colonists believed that they were being treated poorly and unfairly, ruled by a king and a governing body, which would not accept proper representation nor fair taxation. The colonists lived this way for years, until things became unbearable. There was a call to action, followed by a bloody revolution, resulting in the ability to self-govern.

Our reimbursement is dictated by the Federal Government and third-party payers. We must follow documentation guidelines in order to be maximally reimbursed. We must meet key indicators and PQRI requirements, as well. We are federally mandated to see all who present to us, but are not guaranteed payment. And, anyone can sue us for any bad outcome, even if they didn't pay us a penny. We will be seeing more and more patients in more crowded ED's, with many agencies regulating us and creating more unfunded mandates. Seems very similar to "taxation without representation," doesn't it?

We cannot undertake a bloody revolution, nor should we go on strike or otherwise abandon our patients. But, I do want to make a call to action, to encourage all to get involved. We can no longer afford to sit back and hope others will look after our best interests. That's not going to happen. We ALL need to work together to affect positive change. Get to know your local legislators. Call them to visit your ED. Let them know what it's like to practice emergency medicine. Let them know the importance of keeping the safety net intact. Join the Pennsylvania Medical Society. Become active in PaACEP. Join a committee or run for the Board of Directors. Contribute to our political action groups: PEP-PAC and NEMPAC. We need political influence now, more than ever. Ask your co-workers to do the same. We all need to work together to affect improvements, now, more than ever. Get involved. Help create a revolution! ■

Legislative Update

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legislation into law. Nevertheless, House Bill 67 has a long way to go before it becomes a reality in Pennsylvania. However, our office will continue to keep its fingers on the pulse of this important piece of legislation.

PaACEP remains in favor of this legislation. We fully support the original language of the bill which made distractive driving a primary offence. "Safety first is safety always" and safety is the biggest deterrent to the urgent need of emergency medicine. Milliron Associates along with your grassroots involvement will undoubtedly have an impact on the safety of Pennsylvania's drivers.

If you have questions regarding House Bill 67 or other emergency medicine related issues, do not hesitate to contact our office at (717) 232-5322 or the PACEP office at 877-ER-DOC-PA. ■

UPMC

Chief of Emergency Services

UPMC Mercy Hospital and the University of Pittsburgh are seeking a dynamic emergency physician to lead operations in the Emergency Department. UPMC Mercy is a Level I Trauma Center and a regional Burn Unit, and the physical plant is under renovation to accommodate continued growth. The ED is a core training site for a world-class EM residency program and academic group, providing outstanding care to approximately 60,000 patients this year.

Excellent physician and mid-level provider partners are a key part of the department along with talented nursing colleagues. The hospital and UPMC are committed to ongoing emergency care excellence.

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The University and UPMC are equal opportunity employers. Contact Donald M. Yealy, MD, Chair of Emergency Medicine, 10028 Forbes Tower, 3600 Meyran Ave., Pittsburgh, PA 15260, yealydm@upmc.edu, or call 412-647-8287.

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EMS Trip Sheets

continued from page 4

Whereas the official Pennsylvania EMS *Patient Care Record,* which can be completed by EMS personnel up to 24 hours after a call, may not be received in time to be useful for patient care in the Emergency Department, therefore be it

Resolved, that the Pennsylvania Chapter of the American College of Emergency Physicians, for reasons of patient safety, error reduction and continuity of care, recommends that EMS providers' report at the time of transfer of care to the Emergency Department:

1. Must, in concert with standard medical sign-out recommendations, include those few minimum data elements that contribute directly to ongoing patient care, including:
    a) Patient ID
    b) Chief complaint
    c) Pertinent history of the present illness
    d) Vital signs
    e) Pertinent physical exam findings
    f) Past medical history
    g) Medications
    h) Allergies
    i) Testing or interventions performed during course of EMS care
    j) Changes in patient condition during course of EMS care, and
    k) Assessment by EMS provider of the overall situation; and
2. Must be verified by EMS personnel as correct and become a permanent part of the Emergency Department medical record, whether by means of a written bedside report or other technological means acceptable both to the hospital and to the EMS service, prior to EMS personnel leaving the ED.

The current draft of the new PA EMS Regulations just recently came out, and, thanks to input by PaACEP's EMS Committee, which has been working on this for several years, it says:

> "§ 1021.41. EMS patient care reports.
>
> ..
>
> c. When an EMS agency transports a patient to a receiving facility, before its ambulance departs from the receiving facility, the EMS agency having primary responsibility for the patient shall verbally, and in writing or other means by which information is recorded, report to the individual at the receiving facility assuming responsibility for the patient, the patient information that is essential for immediate transmission for patient care. The Department will publish a notice in the Pennsylvania Bulletin specifying the types of patient information that are essential for patient care.

PaACEP will keep members posted. ■

References

1. Riesenberg LA, Leitzsch J, Little BW. Systematic review of handoff mnemonics literature. Am J Med Qual 2009;24:196-204.
2. Horwitz LI, Moin T, Green ML. Development and implementation of an oral sign-out skills curriculum. J Gen Intern Med 2007;22:1470-4.
3. Carter AJ, Davis KA, Evans LV, Cone DC. Information loss in emergency medical services handover of trauma patients; Prehosp Emerg Care 2009;13:280-5.

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Chapter Remains Financially Sound

Few could say that they were not impacted by the recent recession. In the past three years, we have experienced layoffs, the housing market catastrophe, and poor investment returns, and we are all struggling in some way to return to a well-balanced portfolio. PaACEP was also confronted with financial challenges, and the 2009 budget does result in a deficit. While this is not ideal, we did improve our financial status in comparison to 2008. The board took many difficult actions in an effort to trim costs. For instance: Board member travel is reimbursed, but the mileage rate was reduced to ½ of the prevailing IRS rate; meal expenses for meetings held at headquarters were cut in half; and the board changed one meeting from an in-person to a conference call. The councillor stipend was reduced and a chapter sponsored delegation dinner was eliminated. The newsletter publication was reduced from 6 issues to 4 issues per year in order to save on printing, postage, and tax expenses. CME programs were also impacted with faculty honorarium/reimbursement reductions and some program tuition increases. All of these efforts allowed us to go another year without a dues increase, and contribute towards the chapter goal of having enough money in savings to cover at least three months of operating expenses. Through the efforts of the Board and Financial committee, PaACEP continues to move toward a positive financial future. ■

Statements of Financial Position
December 31, 2009

ASSETS	2009
Cash and cash equivalents	$162,947
Accounts receivable	10,336
Investments	326,923
Equipment	8,933
Prepaid expenses	29,464
Total assets	$538,603

LIABILITIES AND NET ASSETS	
Accounts payable –general	$5,616
Accounts payable – Pennsylvania Medical Society	18,505
Unearned revenue	2,578
Total liabilities	$26,699
Net assets - unrestricted	511,904
Total liabilities and net assets	$538,603

Revenue	2009
Membership dues	$215,557
CME educational programs	370,444
Grants	1,700.00
Interest	592
Newsletter Advertising	17,396
Net realized and unrealized gains (losses) on investments	30,507
Investment	8,645
Young Physicians Activity	3,000
Miscellaneous	1,449
Total revenue	$649,290

Expenses	
Administrative costs*	$195,224
CME educational programs	357,650
Board of directors	5,439
National	156
Councilors	10,103
Committees	11,979
Professional relations	2,010
Young Physicians Fellowship program	1,500
Young Physicians Activity	4,085
Website	1,315
Awards	1,471
Meetings - Annual/Regional	4,287
Lobbying	40,473
Newsletter	11,751
ED Director Program	717
Leadership conference	3,438
Nominations	1,100
Depreciation	2,250
Total expenses	$654,948
Increase (decrease) in net assets	($5,658)
Net assets – beginning of year	517,562
Net assets – end of year	$511,904

* Administrative Costs: Staff Services and Overhead, Travel and Meetings, Accounting Services, Insurance, Investment Management Fees, non-CME supplies, Postage, Photocopying

Classified Ads

Join Pennsylvania's Leader In Emergency Medicine
Pennsylvania, Cranberry Twp. (Pittsburgh): UPMC Passavant Cranberry Emergency Department is located in one of Pennsylvania's fastest growing suburbs. The patient population is affluent, housing costs are low, and the amenities of Pittsburgh are less than 30 minutes away. The ED sees 17,000 patients annually with 24 hours of physician coverage and 10 hours of mid-level provider coverage per day. Excellent salary with full benefits including paid malpractice with tail, employer-funded retirement plan, paid health insurance, CME allowance, etc. Board certification/eligibility in EM is required. Call Dr. Robert Maha at (888) 647-9077/Fax (412) 432-7480 or e-mail at mahar@upmc.edu. EOE

Outstanding Emergency Medicine Opportunity. Single hospital, fee for service, democratic group looking for Board Certified/ Eligible, Residency Trained Emergency Physicians for part-time coverage. Located in beautiful Bucks County, PA, Doylestown Hospital's 40,000 visit Emergency Department offers 48 hours of physician and 16 hours of physician extender coverage daily. Extremely competitive salary. For information contact Lawrence Brilliant, MD @ (215) 345-2402, or e-mail LBrillinat@DH.org.

Join Pennsylvania's Leader in Emergency Medicine
Pennsylvania, Pittsburgh: UPMC St. Margaret is located in an affluent suburb of Pittsburgh with great neighborhoods and outstanding schools. The ED sees 37,000 patients annually with 48 hrs of physician coverage and 20 hrs of mid-level provider coverage daily. A new technologically-advanced state-of-the-art Emergency Department was opened in January, 2005 and is supported by excellent nursing staff, great ancillary services, and one of the leading family practice residencies in the USA. The compensation/benefit package is outstanding and includes paid malpractice insurance with tail, employer-funded retirement plan, paid health insurance, CME allowance, and much more. Board certification/preparation in EM or board-certification in IM/FP/SUR with EM experience required. Call Dr. Robert Maha at (888) 647-9077/
Fax (412) 432-7480 or e-mail at mahar@upmc.edu. EOE.

Pennsylvania, Pittsburgh, SE suburb: Join a (3) three hospital democratic EM group with a partnership track at Excela Health Hospitals in the affluent areas of Westmoreland, Latrobe and Frick. Full-time EM opportunity available now and in the future. Rotate through three hospitals with volumes between 25K and 60K. Seeking BC/EM physicians, new- resident graduates and/or experienced physicians. Excellent hourly rate with benefits package and night differential. Mostly 9 hour shifts with Scribes coming to the practice within the next six months. For more information contact Susan Klasic at (267) 491-5276 or via Susanslk@comcast.net

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Physician Recruitment website: www.readingdocs.org

The Reading Hospital and Medical Center

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Emergency Department Physician
Philadelphia Veterans Affairs
(VA) Medical Center

The Philadelphia VA Medical Center is currently seeking physicians who are board certified/eligible in Emergency Medicine to work in the Emergency Department. Successful candidate will be responsible for providing quality care for emergency patients presenting to the Philadelphia VA Medical Center. Candidate must be physically capable of shift work, including nights (tour of duty: 8, 10 or 12-hour shifts including coverage of nights, holidays and weekends). The ideal candidate will have completed an approved training program in Emergency Medicine and is board eligible/certified in Emergency Medicine. Current ACLS certification is required. Candidates must possess a degree of Doctor of Medicine or Osteopathic Medicine; a current, full, unrestricted license to practice medicine or surgery; US citizenship and proficiency in spoken and written English.

This position will be full-time VA appointment. Salary range is $190,000 to 220,000 (USD) per year. Salary is commensurate with education and experience. Applicants must be US citizens; however, non-citizens may be appointed when it is not possible to recruit qualified citizens.

The Philadelphia VA Medical Center is an equal opportunity, affirmative action employer. Women and minority candidates are strongly encouraged to apply. We also provide reasonable accommodations to applicants with disabilities. In addition to a competitive salary, we offer paid malpractice insurance, excellent Federal benefits including vacation/sick leave, health and life insurance coverage, ten Federal holidays, and an attractive retirement package including a tax-deferred savings plan with matching agency contribution, and free parking. Selectees are required to pass a security background investigation and pre-employment physical.

Please send applications (curriculum vitae and letter of interest) to:

Philadelphia VA Medical Center
Office of Human Resources (05)
c/o Stella Lerro/Vac # 291-10
3900 Woodland Avenue
Philadelphia, PA 19104

Or electronically: PVAMCJobs@va.gov.
Reference: vacancy # 291-10

2010 PA ACEP Physician of the Year!

Congratulations Dr. DeLuca

We are proud to announce that Dr. Chris DeLuca has been named the Pennsylvania ACEP Physician of the Year for 2010. Dr. DeLuca started with Emergency Resource Management Inc. (ERMI) as a staff physician at UPMC Braddock in 1999 and became Assistant Director of Emergency Medicine at St. Clair Hospital in 1999. He was named Chairman of Emergency Medicine at St. Clair in 2003, and has worked tirelessly over the years to build St. Clair into one of the most efficient, safe, and busiest EDs in western Pennsylvania.

He is an expert on LEAN performance improvement, and under his direction the ED at St. Clair now ranks in the 99th percentile for patient satisfaction nationally. Dr. DeLuca has worked collaboratively with senior administration and crossed departmental barriers to decrease the average length of stay by 30%, and place 90% of patients in treatment rooms in less than 10 minutes from arrival. In addition, Dr. DeLuca has led the implementation of CPOE, elimination of triage, and capacity management by aligning nursing/physician schedules with demand. Collaboration with his physicians and the IT team led to the creation of evidence-based order entry to ensure safe care, and nearly 99% of orders are now placed electronically.

Under Dr. DeLuca's leadership, the ED team was named the 2009 Fine Foundation Gold Award Winner for Excellence in Health Care. In addition, St. Clair was recognized for dual HAP awards in 2009: Reducing Door -to-Balloon Times in the Treatment of STEMI and Improving Patient Flow in the ED using Toyota-Based methods.

Please join us in congratulating Dr. DeLuca for this prestigious honor!

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