



ACEP16 Daily News

MANDALAY BAY • LAS VEGAS, NV • OCTOBER 16-19, 2016 • WWW.ACEP.ORG/ACEP16

TUESDAY ISSUE



DARNELL SCOTT

LAST DAY TO VISIT EXHIBIT HALL, WIN PRIZES

BOTH EXHIBIT HALLS—INCLUDING INNOVATED, THE ACEP RESOURCE CENTER, AND MUCH MORE—ARE ONLY OPEN UNTIL 3:30 P.M. TODAY. DON'T MISS YOUR CHANCE TO STOP BY!

New prizes added to the 10-10-10 Oceanside Exhibit Hall drawing!

Entering will also give you a chance to win one of two exclusive VIP packages for an stay at the Mandalay Bay Resort, including dinner and a show. Other prizes include one of 10 ACEP17 registrations, one of 10 Virtual ACEP16 packages, or one of 10 PEER IX subscriptions! Scan your badge in the bookstore in the ACEP Resource Center from 9:30 a.m.–3:30 p.m. Tuesday for your chance to win.

And don't worry, the cash bar will return to the Oceanside Exhibit Hall Tuesday starting at 11 a.m.

Annals of Emergency Medicine Ask the Deputy Editors

Meet and bring your questions for *Annals* Deputy Editor Donald M. Yealy, MD, at 2 p.m. Tuesday at the *Annals* kiosk in the ACEP Resource Center. Dr. Yealy knows the pearls and pitfalls of manuscript submission, and looks forward to answering your questions and providing tips on manuscript preparation to maximize acceptance.

CONTINUED ON PAGE 4

MILLS LECTURE

Maximize What You Love, Minimize What You Hate

How to avoid burnout when back at work after ACEP16

by RICHARD QUINN

LAS VEGAS—IN A MONTH OR TWO or six, when you're back at work and the motivation from ACEP16 feels



Dr. Mayer

like it may cede to the burnout of daily life, look around your emergency department and try to notice a few things you normally wouldn't.

Maybe it's seeing a boarded patient as an 85 year old whose life story would enthrall, rather than another elderly patient on a carousel to their nursing home. Or maybe it's seeing a colleague give thanks to the oft-forgotten housekeeper for

CONTINUED ON PAGE 3



Most of the physicians attending the Mills Lecture admit to experiencing burnout.

DARNELL SCOTT

RORRIE LECTURE

A Paradigm Change

*Recognizing the value of
emergency medicine*

by RICHARD QUINN

EMERGENCY PHYSICIANS SOMETIMES NEED to be reminded that they're the first—and last—line of defense for millions of Americans. Today's Colin C. Rorrie Jr. Lecture will give that reminder.

"Emergency medicine is the pinnacle of unscheduled acute care engagements. There are going to be more of them, which has been proven over time. They are going to be more complex and more specialized and more regionalized," said

CONTINUED ON PAGE 3

GET ANSWERS FAST WITH THE ACEP16 TWITTER HELPDESK

Are you far away from the ACEP booths and need a question answered—FAST? Hit us up on the ACEP-staffed ACEP16 Twitter HelpDesk and we'll respond ASAP.

Tweet @acepvegas16 and we'll get back to you with answers.

ACEP16 SETS NEW ATTENDANCE RECORD

CONGRATULATIONS on being part of the largest-ever ACEP annual meeting! ACEP16, here in Las Vegas, drew 7,501 four-day attendees and several thousand more faculty members, exhibitors, guests, and single-day attendees. The previous attendance record was set at ACEP15 in Boston, with 6,535 four-day attendees. Next year, the annual meeting will take place Oct. 30–Nov. 2 in Washington, D.C. Reserve your hotel room now with onPeak in the registration area before you leave Las Vegas. See you next year!

DARNELL SCOTT



SHUTTLE IN STYLE TO CLOSING CELEBRATION

Shuttle buses will take you Tuesday to the ACEP16 Closing Celebration at Drai's Beach Club and Nightclub. Pick up starts at 6:15 p.m. from the Shark Reef Transportation Area.

MORE ABOUT THE PARTY ON PAGE 14.





VIRTUAL ACEP16

MISS A SESSION? CATCH UP WITH VIRTUAL ACEP

TOO MANY GOOD SESSIONS, not enough time? With Virtual ACEP16's extensive digital library of presentations, you can experience the entire meeting on your own schedule, with hundreds of hours of educational content to choose from. All you need is an Internet connection, and it's like you're actually in the live session, watching presenter slides while listening to fully synchronized audio. Rest assured you'll learn what you need, satisfy your CME requirements, and even "go to" sessions you missed in Las Vegas.

Find out more about this extensive digital library at www.acep.org/virtualacep or onsite in the ACEP Resource Center (located in the Oceanside Exhibit Hall) or the Palm Foyer.

Virtual ACEP is only available with registration for ACEP16

- Member: \$259
- Non-member: \$359
- International: \$199

Virtual ACEP includes:

- All of the courses presented during the three-and-a-half-day conference
- Secure online access from any standard browser
- Streaming content for viewing on iPad, iPhone, or Android devices
- Downloadable MP3 files for convenient on-the-go audio
- Activity approved for *AMA PRA Category 1 Credit(s)*



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MILLS LECTURE | CONTINUED FROM PAGE 1

cleaning up after a particularly soiled patient. Sometimes, the little things can be the simplest way to fight that proverbial burnout, or as James D. Mills Jr. Memorial Lecture presenter Thom Mayer, MD, FACEP, FAAP, called it, “the silent epidemic stealing our passion.”

“To combat burnout, we have to remember the power of one,” said Dr. Mayer, executive vice president of EmCare, founder and chief executive officer of BestPractices, Inc., the medical director for the NFL Players Association, and a clinical professor of emergency medicine at George Washington University, in Washington, D.C. and University of Virginia School of Medicine, in Charlottesville.

“One doc. One patient. One family. One team of people. One choice. Because when you walk into that patient’s room, you are going to make a difference...what’s that difference going to be?”

The session, “Loving the Job You Have While Creating the Job You Love,” was intended to give emergency physicians coping skills to take back home with them. The advice, in many ways, boils down to three questions-and-answers.

What do you love? Maximize that.
What do you tolerate? Minimize that.



“There’s a hidden cost to what we do. The sad, unfortunate, and, perhaps, shocking thing about that is that those of us who care most, those of us who are most passionate, those of us who believe in what we do, are most at risk.”

—Dr. Mayer

What do you hate? Eliminate that. To not ask those questions—nor pay attention to the self-reflective answers they might elicit—is to perpetuate the problem of burnout, Dr. Mayer said. The issue is even worse for those at the top of the specialty, as they’re the most affected.

“There’s a hidden cost to what we do,” he added. “The sad, unfortunate, and, perhaps, shocking thing about that is that those of us who care most, those of us who are most passionate, those of us who believe in what we do, are most at risk.”

People like Rochelle Chijioke Asagbra, MD, an emergency physician who just moved to Greenville, North Carolina. She acknowledged that from “time to time” she’s felt the buzzwords of burnout—feelings of inadequacy, feelings of unimportance. What

she took from Dr. Mayer is keeping perspective. “When you walk into the ER, when you’re going to work, it’s just having that mentality,” she said. “You’re there to have a legacy, you’re there to change lives. You’re there to make an impression on your patients, on your staff.”

RICHARD QUINN is a freelance writer in New Jersey.

RORRIE LECTURE | CONTINUED FROM PAGE 1

Andrew Sama, MD, FACEP, chief executive officer of Progressive Emergency Physicians of Uniondale, New York. “The more we can support, educate, and organize emergency physicians to respond to that challenge and that change, the better (we) are going to be, and the better off the patients are going to be.”

“The more we can support, educate, and organize emergency physicians to respond to that challenge and that change, the better (we) are going to be, and the better off the patients are going to be.”

—Dr. Sama

Dr. Sama will be joined in the panel discussion by ACEP Board of Directors member James Augustine, MD, FACEP, and John Holstein, director of business development for Zotec Partners of Carmel, Indiana, which provides revenue cycle and practice management services.

Dr. Holstein, who calls emergency physicians “American health care’s healing edge,” says that the sheer volume of patients the specialty treats makes it a linchpin in the coun-

try’s care delivery system. “Every day at any moment emergency physicians face the entire spectrum of human accident, illness and/or infirmity, and they must be on top of their game,” he said.

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Sama



Dr. Augustine



Dr. Holstein

Colin C. Rorrie Jr. Lecture
THE VALUE OF EMERGENCY MEDICINE
Tuesday, Oct. 18
1:30–2:20 p.m.
South Seas Ballroom C

START PLANNING FOR ACEP17 IN WASHINGTON, D.C.

by RASHEEDA WINT

Washington, D.C., was dubbed by *Forbes Magazine* as the number one coolest city in America. If you attend ACEP17, Oct. 30–Nov. 2, 2017, you can see why for yourself.

The lives of emergency physicians can be very demanding, so take some time to unwind during ACEP17. From world-class shopping to celebrated restaurants and cultural icons, Washington, D.C., has no shortage of things to do and experience as you take in the dynamic courses and skill labs of the conference.

GOOD EATS AND TREATS

D.C. has well-known favorites like the Hard Rock Café. But sure to pique your palate are fine eateries like Seasons Restaurant, which features the DC Half-Hash, a fileted beef-pork sausage with hash browns, chili, and a poached egg with cheese sauce. Or try Restaurant Nora, the Dupont Circle mainstay known as the first certified organic restaurant in the nation, which serves up grass-fed rib-eyes, roasted fall veggies, and other fine examples of in-season fare.

ARTS AND CULTURE ALONG THE MALL

There are many opportunities to expand your mind along the National Mall. The Holocaust Museum is one of Washington, D.C.’s most compelling attractions. Just steps from the White House, the Renwick Gallery boasts vintage and modern fabric, pottery, and metalworks. The National Museum of African American History and Culture, the latest sensation along the mall, is devoted to chronicling African American life from past to present, including slavery, the Civil Rights Movement, music, and more.

NEIGHBORHOOD SIGHTS

D.C. is also home to dozens of distinct neighborhoods. Check out Georgetown, which is older than D.C. itself. Founded in 1751, its streets are filled with stellar restaurants, historical attractions, high-fashion retailers, and art galleries. Have lunch at Farmers Fishers Bakers after ice skating at Washington Harbour. Penn Quarter and Chinatown offers top entertainment venues, museums, and restaurants that electrify D.C.’s downtown. Capitol Riverfront neighborhood is revitalized beyond the Nationals Park baseball stadium, with new developments and restaurants.

None of these catch your interest? Try mini-golf at the H Street Country Club.

RASHEEDA WINT is a writer based in Jersey City, New Jersey.



LAST DAY TO VISIT EXHIBIT HALL, WIN PRIZES | CONTINUED FROM PAGE 1**Commit to EM Quality Care**

Visit CEDR and E-QUAL in ACEP Alley (Oceanside Foyer) to learn how ACEP is working to ensure quality emergency medical care and how you can help.

Enhance Your Wellness at ACEP 16

Tuesday is your last opportunity to visit the ACEP Wellness Center from 9:30 a.m.–3:30 p.m. within the ACEP Resource Center. Screening services for ACEP members include a comprehensive hematology and

chemistry panel plus the option of one of six other tests (prostate-specific antigen, thyroid-stimulating hormone, high-sensitivity C-reactive protein, hepatitis C antibody, vitamin D, vitamin B12), blood pressure check, body composition check, flu vaccine, and a Maslach Burnout Inventory with personalized feedback, as well as wellness-related resource materials. Member cost for this service is \$50, which is a great bargain since the total value is around \$160. Tickets may be purchased at ACEP Registration or at the nearby ACEP Bookstore within the Resource Center. ☺

Number Three and Counting, #ACEP16 Swells

by JEREMY SAMUEL FAUST, MD, MS, MA

LAS VEGAS—WITH THE ACEP ANNUAL meeting in full swing, #ACEP16 has become the third highest trending medical conference hashtag in the world this week! We're narrowly trailing tweets from the Japan Council for Quality Health Care conference and the American College of Gastroenterology's Annual Scientific Meeting. As an EM community, we must step up!



Dr. Brett Rosen (@EMDocBrett) tweeted "Some hypotensive trauma patients with positive FAST exam may benefit from CT scanning" from Dr. Swaminatha Mahadevan's lecture on trauma literature. The dogma, of course, is that these patients need to be in the operating room, but apparently that's not universally true.

Dr. William Brady and Dr. Corey Slovis gave a heavily attended lecture covering aspects of advanced cardiac life support that aren't taught in certification courses. For example, what do you do for your patient with ventricular fibrillation or paroxysmal ventricular tachycardia? "If it's not working, do something else! Consider Esmolol for refractory VF/pVT." Definitely an interesting idea. Thanks to the Medical College of Wisconsin's official twitter account (@MCWEmerMed) for that one. Always good to see the residency programs getting in on the game.

Also from Dr. Brady and Dr. Slovis's lecture was a tweet by Dr. Kami Hu (@kwhomd) that, once again, highlights the importance of post-return of spontaneous circulation cardiac catheterization. "Immediate PCI for ALL post-VT/VF arrest improves rate of survival and neurologic outcomes." That's true of ST-elevation myocardial infarctions (STEMIs) and even non-STEMIs. In many places, the barrier to getting these patients to the lab is twofold: knowledge and the law.

Indeed, many state laws make these cases exceptionally risky for interventional cardiologists—if they, you know, want to stay in business. It's all about liability and registry statistics—they need their statistics to be good in order for them to stay open. Understandable.

Dr. Dasia Esener (@SonoBoss) was impressed by some cutting-edge approaches to atraumatic musculoskeletal complaints in a lecture by Dr. Christopher Hogrefe. Apparently, there are studies suggesting that nitroglycerin patches may be effective for tendinopathy. "Wow, never heard of this," Dr. Esener tweeted. Me neither. But a quick PubMed search yielded some interesting papers from the past 20 years. This is exactly why I love medical conferences: sometimes old tricks come as news to me.

Keep those #ACEP16 tweets coming! If we surpass our medical conference competition for trending hashtags, I may or may not be induced to taunting our competition online. How's that for incentive? ☺

DR. FAUST is an attending physician at Brigham and Women's Hospital. He is co-host of FOAMcast and he tweets about emergency medicine and classical music @jeremyfaust.

You are invited to a Lunch Product Theater Presentation at the **American College of Emergency Physicians Annual Scientific Assembly 2016**

**THROMBOSIS:
DVT/PE****AN EXPLORATION
IN RISK REDUCTION**

SUNDAY, OCTOBER 16, 2016

10:30 AM – 11:15 AM

Mandalay Bay

Mandalay Bay Ballroom I
Las Vegas, Nevada

Gregory Fermann, MD, FACEP

Professor and Executive Vice Chairman
Director, Clinical Trials Center
Department of Emergency Medicine
University of Cincinnati College of Medicine
Cincinnati, Ohio

**PROGRAM DESCRIPTION**

This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism and how they can reduce the risk of recurrent thrombotic events.

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs.

For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal, or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity, that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

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This symposium is not a part of the official Scientific Assembly educational program as planned by ACEP's Educational Meetings Committee.

Supported by Janssen Pharmaceuticals, Inc.





DARNELL SCOTT

Q: WHAT HAS BEEN YOUR FAVORITE SESSION SO FAR AT ACEP16?

“Today’s session on the opioid problem... the value is how I approach a patient with pain—acute pain or chronic pain. There’s a subset between the ages, like a 70-year-old, or a 14-year-old or a 40-year-old. The take-home point that I got is that if there is an opioid-naive patient, no matter what age, you don’t try to get them into narcotics if you can avoid that first step. Keep them opioid naive as long as you can.”

—Martin Guerrero, MD, emergency physician at Nix Medical Center, San Antonio



DARNELL SCOTT

Don't Miss These innovatED Events

innovatED OFFERS AN UNPRECEDENTED LOOK AT NEW TECHNOLOGY, PRODUCTS, AND SERVICES available to emergency medicine practitioners. Don't miss out on these exciting events:

TUESDAY

MCI Immersive Response: ActiveShooter
10:00–10:30 a.m.
Location: Trauma Bay 3

FEATURED EVENT

The mHealth Toolbox
11:00 a.m.–12:15 p.m.

Location: Workshop Room
Visit the brand new mHealth Toolbox! Organized by clinicians and health care industry experts, the workshops allow participants to not only test out top med tech innovations from around the world, but brainstorm novel applications for each through real-world case studies. Open to all when workshops are not in session. Workshop pre-registration sold out.

Emergent Suffering: Palliative Approaches to Common ED Cases

10:30–10:50 a.m.
Location: Palliative Care/Comfort Room

Thinking Outside the Bus Station: Seating Preferences and Perceptions in Waiting Spaces

11:10–11:20 a.m.
Location: ED Talk Theater
Presented by Michelle Ossmann, RN, MSN, PhD, Director, Healthcare Environments, Steelcase Health
Sponsored by Steelcase Health

Partnership for Enhanced Outcomes

11:50 a.m.–noon
Location: ED Talk Theater
Presented by Cynthia Sylvia, MSc, MA, RN, CWON, Clinical Science Manager, Stryker
Sponsored by Stryker

Emergent Suffering: Palliative Approaches to Common ED Cases

Noon–12:20 p.m.
Location: Palliative Care/Comfort Room

Emergent Suffering: Palliative Approaches to Common ED Cases

2:30–2:50 p.m.
Location: Palliative Care/Comfort Room

Beyond (or in spite of) the EHR: How Technology Can Optimize ED Care

2:40–2:50 p.m.
Location: Ed Talk Theater
Presented by Benjamin Zaniello MD MPH, Chief Medical Officer, Collective Medical Technologies
Sponsored by Collective Medical Technologies

Code Black: A Disaster Response

2:50–3:10 p.m.
Location: Trauma Bay 3

DON'T MISS THESE EMF EVENTS

The Emergency Medicine Foundation (EMF) is the charity of emergency physicians. Founded in 1972 by visionary leaders of ACEP, EMF invests its funds to further emergency medicine research and education. To date, EMF has awarded more than \$12 million in research grants to advance emergency medicine, science, and health policy. EMF's mission is to promote education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Thanks to its generous donors, EMF awards more than \$600,000 in emergency medicine grants each year.

EMF Major Donor Lounge
Tuesday,
7:30 a.m.–4 p.m.,
Surf D
(By Invitation Only)

EMF donors who have given \$500 or more since January 1, 2016, and Wiegstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks, a computer, a printer, and charging stations. Did you miss your chance to buy a brick for Pave the Way? No worries—you can pick one up here.



DARNELL SCOTT

EMF Silent Auction
Tuesday,
7:30 a.m.–5:30 p.m.
ACEP Alley, Oceanside Foyer

This popular favorite souvenir shop returns to ACEP16! Stop by the EMF Silent Auction for a chance to bid on hundreds of items, with proceeds benefiting EMF. Items include sports, music, and celebrity memorabilia, jewelry, artwork, vacation getaway packages donated by members, and more! Managed by All Star Enterprises.

EMF Emergency Medicine Foundation
research • education • patient care



Hot Sessions

Taking the Fear Out of ENT Procedures in the ED

by VANESSA CACERES

Did you know that you can use an empty syringe and a tongue blade in the management of a jaw dislocation? Or that point-of-care ultrasound can improve patient satisfaction and outcomes when used in the evaluation of a patient with a sore throat or concerns about Ludwig's angina?

Come join Teresa S. Wu, MD, FACEP, at her session "Rapid Fire: Quick Tips—ENT Procedures in the ED" talk to learn about these management options and procedures that you can use to help your patients.

"Many providers may fear or feel uncomfortable managing ENT emergencies because they feel that they are not well equipped to handle the issues at bay."

—Dr. Wu

Dr. Wu is the director of the emergency ultrasound program and fellowships at Banner University Medical Center-Phoenix and the simulation curriculum director and an associate professor in emergency medicine at the University of Arizona College of Medicine—Phoenix.

"Many providers may fear or feel uncomfortable managing ENT emergencies because they feel that they are not well equipped to handle the issues at bay. The assessment and diagnosis may not be clear, and management options can be messy and scary," Dr. Wu said.

She plans to provide useful tips, tricks, and education to empower and inspire providers to feel more comfortable with ENT emergencies they may encounter. She will collaborate and brainstorm with attendees to share expertise and lessons learned. Dr. Wu also has compiled pearls and pitfalls from other emergency providers and ENT surgeons from around the globe. "During the lecture, I will share some of these innovative techniques with the audience," she said. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Wu

RAPID FIRE: QUICK TIPS—ENT PROCEDURES IN THE ED

Tuesday, Oct. 18
10:00–10:25 a.m.
Mandalay Bay Ballroom D

Handle Asymptomatic Hypertension Cases

by VANESSA CACERES

Hypertension is likely the most comorbid disease you see in the emergency department—but very few people know what to do with severely high numbers in the absence of other problems, said Philip H. Shayne, MD, FACEP, program director at Emory University in Atlanta.

Dr. Shayne's session "Severe, Asymptomatic Hypertension: Don't Just Do Something: Stand There" will go through strategies on how to manage patients with high blood pressure who don't seem to have a medical crisis versus patients who do seem to have an acute problem.

"The bottom line is that the [blood pressure] number is rarely a crisis," Dr. Shayne said. "People get fixated on how high the number is, but it's really about how the patient is doing. There's probably more concern for a 90-year-old patient with a blood pressure of 140 and chest pain versus an asymptomatic 35 year old with a blood pressure of 220. It's really context and not the number," said Dr. Shayne, noting that hypertension is still a serious chronic problem.

"People get fixated on how high the number is, but it's really about how the patient is doing. There's probably more concern for a 90-year-old patient with a blood pressure of 140 and chest pain versus an asymptomatic 35 year old with a blood pressure of 220. It's really context and not the number."

—Dr. Shayne

Dr. Shayne's session will discuss when to start antihypertensive medications or when to add new ones to a patient's current regimen, based on results from the latest literature. He also will discuss the danger of overtreating patients. "There's a balancing act between being concerned, but not too aggressive," he said. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Shayne

RAID FIRE: SEVERE, ASYMPTOMATIC HYPERTENSION: DON'T JUST DO SOMETHING: STAND THERE

Tuesday, Oct. 18
10:30–10:55 a.m.
Mandalay Bay Ballroom B

Examining New and Old Anticoagulants and Their Effects

by VANESSA CACERES

It's normal to feel nervous if you are treating a patient with a gastrointestinal bleed who is on an anticoagulant. Yet there are different treatment paradigms when patients present with acute bleeding, and some of the newer anticoagulants could change current thinking, said Colin G. Kaide, MD, FACEP, associate professor of emergency medicine at the Wexner Medical Center at The Ohio State University in Columbus.

Dr. Kaide will focus on this topic during his session "Does All Bleeding Really Stop? Reversing New and Old Anticoagulants."

"I firmly believe that if you invest five or six minutes into understanding how the system works at a basic level, then everything else about reversal agents doesn't have to be memorized."

—Dr. Kaide

The session will first provide attendees with a basic understanding of coagulation and anticoagulants. "I firmly believe that if you invest five or six minutes into understanding how the system works at a basic level, then everything else about reversal agents doesn't have to be memorized. It can be derived from basic understanding," he said.

Dr. Kaide will then go on to discuss strategies to reverse anticoagulation when patients use traditional medications such as warafin and heparin. The session will then cover some of the novel anticoagulation treatments, such as dabigatran, rivaroxaban, and apixaban.

The session also will address strategies for emergency physicians who don't have access to newer agents.

The talk will include case-based scenarios and a discussion about the controversy over correcting numbers and bleeding and how they might actually reflect in outcomes. "We need to take a realistic understanding of what we can or can't accomplish," he said. ☺

VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Kaide

RAPID FIRE: DOES ALL BLEEDING REALLY STOP? REVERSING NEW AND OLD ANTICOAGULANTS

Tuesday, Oct. 18
12:30–12:55 p.m.
Mandalay Bay Ballroom D

Get the Skills to Spot Subtle Patterns in ECG Analysis

by AMY E. HAMAKER

Electrocardiography (ECG) is an emergency department staple, and tremendous advances in diagnosis have been made recently. But can you spot the extremely subtle pattern differences that could mean the difference between admission and discharge, or life and death?

Amal Mattu, MD, FACEP, professor and chair at the University of Maryland School of Medicine in Baltimore, is an expert in spotting these ECG subtleties and backing them up with the most current literature. His lecture "From Paper to Patient: Recent Advances in Emergency Electrocardiography That Will Save a Life" will cover some of these tricky reads:

- **Left bundle branch block pattern:** "Diagnosing an acute MI [myocardial infarction] in the presence of this confounding pattern can throw off a physician's ability to diagnose a heart attack," said Dr. Mattu. "There has been literature to help us clarify diagnosis—it isn't necessarily well known to some of the cardiologists out there, but should be known to everyone who works in an ER."

"It's easy to mistake an ECG diagnosis of a true STEMI for early repolarization."

—Dr. Mattu

- **Early repolarization:** As a benign variant, Dr. Mattu said that there's been a host of discussion as to whether early repolarization is truly benign or not. "It's easy to mistake an ECG diagnosis of a true STEMI for early repolarization," he said.
- **ECG patterns of patient athletes:** If a young athlete with chest pain shows abnormal patterns, should you worry? Maybe, or maybe not, said Dr. Mattu. "Athletes develop changes in their heart that can cause ECG patterns that mimic having ischemia or a heart attack, when really it's a completely normal finding in people who are extremely well-conditioned." ☺

AMY E. HAMAKER is a Canyon Country, California-based freelance writer.



Dr. Mattu

FROM PAPER TO PATIENT: RECENT ADVANCES IN EMERGENCY ELECTROCARDIOGRAPHY THAT WILL SAVE A LIFE

Tuesday, Oct. 18
1:30–2:20 p.m.
Mandalay Bay Ballroom F

Avoid Financial Dangers When You Are a New Physician

by VANESSA CACERES

New emergency physicians may be filled with clinical knowledge—but their understanding of the business side of what they do can be dicey.

That's where the session "Don't Get Fired, Don't Go Broke, and Don't Get Sued" comes in. Presenters Michael A. Granovsky, MD, CPC, FACEP, Mark Curato, DO, and Nathaniel S. Minnick, DO, will be part of an interactive panel discussion to address how to adapt quickly to a new practice environment, how to manage medical debt, and how to minimize the chances of a lawsuit.

For his part, Dr. Granovsky, of Logix Health in Bedford, Massachusetts, will cover key financial moves to help shore up your financial future. This will include pitfalls to avoid that could upset your financial trajectory, the management of student and mortgage debt, and making the right insurance choices as they relate to life and disability insurance.

"Emergency physicians have a bright financial future and the ability to retire with millions of dollars—if you make the right decisions," Dr. Granovsky said.

Dr. Minnick, medical director of emergency medicine education at Riverside Regional Medical Center in Newport News, Virginia, and assistant professor of emergency medicine at Virginia College of Osteopathic Medicine in Blacksburg, will discuss methods advocated by risk managers, defense attorneys, and emergency physicians

who have experienced lawsuits. He will also discuss resources to learn about risk. "Many training programs don't provide enough risk education. 'Don't let go of the guidewire' isn't a risk education."

When beginning a new job, you work hard to make a good impression. Dr. Curato, of St. Barnabas Health System in Bronx, New York, will cover tips, behaviors, and habits to help you successfully integrate into any new job and be regarded by your colleagues as a "great addition." ☺

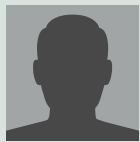
VANESSA CACERES is a freelance medical writer based in Florida.



Dr. Curato



Dr. Granovsky



Dr. Minnick

ACEP CONNECT: DON'T GET FIRED, DON'T GO BROKE, AND DON'T GET SUED
Tuesday, Oct. 18
2:30-3:30 p.m.
Mandalay Bay Ballroom H

HOT SESSIONS CONTINUE ON PAGE 9

GET LINKEDIN AT ACEP16



JOB HUNTING? LOOKING TO NETWORK? Want to polish up your online presence? Visit the LinkedIn Corner in the Resource Center (Oceanside Exhibit Hall, Tuesday, 9:30 a.m.–3:30 p.m.).

Through powerful insights, you'll have your understanding of today's LinkedIn platform transformed, discuss profile do's and don'ts, and learn straightforward ways to reposition yourself as an expert and thought leader within your industry. You'll walk away knowing how to:

- Engage your professional network of contacts.
- Build connections that are useful and meaningful.
- Showcase yourself as a desirable, well-rounded professional.
- Share ideas to stand out and be sought out.

Improve interactions, build connections, and increase engagement by uncovering the myths and truths about creating an impactful LinkedIn profile. It's time to get the most out of LinkedIn. And don't leave ACEP16 without a fresh new headshot from Studio ACEP (located in ACEP Alley, Oceanside Foyer).

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Save These Dates

ACEP's Upcoming 2016 - 2017 Educational Meetings

November 14-18, 2016

Emergency Department Directors Academy - Phase I
Omni Park West - Dallas, TX
acep.org/edda

SOLD OUT



February 6-10, 2017

Emergency Department Directors Academy - Phase I
Omni Park West - Dallas, TX
acep.org/edda



February 20-24, 2017

Reimbursement & Coding 2017
The Westin Mission Hills Golf Resort & Spa - Palm Springs, CA
acep.org/rc



March 12-15, 2017

Leadership & Advocacy Conference
Grand Hyatt - Washington, DC
acep.org/lac



April 6-8, 2017

Emergency Medicine Academy - Critical Decisions with Master Clinicians
Sheraton Phoenix Downtown - Phoenix, AZ
acep.org/EMacademy



April 25-27, 2017

Advanced Pediatric Emergency Medicine Assembly
Paris Las Vegas - Las Vegas, NV
acep.org/pem



May 1-5, 2017

Emergency Department Directors Academy - Phase II
Omni Park West - Dallas, TX
acep.org/edda



October 30 - November 2, 2017

ACEP17 Scientific Assembly
Washington, DC
acep.org/acep17



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ACN_OSE_0916

The Revamped Research Forum Brings New Ideas To Your Daily Practice

INTEGRATE THE SCIENCE WITH THE education at emergency medicine's premier research event, the ACEP Research Forum. This year's three-day electronic showcase is larger than ever and has been integrated like never before throughout ACEP16.

New this year! Research Forum abstracts will be available to view near the course rooms and arranged by subject matter to enhance your learning experience. View and discuss original research that will impact your daily practice on the topics and issues that matter most to you and your patients. At the world's largest gathering of researchers, teachers, and practitioners of emergency medicine, you can also learn from a panel of experts during "Prime Time Practice-Changers: Highlights of the 2016 Research Forum" and interact with researchers during the Wine and Cheese Networking Socials.

Supported by the Emergency Medicine Foundation and The Medicines Company



TUESDAY SCHEDULE

For a full listing of Research Forum presentations, see the ACEP16 Mobile App or pages 41-63 in the onsite program.

Electronic Abstract Session I

8:00-9:00 a.m.

- **Public Health**
Location: Breakers D
- **Resuscitation**
Location: Breakers J
- **Quality and Patient Safety**
Location: Banyan D
- **Simulation**
Location: Banyan E
- **Trauma**
Location: Banyan F

Electronic Abstract Session II

9:00-10:00 a.m.

- **Public Health**
Location: Breakers D
- **Resuscitation**
Location: Breakers J
- **Quality and Patient Safety**
Location: Banyan D
- **Simulation**
Location: Banyan E
- **Trauma**
Location: Banyan F

State-of-the Art: Evidence-Based ED Throughput Systems Interventions

10:00-10:30 a.m.

Location: Lagoon I
Jesse Pines, MD, FACEP

Electronic Abstract Session III

10:30-11:30 a.m.

- **Toxicology & Pharmacology**
Location: Breakers D
- **Wilderness Medicine**
Location: Breakers J
- **Quality and Patient Safety**
Location: Banyan D
- **Ultrasound**
Location: Banyan E
- **Trauma**
Location: Banyan F

Electronic Abstract Session IV

1:00-2:00 p.m.

- **Ultrasound**
Location: Breakers D
- **Ultrasound**
Location: Breakers J
- **Quality and Patient Safety**
Location: Banyan D
- **Trauma**
Location: Banyan E
- **Trauma**
Location: Banyan F

Plenary Session III

2:00-3:00 p.m.

Location: Lagoon I

Prime Time Practice-Changers: Highlights of the 2016 Research Forum

3:00-4:00 p.m.

Location: Lagoon I

Phillip Levy, MD, FACEP, and
Alex Limkakeng, MD, FACEP



Wednesday Hot Sessions CONTINUED FROM PAGE 7

Learn Tips and Tricks to Block Pain Effectively

by AMY E. HAMAKER

Would you want a friend or loved one to be in pain while waiting for a room to open up in an already overcrowded emergency department? This session covers some techniques to relieve pain for patients in this situation.

Whether you use blocks all the time or have yet to incorporate them, you'll learn something new at "Bone Chillin'! Orthopedic Reductions and Regional Blocks" presented by Danielle D. Campagne, MD, FACEP, vice chief of emergency medicine and associate professor of clinical emergency medicine at the University of California, Fresno.

"There are so many ways to reduce pain and anxiety in the emergency department. We can do so much for fractures, dislocations, and orthopedic problems without using conscious sedation."

—Dr. Campagne

"There are so many ways to reduce pain and anxiety in the emergency department," said Dr. Campagne. "We can do so much for fractures, dislocations, and orthopedic problems without using conscious sedation. Regional blocks, local blocks, hematoma blocks, intra-articular blocks, and more are terrific options."

Consider this: You're treating an elderly person with a hip fracture. You don't want to use opioids for pain control, but you have to do something—it could be a day or more before they get to an operating room because of cardiac clearance, overcrowding, etc. "You can help immediately with a femoral nerve or fascia iliaca compartment block. I'll show you how to do them either ultrasound guided or blind, and list the pros and cons. I'll also present the research that's out in the literature showing the benefits of both," Dr. Campagne said.

"Three years ago it would have been easy to get a room in the ED and a nurse, and sedate a patient," she said. "You can do a block in the hallway—you don't have to wait for a room to block the pain." ☺

AMY E. HAMAKER is a Canyon Country, California-based freelance writer.



Dr. Campagne

BONE CHILLIN'! ORTHOPEDIC REDUCTIONS AND REGIONAL BLOCKS

Wednesday, Oct. 19
9:00–9:50 a.m.
South Seas Ballroom B

Get Orthopedic Exam Tips and Tricks from a Master Clinician

by AMY E. HAMAKER

There are special tests you can give to orthopedic patients who visit your emergency department to get the most accurate diagnosis and show what that means in terms of disposition—surgery, brace, or home. Christopher Hogrefe, MD, FACEP, assistant professor of medicine, emergency medicine, and orthopaedic surgery at Northwestern University Feinberg School of Medicine in Chicago, will go over them during his presentation "Master Clinician Series: The Rapid, High-Yield Ortho Exam in the ED."

"High-yield exam maneuvers can not only solidify specific diagnoses, but also can help us rule out life- or limb-threatening conditions. Because the physical exam is so exact based on the literature, it can help save the hours' wait for an MRI."

—Dr. Hogrefe

"High-yield exam maneuvers can not only solidify specific diagnoses, but also can help us rule out life- or limb-threatening conditions," Dr. Hogrefe said. "Because the physical exam is so exact based on the literature, it can help save the hours' wait for an MRI."

Dr. Hogrefe also will discuss when follow up should happen—does it need to be in a day? A week? With a primary care physician rather than an orthopedic surgeon?—and how to interact with orthopedic surgeons. "Exchanging information is a delicate dance," he said. "They're looking at and for completely different information than an EM physician. We'll look at what information is important to convey and how to, and not to, convey it."

Finally, for each joint (shoulder, elbow, wrist, knee, ankle, and foot), Dr. Hogrefe said there are some can't-miss things that physicians should look for on the physical exam. "These are things you shouldn't miss, because if you do the consequences can be quite significant," he said. ☺

AMY E. HAMAKER is a Canyon Country, California-based freelance writer.



Dr. Hogrefe

MASTER CLINICIAN SERIES: THE RAPID, HIGH-YIELD ORTHO EXAM IN THE ED

Wednesday, Oct. 19
10:00–10:50 a.m.
South Seas Ballroom E

Could the Latest Research Change Your Practices in the Emergency Department?

by RASHEEDA WINT

It can be difficult to keep up with all of the EM research being published these days, but Michael J. Bresler, MD, believes that being aware of the latest studies is critical for emergency physicians. Dr. Bresler, clinical professor of emergency medicine at Stanford University School of Medicine and former director of the department of emergency medicine for the Mills-Peninsula Health System, is a well-known educator who is frequently invited to lecture throughout the United States and internationally.

His session, "The Top Articles of 2016," will provide attendees with valuable insights into the trends he saw in his review of a number of recent studies in emergency medicine journals. Dr. Bresler will also illustrate why it is important for emergency physicians to keep up with the latest research.

"With medicine changing every day," he said, "the objective of the session is to address very relevant questions to emergency physicians' daily practice." For example, is CT angiography a reasonable alternative to lumbar puncture for patients who experience thunderclap headaches?

"With medicine changing every day, the objective of the session is to address very relevant questions to emergency physicians' daily practice."

—Dr. Bresler

Dr. Bresler will discuss this and more topics that are relevant to the daily practice of emergency medicine—and may change your practices in the emergency department. He hopes that emergency physicians will garner the latest information about which clinical policies may be outdated and need revision. "If we rely on data that's several years old, we may not be practicing in the most optimal way," he said.

He will also briefly review how to keep up with the various new modalities of research literature. ☺

RASHEEDA WINT is a writer based in Jersey City, New Jersey.



Dr. Bresler

THE TOP ARTICLES OF 2016

Wednesday, Oct. 19
11:00–11:50 a.m.
Mandalay Bay Ballroom F

Is It Neurological? Learn the Subtle Signs and Symptoms

by AMY E. HAMAKER

"Subtle" is the operative word in the session "Case Studies of Subtle Presentations of Devastating Neurological Conditions" by Andrew W. Asimos, MD, FACEP. The dizziness, nausea, vomiting, tingling, and back pain that may mean neurological trouble can also resemble other benign disorders seen on a daily basis.

"There may be some other presentation factor that should lead you to check for quality-of-life-threatening conditions," said Dr. Asimos, medical director of the Carolinas Stroke Network for the Carolinas Healthcare System in Charlotte, North Carolina. "We'll look at real cases and talk about the most important components of the neurological exam, as well as the potential to inappropriately rely solely on imaging. The classic example is a CT brain scan, which is frequently done in the ED but which for some conditions is inadequate."

Proper documentation is vital as well, said Dr. Asimos. "If you don't document correctly, it may undermine the ability to understand what was done and, quite frankly, the ability of a physician to defend themselves when a patient has an unusual condition. Cognitive error is always possible, and documentation allows you to have stop points in your diagnostic momentum to consider certain things more carefully," he said.

"We'll look at real cases and talk about the most important components of the neurological exam, as well as the potential to inappropriately rely solely on imaging. The classic example is a CT brain scan, which is frequently done in the ED but which for some conditions is inadequate."

—Dr. Asimos

"The first 24 hours are often the most critical, and the right diagnosis can make a difference," he added. "But it's hard to remove a diagnosis label once it's in place." ☺

AMY E. HAMAKER is a Canyon Country, California-based freelance writer.



Dr. Asimos

CASE STUDIES OF SUBTLE PRESENTATIONS OF DEVASTATING NEUROLOGICAL CONDITIONS

Wednesday, Oct. 19
11:00–11:50 a.m.
Mandalay Bay Ballroom B





Live from ACEP16

The ACEP16 Kickoff Party, sponsored by ECI Healthcare, a Schumacher Clinical Partner, rocked the night away at the Caesar's Palace Omnia, a multilevel nightclub on the Las Vegas Strip, which offered attendees a chance to dance to lively music and a moving chandelier, lounge in luxury, or moon gaze while enjoying all the excitement of a rooftop garden.



PHOTOS: DARNELL SCOTT



DARNELL SCOTT

Q: WHAT HAS BEEN YOUR FAVORITE SESSION SO FAR AT ACEP16?

“I like the rapid-fire ones because they’re quicker. It’s nice to get some good information right away...it forces the lecturers to hone in on what they really want to talk about. They’ve only got 20 minutes. So the lectures I’ve been to are really germane to what I’m doing.”

—Richard Church, MD, FACEP, FACMT, emergency physician at University of Massachusetts Medical Center, Worcester, Massachusetts

Clinical Pearls from Recent Medical Literature

The best and worst of emergency medicine abstracts

by TERESA MCCALLION

ATTENDEES were treated to an irreverent and timely review of 15 studies published in the last year. W. Richard Bukata, MD, clinical professor emergency medicine at the Los Angeles County/University of Southern California, and Jerome R. Hoffman, MD, FACEP, professor of medicine emeritus at UCLA School of Medicine in Los Angeles, led the interactive discussion that covered a range of topics.

The first five studies focused on issues involving emergency medical services (EMS), including a 2015 study on the “Outcomes After Out-of-Hospital Cardiac Arrest Treated by Basic vs. Advanced Life Support” by Sanghavi et al. Speakers discussed the study that showed patients who received basic life support (BLS) following an out-of-hospital cardiac arrest fared better than patients who were treated by personnel with advanced life support (ALS) skills.

“The difference is only slight,” said Dr. Hoffman, who noted similar results from other studies, including the definitive Ontario Prehospital Advanced Life Support Study (OPALS). The key, he said, is early CPR—usually from bystanders—and early application of a defibrillator. “Everything else is just wasted time,” he said.

A Maryland retrospective study evaluating a change in the triage guidelines to require physician pre-approval of helicopter transport for patients within a 30-minute drive of a trauma center, revealed that, even with a decline of 78.2 percent in helicopter transports, there was no adverse outcome for these patients. “I don’t think there is any place for helicopter transports in a big city at all,” stated Dr. Hoffman.

Dr. Bukata felt that there might be cause to use a helicopter in an urban setting during peak traffic times when gridlock could delay ground transport, but agreed that it is overused in most cases. “The cost-benefit is crazy unless doing

it safely and where there are really long transport times,” he said. “That’s where you should have helicopter transport.”

The two physicians were in complete agreement regarding research that examined overtriage to trauma centers based solely on motor vehicle intrusion. The study by Matsushima et al published in the Emergency Medical Abstracts in January 2016 confirmed that using this mechanism of injury results in significant overtriage to trauma centers. “We’ve known this for a long time,” Dr. Hoffman said. “The only thing that predicts in any reasonable way is patient assessment, meaning any physical or historical sign that’s worrisome.”

The study examined nearly 40,000 patients who were transported to a trauma center because of this mechanism. Of those, four patients sustained injuries significant enough to require a trauma center.

(CTPA),” determined that PE is overdiagnosed on CTPA. The retrospective study, involving three experts, found that in 26 percent of the cases, all three agreed that the CTPA led to a false positive, subjecting these patients to unnecessary risk of bleeding from blood thinners. “The bigger problem is not the misread, but the dramatic increase in harm from overdiagnosing,” Dr. Hoffman said. “It’s easy to be fooled by one clot, but 13 percent of the misreads was for multiple clots. It’s clear how easy it is to see something we expect to see.”

Another study, “Using Venous Blood Gas Analysis in the Assessment of COPD Exacerbations: A prospective Cohort Study,” elicited a strong reaction from Dr. Bukata. “This should be the end of ABG [arterial blood gases] as we know it,” he said. “This is going the way of the dodo bird.”

Several of the studies found that global rules regarding routine interventions, such as all patients who experience vertigo should get a CT scan, are often unnecessary and can be detrimental to patients who do not need the interventions.

This led to a lively discussion regarding the reason for the rule requiring transport based on mechanism alone. Most agreed that trauma centers have a vested interest in maintaining the rule. “All of our trauma centers are guilty of this,” Dr. Hoffman said.

Several of the studies found that global rules regarding routine interventions, such as all patients who experience vertigo should get a CT scan, are often unnecessary and can be detrimental to patients who do not need the interventions. One study, “Overdiagnosis of Pulmonary Embolism (PE) by Pulmonary CT Angiography

The importance of the studies like the ones discussed is to debunk much of the medicine that is being practiced. “There is so much good that we do, but it gets lost in all the crap,” Dr. Hoffman said.

Dr. Bukata urged the audience to use these studies to update guidelines. “We are quick to accept positive research, but it’s very difficult for us to eliminate or change our practice when studies have a negative or neutral effect,” he said. However, it’s not impossible. “You are the influencers to change.” ♦

TERESA MCCALLION is a freelance medical writer based in Washington State.



DARNELL SCOTT

Q: WHAT HAS BEEN YOUR FAVORITE SESSION SO FAR AT ACEP16?

“The ABGs [arterial blood gases]. I also teach nursing so on that side I can take what’s learned here at a higher level and take it back to my critical-care nurses. It’s high-quality, very well-balanced research and best of breed...you come here and you’ve got the top of the top educators. Real-time doctors who are doing the entire [gamut of] working and teaching and managing.”

—Gillian Dargan, RN, MSN,
nurse consultant, Southern
California

Inside ACEP16, Events Brim with Innovation, Wellness, Exhibits and More

by RICHARD QUINN

LAS VEGAS—At both ends of the innovatED forum space are hydraulic-powered ambulance cots, both seamlessly able to electronically berth in vehicles so gleaming and high-tech, they could double as life-size Transformers toys.

In the middle stood a captivated Swetang Desai, MD, an emergency physician at Spaulding Regional Medical Center in Griffin, Georgia.

“It’s interesting how you see how competition between different companies that do the same thing is what raises the level of innovation, the technology and how that is used to better take care of our patients,” he said. “The simple fact is that this stuff wasn’t here five years ago. We’re raising the benchmark for what we do for our patients.”

If ACEP16 was a tourism ad, it could be “Come for the sessions, stay for the perks.” And so, thousands of attendees took turns wending through innovatED, two packed Exhibit Halls, the Wellness Center, Studio ACEP, and College-sponsored gatherings across Mandalay Bay.

And while the deluge of products, pitches, and people may seem to be so wide-ranging that they’re not all relevant, Dr. Desai notes that it’s all part of the care process. While modernization of ambulance cots may not seem important to an emergency physician, it should be.

“Pre-hospital care makes a big difference,” he said. “If [emergency-services personnel] have better equipment, better technology to help take care of patients before they get to the ER, that’s one step closer to me and the end result—taking better care of the patients.”

It’s not just the technologies. For Alex Robles, a paramedic for American Medical Response of Atlanta, seeing live simulations of disaster response to a mass-

casualty event was eye opening.

“Just seeing how they operate, how different people manage those situations” is helpful, Mr. Robles said. “You don’t get that a lot. And seeing the debriefing and some of the pointers they’re giving. [It helps me] to better perform in this situation.”

Performing better every day is pretty much the Wellness Center’s main goal. The scaled-down doctor’s office is an annual rite of ACEP assemblies, drawing scores of physicians who get a good annual checkup but don’t lose free time back home to do so.

Rob Poirier, MD, MBA, FACEP, an emergency physician at

BarnesJewish Hospital in St. Louis, said he’s been at every Wellness Center for 10 years, so he can track useful trends because the program encompasses everything from burn-out surveys to blood work to blood pressure.

“It’s easy, convenient, you don’t have to wait for appointments to get blood draws outside of your doctor’s office back at home,” he said. “For \$50, it’s as much as a copay and you can get everything done.”

Both the Oceanside and Shoreline Exhibit Halls are open from 9:30 a.m.–3:30 p.m. Tuesday. ☉

RICHARD QUINN is a freelance writer in New Jersey.

ACEP EMERGENCY MEDICINE PODCAST

ACEP | Frontline

with Ryan Stanton, MD, FACEP

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ACEP16 CLOSING CELEBRATION AT DRAI'S BEACHCLUB



FINISH YOUR TIME SPENT on education, networking, and experiencing the best of emergency medicine at the ACEP16 Closing Celebration, presented by EmCare, and bid a fond goodbye to the city that knows how to party. **The celebration will take place on Tuesday, Oct. 18, from 7:00–11:00 p.m., at Drai's BeachClub at The Cromwell.**

Situated on the rooftop of The Cromwell, Drai's provides

an unrivaled view of the neon-drenched Strip and beyond. Relax on the roof and enjoy a drink with new friends and colleagues while enjoying music, dancing, and hors d'oeuvres.

So bid ACEP16 and the great city of Las Vegas farewell with a night admiring the views and socializing with your new ACEP contacts and friends.

Drink tickets are available for ACEP16 registrants.

emCareers.org LIVE is BACK at ACEP16

BACK BY POPULAR DEMAND! COME BY ACEP ALLEY IN OCEANSIDE FOYER TUESDAY 9:30 A.M.–5:00 P.M. TO ACCESS GREAT CAREER RESOURCES.

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al, expert advice on how to make your CV shine, learn what employers are looking for, and craft a CV that highlights all of your skills and expertise.

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- Find nearly 1,000 EM openings.
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- Search career development resources.

emCareers.org
WHERE DO YOU WANT TO BE?



PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

ACEP is proud to bring you the newly revamped Product and Service Showcases. These educational and product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen on the exhibit floor. Show up early—seating is limited to 150 and a boxed meal will be served at each event.

TUESDAY

Janssen Pharmaceuticals Product Showcase

Improving Clinical Practice in Patients with AFib

11:30 a.m.–12:15 p.m.

Mandalay Bay Ballroom I

Speaker: **James Williams, MD**

This lecture will present options for reducing the risk of stroke in patients with nonvalvular atrial fibrillation.

CSL Behring Product Showcase

Treatment Options for Your Patients Requiring Urgent Warfarin Reversal

11:30 a.m.–12:15 p.m.

Mandalay Bay Ballroom K

Speaker: **David M. Janicke, MD, PhD**

This session focuses on important considerations for the management of patients requiring urgent warfarin reversal. This presentation will use case studies to review key topics for urgent warfarin reversal in patients with acute major bleeding as well as patients requiring urgent surgery.

Fisher & Paykel Healthcare Product Showcase

F&P Optiflow™ Nasal High Flow Therapy in the Emergency Department—Across the Care Continuum

2:30–3:15 p.m.

Mandalay Bay Ballroom I

Speaker: **Gonzalo Hernandez, MD, PhD**

In cases of hypoxemic respiratory failure, O₂ therapy is one of the principal therapies provided across the care continuum. Traditionally O₂ has been delivered using standard nasal prongs or masks. However, patients are unable to tolerate these unconditioned gases limiting the maximal flow rates to 15L/min for standard nasal prongs or masks. These flow rates are always lower than the inspiratory flow demand for both the hypoxemic and many other patients. As a result, entrained room air dilutes the supplemental oxygen, resulting in a significant decrease in the fraction of the inspired oxygen (F_IO₂) finally available at the alveoli. Recently, the efficacious nasal high flow (NHF) therapy, which delivers totally conditioned gas through nasal cannula at a range of flows (up to 60L/min), has emerged. These high flows of gas also provide a degree of positive pressure and a flushing of CO₂ from within the nasopharynx. The range of F_IO₂ that can be accurately delivered is between 21 percent and 100 percent. NHF has many proven clinical and physiological benefits, which are achieved through a variety of mechanisms. The objectives of this showcase are to:

- Identify the current evidence for NHF therapy, including its mechanisms of action.
- Evaluate the emerging and clinically significant applications for NHF therapy.
- Discuss the evidence regarding the use of NHF both in the emergency department and beyond.

EDUCATION AND CELEBRATION WITH EMRA

THE EMERGENCY MEDICINE RESIDENTS ASSOCIATION (EMRA) helps kick your finances into gear and celebrates the people who have helped make emergency medicine a great career choice. EMRA events come at no charge to residents and medical students. Here is today's lineup.

TUESDAY

EMRA Resident Lunch Lecture Series: EMRA Financial Boot Camp

Noon–1:30 p.m.

South Pacific Ballroom B

Pre-registration required

Learn financial strategies with a free lunch
(*First 200 pre-registered EMRA members only*).

EMRA Awards Reception

3:30–5:00 p.m.

South Pacific Ballroom F

Join us to honor medical students, residents, and EM faculty making an impact on our specialty.

WEDNESDAY

EMRA MedWars

8:00 a.m.–5:00 p.m.

Red Rock Canyon

Pre-registration required

It's a wilderness medicine adventure race and it's coming to Las Vegas in conjunction with ACEP16!

Hosted by the EMRA Wilderness Division in collaboration with the ACEP Wilderness Medicine Section, the race will be about 12 miles, plus bonus stations of wilderness medicine and unique events that will teach and test wilderness survival and medical skills.



WAITS FOR CARE, HOSPITAL BEDS GROWING DRAMATICALLY FOR PSYCHIATRIC EMERGENCY PATIENTS

ACEP President Rebecca Parker, MD, FACEP (center), was joined by researchers Suzanne Catherine Lippert, MD, MS, FACEP (left), and Renee Y. Hsia, MD, MSc, FACEP (right), at a TeleNews conference Monday at ACEP16. They presented results of an ACEP poll, Research Forum abstracts, and another recently published study that all concluded that the nation's dwindling mental health resources are contributing significantly to increased wait times and longer emergency department stays for patients having psychiatric emergencies.



Essentia Health

Here with you

Our Essentia Health Team welcomes your questions about our Emergency Medicine openings!

Dr. Henry, ER Physician and CMO at Essentia Health and Carri Prudhomme, Physician Recruiter at Essentia Health will be on-site and available on Sunday, October 16th from 5p-7p at Mandalay Bay Hotel (table #323). We invite you to come and visit with us!

Essentia Health offers competitive compensation, health and dental benefits, CME allowance, relocation package, and more! We are located throughout three geographical locations and offer all the amenities of a metropolitan area, affordable housing, thriving economies, and great places to start your career and raise a family.

Contact: Carri.Prudhomme@EssentiaHealth.org or call Carri at 218-786-3908

www.essentiahealth.org/careers

EOE/M/F/Vet/Disabled

GET ANSWERS FAST WITH THE ACEP16 TWITTER HELPDESK



Are you far away from the ACEP booths and need a question answered—FAST? Hit us up on the ACEP-staffed ACEP16 Twitter HelpDesk and we'll respond ASAP. **Tweet @acepvegas16 and we'll get back to you with answers.**

TH cares

Let's make an impact at #ACEP16 in Las Vegas!

Stop by our booth #S2026 to scan your ACEP badge and cast your vote on which world-class charity will receive a **\$25,000** donation from TeamHealth.



CHILDREN
Sunrise Children's
Foundation



MEDICINE
Miracle Flights



FAMILY
Ronald McDonald
House Charities of
Greater Las Vegas



WELLNESS
American
Foundation for
Suicide Prevention



HUNGER
Three Square
Food Bank



HAVE COFFEE ON US:

Be one of the first 500 each day to cast your vote at our ACEP booth and receive a FREE Starbucks eCard!

TEAMHEALTH CONGRATULATES ITS 2016 EM MEDICAL DIRECTORS OF THE YEAR!

Every year, TeamHealth honors an emergency department Medical Director from each of its service regions. Selected from our nationwide team of Medical Directors, these individuals exemplify exceptional leadership at every level. Congratulations to our 2016 honorees!



Bruce Harrison, MD,
Parkland Health Center -
Farmington, Missouri



Khalid A. Siddiqui, MD
Winter Haven Hospital -
Winter Haven, Florida and
Parrish Medical Center -
Titusville, Florida



Richard "Dick" Cardosi, MD
Dearborn County Hospital -
Lawrenceburg, Indiana



Bill Sabina, MD
South County Hospital -
Wakefield, Rhode Island



Jill Hanck, MD
Banner Fort Collins
Medical Center -
Fort Collins, Colorado



Madison Torrence, MD
Tennova Healthcare -
Cleveland, Tennessee

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