



ACEP18 Daily News

SAN DIEGO CONVENTION CENTER • SAN DIEGO, CA • OCTOBER 1-4, 2018 • ACEP.ORG/ACEP18

WEDNESDAY ISSUE



LAST DAY TO TAKE THE HISTORY HOME!

Today is your last chance to buy the 50th anniversary books in the ACEP Bookstore. Get your copy of *Bring 'em All: Chaos. Care. Stories from Medicine's Front Line* by famed photographer Eugene Richards, and *Anyone, Anything, Anytime—History of Emergency Medicine (2nd Edition)* by Brian J. Zink, MD, FACEP, in Booth #1734.



MISS A POPULAR SESSION? WATCH IT ONLINE!

With the 50th anniversary celebration and our largest ever attendance, some of this year's most popular courses have been difficult to get into.

These courses will be available for **free** online after the conference.

Details will be sent via email to all attendees soon.

MILLS LECTURE

Laughs and Struggles of EM Highlighted in Mills Lecture

by RICHARD QUINN

SAN DIEGO—It was Feb. 20, 1980, and Pamela Bensen, MD, MS, FACEP, was sitting for a nascent specialty's inaugural board exam. It took about seven minutes of reading science questions so basic as to be irrelevant to daily practice before the room finally erupted in the most laughter the former ACEP member has still ever heard. Fast forward to ACEP's 1995–1996 year, when then-new President Gregory Henry, MD, FACEP, was lobbying—meaning fighting—to make sure his members got paid for reading X-ray films. The friction from that battle later gave way, as Dr. Henry's daughter married the son of a prominent radiologist with whom he butted heads.

Humor, struggle, love—emergency medicine has seen it all. And in Tuesday's James D. Mills Jr. Memorial Lec-



FROM LEFT: Kevin M. Klauer, DO, EJD, FACEP; Pamela P. Bensen, MD, MS, FACEP; Kerry B. Broderick, MD, FACEP; Gregory L. Henry, MD, FACEP; and Ryan Stanton, MD, FACEP.

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ACEP18

ACEP Breaks Attendance Records for our 50th

WITH MORE THAN 7,480 FOUR-DAY PAID ATTENDEES, ACEP18 brought together more emergency physicians than any other ACEP annual meeting—a fitting way to celebrate our golden anniversary.

TURN TO PAGE 9
FOR MORE INFORMATION.



ACEP19

It's Not Too Early to Plan for ACEP19 in Denver

by MARY WALLER

IT'S HARD NOT TO GET EXCITED FOR ACEP19 IN DENVER, COLORADO! Filled with scenic views, delicious food, diverse people, amazing destinations, and an abundant history, emergency physicians attending ACEP19 will get the opportunity to experience the Mile-High City for themselves during the conference.

Book your hotel now and pay later with ACEP's official housing partner, onPeak, located in the Registration Area. And sign up for the ACEP19 interest list beginning Thursday on www.acep.org/acep19.

From Oct. 27-30, emergency physicians will network and learn about the latest in emergency medicine, but will live like Denver residents

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PLUS

CLOSING PARTY

**CLOSE
ACEP18
WITH NIGHT
AT THE
BALLPARK**

SEE PAGE 14



**HOT
SESSIONs**

SEE PAGE 10

Connect Yourself

- More Than 350 Courses and Labs
- World's Largest EM Exhibit Hall
- Network During Events and Parties



USE THE SCAVENGER HUNT APP

Compete in Mission: ACEP—a Digital Scavenger Hunt by downloading the GooseChase app and entering game code ZVX6VR. Complete as many challenges as you can—the winner gets eternal bragging rights!



IN CKD & HEART FAILURE PATIENTS AT RISK FOR HYPERKALEMIA

Excess sodium may lead to **CRITICAL** consequences¹⁻³



High sodium intake increases proteinuria and blood pressure, induces glomerular hyperfiltration, and blunts the response to RAAS blockade⁴

EXPLORE MORE AT [SODIUMRISK.COM](https://www.sodiumrisk.com)



A Vifor Pharma Group Company

References: 1. Lennie TA, Chung ML, Moser DK. What should we tell patients with heart failure about sodium restriction and how should we counsel them? *Curr Heart Fail Rep.* 2013;10(3):219-226. doi:10.1007/s11897-013-0145-9. 2. Humalda JK, Navis G. Dietary sodium restriction: a neglected therapeutic opportunity in chronic kidney disease. *Curr Opin Nephrol Hypertens.* 2014;23(6):533-540. 3. Carubelli V, Metra M, Lund LH. Negotiating renal dysfunction when treating patients with heart failure. *Expert Rev Cardiovasc Ther.* 2018;16(2):113-122. doi:10.1080/14779072.2018.1422178. 4. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl.* 2013;3(1):1-150.

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JAMES ARONOVSKY

Take a Tour of ACEP

ACEP is here for you in all stages of your career—whether you’re just starting out and need a job, getting your footing and want more clinical education, beginning research, becoming a leader, or managing your own department. Check in with these ACEP resources. Today is the last day they are open.

EXHIBIT LOBBY

Wednesday, 8 a.m.–5:30 p.m., San Diego Conference Center

ACEP Quality

Clinical Emergency Data Registry (CEDR): As part of its ongoing commitment to providing the highest quality emergency medicine care, ACEP developed the CEDR registry. CEDR is the first emergency medicine specialty-wide registry to support emergency physicians’ efforts to improve quality and practice in all types of emergency departments, even as practice and payment policies change.

Emergency Quality Network (E-QUAL): Designed to support the Centers for Medicare and Medicaid Services Transforming Clinical Practice Initiative, E-QUAL engages emergency medicine clinicians and their emergency departments in improving clinical outcomes and coordination of care; reducing costs associated with sepsis care and avoidable imaging; implementing opioid prescription best-practices; and more.

Stop by the booth or visit the ACEP18 mobile app or onsite program for more information.

Wellness Labs

Wednesday, 6:30–9:30 a.m.

Get your wellness checkup, right at ACEP18!

EXHIBIT HALL

Wednesday, 9:30 a.m.–3:30 p.m., San Diego Conference Center

ACEP Bookstore

Booth #1734

Check out the variety of emergency medicine titles available for purchase, including the *PEER IX* Print Companion. Be sure to participate in the booth visitor program for a chance to win one of many valuable prizes. Remember: ACEP members receive special pricing on all products. See the app for more details.

ACEP Accreditation

Booth #2651

Stop by the ACEP Accreditation booth to learn about how Geriatric Emergency Department Accreditation and Clinical Ultrasound Accreditation Program can boost your emergency department in practice quality and patient care. Both programs are ACEP-governed national programs that focus on the highest standards of care. Visit the booth, or visit ACEP.org to learn more.

ACEP Frontline Podcast Recording Booth

Booth #853

Back by popular demand. Chill out in the podcast coffee break lounge next door and see some of your favorite podcasters in action as they interview some of the biggest names in emergency medicine right on the ACEP18 Exhibit Hall floor.

ACEP Wellness Center

Booth #1535

This year, the ACEP18 Wellness Center will offer a multimodal approach for our members to cultivate and maintain their personal and mental health. In the Wellness Center, come join us for 5-Minute Talks from wellness champions, silent meditation stations, therapy dogs, and the ACEP Wellness Guide—and don’t forget to tell us your story!

SAILS PAVILION

Wednesday, 8 a.m.–5:30 p.m., San Diego Conference Center

ACEP Career Center

Your one-stop job spot, the all-new ACEP Career Center is your first and last stop on the road to getting hired for the job you want. Get CV and cover letter tips and consultations, grab your professional headshot, search jobs, and even brush up your LinkedIn profile.➕

BE A WITNESS TO HISTORY

TODAY IS THE LAST DAY to catch ACEP's 50th anniversary celebrations and presentations! Don't miss your chance—50th anniversaries only come once in a lifetime.

For full descriptions and information on all 50th anniversary activities, check the onsite program or the ACEP18 mobile app.

The Photo Booth

Wednesday, 8 a.m.–5:30 p.m.
Exhibit Lobby, San Diego Conference Center



Commemorate your experience with a special Photo Booth located in the Exhibit Lobby. Choose digital

or print, grab a fun photo prop, pick a themed background, and strike a pose. When you're done, post your pic to social media (#ACEP50years, #ACEP18) or take your memory home to frame it. Remember to check out GE Healthcare's Image of the Day while you're there.

Sponsored by GE Healthcare.

The Museum of Emergency Medicine

Wednesday, 9 a.m.–5 p.m.
Ballroom 20 Foyer, San Diego Conference Center

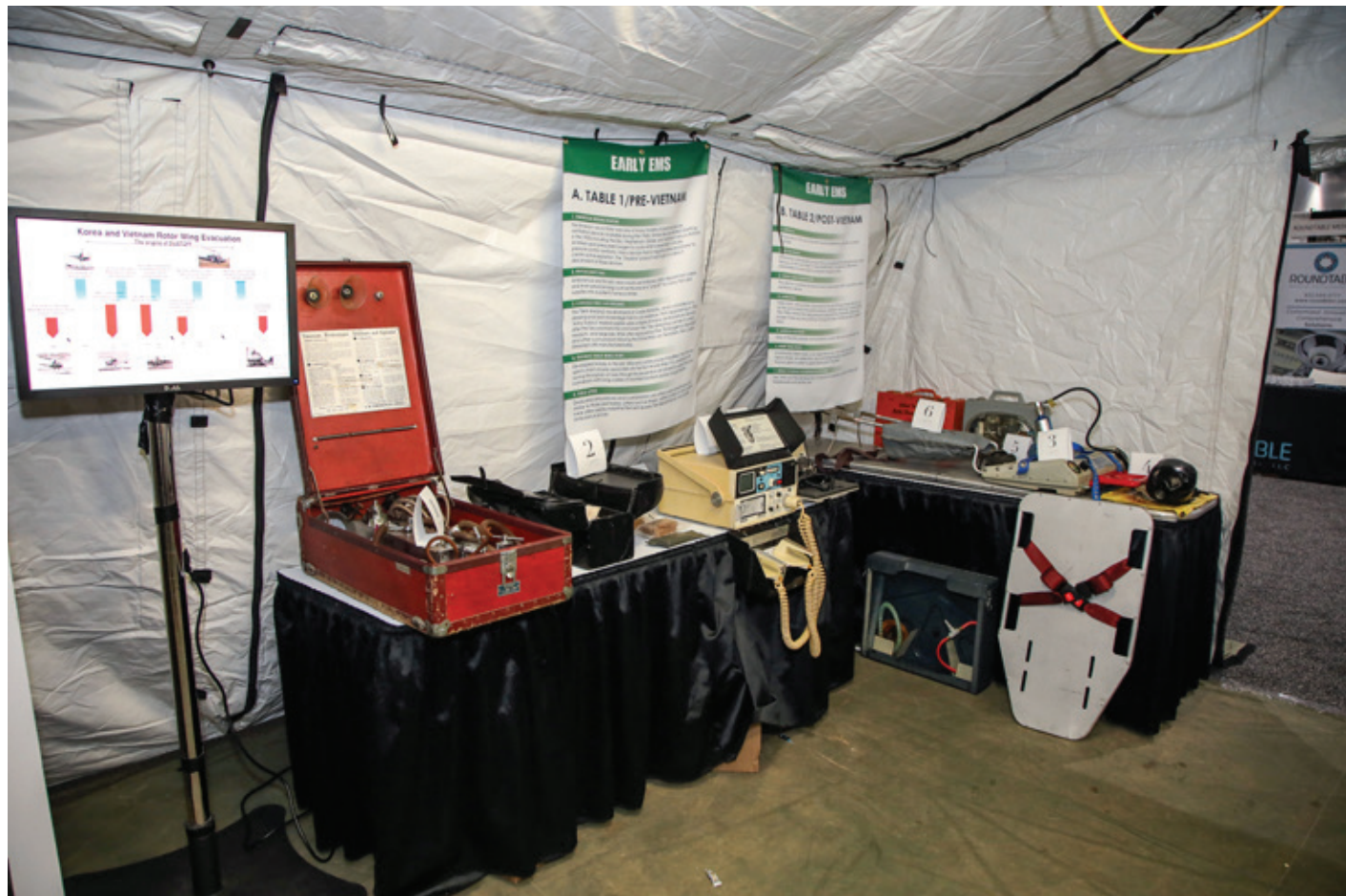
Explore the history of ACEP and emergency medicine in our incredible interactive museum. Tour the five decades of emergency medicine through photos, videos, stories and artifacts. Hear first-hand accounts of the fight to establish emergency medicine as a specialty from some of our 50-year members. Get a personal museum tour from our AI virtual docent Chatbot and compete in a trivia contest, all from your phone. To get started, text "Hello" to 619-272-2414.

History of Military Emergency Medicine

Wednesday, 9:30 a.m.–3:30 p.m.
Exhibit Hall, San Diego Conference Center

The battlefield has served as a catalyst for emergency medicine as a distinct medical discipline and a crucible for refining existing medical knowledge. Government Services ACEP is proud to trace the evolution of military emergency medicine with a living walkthrough museum.

- Step past images of the Balad trauma bay doors and the floor of Trauma Bay II, into a Navy Shock Trauma Platoon tent equipped for patient care.
- See the evolution of portable ultrasound and experience the history of tourniquets from the Civil War up through Iraq and Afghanistan.



ABOVE and BELOW: Exhibits from the History of Military Emergency Medicine.



- Talk to Critical Care Air Transport Team emergency physicians who care for the critically wounded through the entire evacuation chain, from point of injury back to state-side.
- Learn about the history of battlefield medics and how their skills are being translated to civilian tactical EMS systems.
- Attend 10-minute mini lectures on the unique history of military emergency medicine and listen to Government Services ACEP members tell stories of providing emergency care to America's heroes.

Golden Ticket Drawing

Wednesday, 3:15 p.m.
Ballroom 20 Foyer, San Diego Conference Center

Get your souvenir chocolate bar from Janssen at Booth 2735 in the Exhibit Hall. If you get a golden ticket, you could win a fantastic prize package. Come to the Museum of Emergency Medicine at 3:15 p.m. for the daily drawing.

The Books

Available in the Museum, the Bookstore, and on ACEP.org. Take home the history!

Bring 'em All: Chaos. Care. Stories from Medicine's Front Line

Celebrate the depth and diversity of emergency medicine with ACEP's poignant anniversary book that shows how far the specialty has come in its relatively short, vibrant life.

Famed photographer Eugene Richards, author of *The Knife and Gun Club*, captures breathtaking moments in the lives and careers of emergency physicians through a collection of 50 inspiring photo essays in ACEP's commemorative anniversary book, *Bring 'em All: Chaos. Care. Stories from Medicine's Front Line*.

Anyone, Anything, Anytime—History of Emergency Medicine (2nd Edition)

The classic, updated with full-color photos and new interviews, the redesigned second edition of *Anyone, Anything, Anytime* takes an even deeper dive into the evolution of emergency medicine. With first-hand narratives from nearly 50 emergency medicine pioneers, prominent historian Brian J. Zink, MD, FACEP, explores the origins and remarkable transformation of the specialty from its early days following World War II through the sociopolitical changes of the 1950s, 1960s, and 1970s to the present day.

Mission: ACEP—a Digital Scavenger Hunt

Let the hunt begin! Complete thrilling missions throughout the conference for the chance to be crowned champion. 🏆



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.

Wednesday, 9:30 a.m.–3:30 p.m., Booth 1543, Exhibit Hall, San Diego Conference Center

Emergency Department Initiated Buprenorphine for Opioid Use Disorder (OUD)
11–11:15 a.m.

Presented by Gail D'Onofrio, MD, MS, professor of emergency medicine; chair, department of emergency medicine, Yale School of Medicine, New Haven, Connecticut

Dr. D'Onofrio will highlight research on emergency department initiated buprenorphine for OUD and will share best practices from established programs. She will highlight an interactive web portal with videos, templates and materials developed from research funded by the National Institute on Drug Abuse to facilitate implementation of ED-initiated buprenorphine for OUD in emergency medicine settings. Sponsored by the National Institute on Drug Abuse.

Early Identification and Intervention in Patients with Atrial Fibrillation in the Emergency Department
11:15–11:30 a.m.

Presented by Kim Schwab, PharmD, BCPS-emergency department

pharmacist, Sharp Healthcare, Chula Vista Medical Center; professor, Keck Graduate Institute School of Pharmacy, Claremont, California

Many patients with non-valvular atrial fibrillation (NVAF) presenting to the emergency department are directly discharged without proper oral anticoagulation, despite guideline recommendations for anticoagulation. The implications of this study could help improve guideline-based anticoagulation and reduce the risk of stroke. The authors seek to close the treatment gap in oral anticoagulation in patients with NVAF presenting to the ED to reduce the risk of stroke.

Digital Health Pitch Event
11:45 a.m.–12:30 p.m.

Grab your seat at the Innovation Stage to hear from innovators who are changing the future of emergency medicine.

- DiA Imaging Analysis
- Incontext Reporting, Inc.
- NavigatER
- UBQ, Inc. +

LAST DAY TO VISIT THE EXHIBIT HALL

THE EXHIBIT HALL, including innovatED, the ACEP Accreditation booth, ACEP Bookstore, and much more, is only open until 3:30 p.m. today. Don't miss your chance to stop by!

Grab coffee or soda while visiting the more than 400 exhibitors in the Exhibit Hall. Many exhibits feature hands-on product demonstrations and opportunities for one-on-one consultations with technical and marketing personnel. Breaks in educational programming are provided each day to allow time to visit the Exhibit Hall.

When in the Exhibit Hall, be sure to visit the ACEP Bookstore and Wellness Center. You can enjoy complimentary beverages available in the lounges during breaks, visit the History of Military Emergency Medicine Exhibit for a little nostalgia, or innovatED for futurism and innovation. Don't forget to stop by the ACEP Accreditation booth (#2651) to learn more about ACEP's geriatric and ultrasound accreditation programs. +



DON'T MISS THESE EMF EVENTS

The Emergency Medicine Foundation (EMF) is the charity of and for emergency physicians. Founded in 1972 by visionary leaders of ACEP, EMF promotes education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Throughout our 45-year history, EMF has provided more than \$16 million in funding to help enhance the specialty of emergency medicine. Learn more at emfoundation.org.

EMF Major Donor Lounge +
Wednesday, 7 a.m.–3 p.m.
San Diego Convention Center, Sails Pavilion

EMF donors who have given at least \$600 in 2018 can relax in this private room with complimentary breakfast, lunch, snacks, and business center amenities.

EMF Silent Auction
Wednesday, 9 a.m.–4 p.m.
San Diego Convention Center, Sails Pavilion

One-of-a-kind experiences, sports, music and celebrity memorabilia, art, jewelry, and more. Bid, buy, and support EMF to make a lasting impact on emergency medicine.

EMF Research Gathering Lounge
Wednesday, 11 a.m.–1 p.m., 3–5 p.m.
San Diego Convention Center, Sails Pavilion

Network and review abstracts in this special Research Forum lounge.

EMF-Annals Author's Workshop at Research Forum
Wednesday, 9–11 a.m.
San Diego Convention Center, Sails Pavilion

Join us for insights on getting published from the deputy editors of the *Annals of Emergency Medicine*. +

+ - By invitation only



TAKE ADVANTAGE OF THE NEMPAC DONOR LOUNGE

The National Emergency Medicine Political Action Committee (NEMPAC) is a critical tool in ACEP's government affairs strategy to strengthen our influence on many legislative initiatives impacting the practice and delivery of emergency medical care. NEMPAC activities at ACEP18 will recognize the support of our most generous donors and highlight our agenda for the coming term.

Because of ACEP member support, NEMPAC has become one of the top medical PACs in the country and is a respected political voice in Washington, D.C.

NEMPAC "Give-a-Shift" Donor Lounge ♦
Wednesday, 8 a.m.–5 p.m.
San Diego Convention Center, Sails Pavilion

ACEP members who have donated at the "Give-a-Shift" level (\$1,200, or \$120 for residents) in 2018 are invited to visit and enjoy this private lounge with complimentary breakfast, lunch, snacks, professional neck and shoulder massages, television, and business center amenities. NEMPAC Board members and staff will be available to discuss NEMPAC's mission and activities in the 2018 mid-term elections.

For a full schedule of NEMPAC events, visit acep.org/acep18 or check the ACEP18 mobile app.

NEMPAC is nonpartisan and supports pro-emergency medicine candidates, not political parties. +

♦ - By invitation only

*Just when you think
you've seen it all...*

these automated tools may change your view of ultrasound.



Do an abdominal exam with GE Venue using the eFAST tool, save precious time in the image documentation process. Everyone wins.



Stop by the ACEP Photo Booth near the main entrance of the Exhibit Hall to answer your Image of the Day question for your chance to win a textbook, compliments of GE Healthcare. +

Join Us at BalancED



We are excited to announce ACEP's new winter meeting, BalancED, scheduled for February 19–22, 2019, at the gorgeous Ojai Valley Inn in Ojai, California.

This four-day meeting will offer morning CME classes with rejuvenating wellness activities in the afternoons. Registration will be \$995 for ACEP members and \$1,295 for non-members, and families are welcome to attend. The meeting will be offered only for emergency physicians, and our attendees will have complete and exclusive use of the entire resort to ensure the most relaxing time.

Spots are limited and will sell out quickly. Learn more at www.acep.org/BalancED. +

Product and Service Showcases Keep You Up To Speed

ACEP IS PROUD to bring you the newly revamped Product Showcase in the Exhibit Hall. These educational and product-oriented sessions provide an in-depth presentation on a product or service seen on the exhibit floor. Show up early! Seating is limited to 150 and a boxed meal will be served at each event.

PORTOLA PHARMACEUTICALS

11:30 a.m.–12:15 p.m.

Product Showcase 2, Near Booth #2840, Exhibit Hall, San Diego Conference Center

Treatment for Patients with Life-Threatening Bleeds on Novel Oral Anti-Coagulants

Speaker: Robert Tackla, MD, MBA +

HOW DO YOU GET STARTED ADVOCATING FOR YOUR SPECIALTY?

Emergency providers are the only providers who work 24-7 to see any patient with an acute need, regardless of their ability to pay. You know this, of course.

Does your senator know this? If not, they should, and you could be the one to tell them.

Attend this course to learn about the key advocacy issues for emergency physicians and patients at the state and federal levels. You'll leave with an action plan for developing a relationship with your legislators and work with your colleagues to advance the critical advocacy agenda for emergency medicine.

You'll learn to how to discuss the importance of emergency medicine and its physicians, talk about key current advocacy issues, identify opportunities for involvement via ACEP, and formulate a plan for developing a relationship with state and federal legislators.

Help Me, Senator!—Advocating For Change in Healthcare Policy

4:30–5:30 p.m.

SDCC, Room 24B

Speakers: Laura Wooster, MPH (Moderator); Nathaniel R. Schlicher, MD, JD, FACEP; Mary Jo Wagner, MD, FACEP +

Integrate the Science with the Education at ACEP's Research Forum

THIS YEAR'S ELECTRONIC SHOWCASE is bigger than ever and has been integrated throughout the ACEP Annual Meeting. 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. See the ACEP18 mobile app daily events schedule, beginning on page 44 of the Onsite Program, for details.

SCHEDULE

PETAL Lecture

8-9 a.m.
Sails Pavilion

Annals Author Workshop: Preparing for Publication

9-11 a.m.
Sails Pavilion

Electronic Presentations

9-10:15 a.m.

- Social EM Room 23A
- Neurology Room 24A
- International/Global Room 25A
- Resuscitation/Critical Care Room 32A
- Telemedicine/Informatics Room 32B

10:45 a.m.-noon

- Public Health/Injury/Illness Prevention Room 23A
- Neurology Room 24A
- Teaching Fellowship Abstracts Room 25A
- Resuscitation/Critical Care Room 32A
- Toxicology and Pharmacology Room 32B



EMF Research Gathering Room

11 a.m.-1 p.m.
Sails Pavilion

State-Of-The-Art Presentation: Emergency Care Research Crossing the Boundary of Specialties

1-2 p.m.
Sails Pavilion

Plenary Session III: Practice Changing Emergency Research

2-3 p.m.
Sails Pavilion

Electronic Presentations

3-4 p.m.

- Public Health/Injury/Illness Prevention Room 23A
- Teaching Fellowship Abstracts Room 25A
- Resuscitation/Critical Care Room 32A
- Toxicology and Pharmacology Room 32B

EMF Research Gathering Room

3-5 p.m.
Sails Pavilion

Prime-Time Practice Changers

4-5 p.m.
Sails Pavilion

Who's the Top Resident Lecturer?

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 the lineup for Wednesday and Thursday:



EMRA Hangouts LIVE

8 a.m.-5 p.m.

Miramar, South Tower, 3rd floor, Marriott Marquis

20 in 6: EMRA Resident Lecture Competitions

1-3 p.m.

Marina Ballroom DE, Marriott Marquis

EMRA Airway Stories: Life in the ED

6 p.m.-8 p.m.

Stone Brewing Tap Room, 795 J Street

THURSDAY, OCT. 4

MedWAR

8 a.m.-5 p.m.

Cuyamaca Rancho State Park

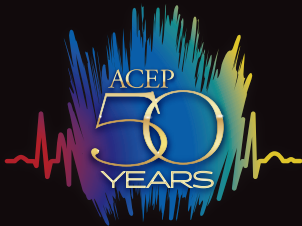
Celebrate

the depth and diversity of emergency medicine

Bring 'em All: Chaos. Care. Stories from Medicine's Front Line.
Commemorating ACEP's 50th Anniversary



50 photo essays by renowned photojournalist Eugene Richards, author of *The Knife and Gun Club*



American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE

Check the app or program for sales locations and special signing events!



JAMES ARONOVSKY

Q: WHAT BRINGS YOU TO ACEP18?

“Coming to ACEP gives me an opportunity to reconnect with many friends that I’ve had in emergency medicine for 40 years. It’s an opportunity to see what’s new and what’s great. It’s an opportunity to hopefully inspire younger people to become dedicated to this profession and to take on important issues. Issues like climate change and human health, concussion research, and all the issues that face us now about equity in health care.”

- Paul Auerbach, MD, MS, FACEP, emergency physician at Stanford University School of Medicine, Stanford, California



Live from ACEP18

The ACEP18 Kickoff Party, presented by Schumacher Clinical Partners, opened the meeting in style with a night in the Gaslamp District. Attendees enjoyed drinks, music, and games while networking with friends, family, and colleagues Monday night.



Record-Breaking Attendance for ACEP's 50th

by RICHARD QUINN

SAN DIEGO—Emergency physician Christopher Herald, MD, FACEP, stood over the brunette and watched as the pregnant woman's pupils constricted in the light. He imagined how useful it would be to practice delivering her child.

You see, the woman was a high-end simulator at the ACEP18 Exhibit Hall. Dr. Herald is an emergency physician at Sparrow Carson Hospital in Carson City, Michigan, which recently lost its labor and delivery department.

That means those duties now fall to Dr. Herald and his colleagues. And just knowing that such an advanced simulator is out there means he can seek out an academic center near him that might have one he could train on to be a better physician.

Welcome to the non-clinical side of ACEP's annual meeting. It's where physicians network for job opportunities, check out features like innovatED, and learn about the wellness improvement techniques for which they normally don't have time.

"The best way to see what all the new technology, devices, and procedures in emergency medicine is to come to this show and see the exhibits," Dr. Herald said. "The show, in general, is the best place to get up-to-date information on new treatment and management of emergency patients."

This meeting is ACEP's biggest ever, drawing a record 7,483 four-day paid attendees. Some came to celebrate the College's 50th anniversary, highlighted by a pop-up museum exhibit. Others came to network in San Diego's historic Gaslamp Quarter, a stretch of which was exclusively reserved just for the convention attendees for a few hours Monday night.

Many came for the Exhibit Hall, the annual bazaar of everything from life-like mannequins to better finger tourniquets, and everything in between.

"There's usually new equipment and modifications in equipment we already use," said Mohines Pala, MD, MBBS, an emergency physician from Lyell McEwin Hospital in Adelaide, South Australia. "Those modifications do make a dif-

ference when it comes to patient management. And we don't learn unless we come here."

Another thing emergency physicians get here is wellness. The annual focus on health professionals taking better care of themselves got even more hands-on this year with visits from therapy dogs and Bo, a certified therapy pig and a veritable Instagram star.

Canadian emergency physician Bruce Campana, MD, FRCPC, FACEP, gave Bo a few back scratches and admitted he already felt better.

Wellness is "hugely important and part of the reason is because we ignore it," he said. "In an emergency, you're not allowed to think about that. In an emergency, it's go, go, go! You've got to do this stuff...I think it's a huge deal that we neglect [our own wellness], and people are hurting because of it. So this is brilliant." 🙌

RICHARD QUINN is a freelance writer in New Jersey.



MILLS LECTURE | CONTINUED FROM PAGE 1

ture, "ACEP@50: Past, Present, and Future," it was proudly put on display.

"We're at risk, as we move into the future, of forgetting our past," said Kevin Klauer, DO, EJD, FACEP, ACEP Now Medical Editor-in-Chief and the Mills Lecture moderator. "It's events like this that codify...what has happened and what we've done to celebrate."

The past five decades have clearly borne a present hungry for more. A field ready to be more inclusive of women and diversity, Dr. Bensen said. A specialty that needs to be involved not just in health care decisions, but health care policy, said Ryan Stanton, MD, FACEP, of Central Emergency Physicians in Lexington, Kentucky.

"We need to drive some of the decisions in the house of medicine," Dr. Stanton added. "And those decisions mean...we have to be active in fighting for everything that is emergency medicine."

That way, today's fights are tomorrow's progress.

Veteran professor and ABEM Board of Directors member Kerry Broderick, MD, FACEP,

said that includes an education system where virtual reality and bespoke learning programs teach students in ways that reach them best.

"We don't all need to spend the time learning things that maybe we don't need to learn," Dr. Broderick said. "We believe learning platforms...will be tailored to the knowledge gaps that the person needs to learn."

Perhaps the future's biggest question is burnout, especially in a field where it seems to many there's not much of a career path after decades of shift work.

"If you're 62 years of age and still fighting drunks in the emergency department at 2 in the morning, that's a bitch," Dr. Henry said. "We have to legitimize the maturing of the career...it is no shame on anyone to say, 'You know, I had my time doing that. And now I'm going to do this.'"

We wonder what emergency medicine will do next. 🙌

RICHARD QUINN is a freelance writer in New Jersey.

Keep Those #ACEP18 Tweets Coming

by JEREMY SAMUEL FAUST, MD, MS, MA

Someone asked me yesterday if I had noticed a change in how people use Twitter at ACEP's Scientific Assembly over the years. In a word: yes. So much has changed and grown. In fact, I still remember the first ad hoc in-person meet-up of Twitter users back at ACEP13 in Seattle, Washington. There were literally fewer than 10 of us sitting around a table having breakfast, trying to figure out how we could convince people in emergency medicine that social media was even worthwhile. We were confident that social media use in medicine and medical education would grow but we had no inkling that five years later, it would be so central to the conference-going experience of ACEP's membership.

One of the most welcome developments has been the increasing interactivity of social media. Social media that is actually social? What a concept! A few years ago, it was actually not uncommon for multiple people to live-tweet the same lecture, in much the same ways. It was as if we were all living in parallel universes and not really interacting. These days, however, experienced tweeps know that if one person is live-tweeting a lecture, the rest of us don't have to. We can chime in with comments, questions, and ideas.

Dr. Liam Yore (@movinmeat, still one of the greatest twitter handles ever), tweeted out "Hey #ACEP18 Twitter. Here's a fun game. Tweet the name of a drug shortage you've had to grapple with in the last month. I'll start: Fluorescein." Dr. Howie Mell (@DrHowieMell) responded, "Diltiazem IV, ondansetron IV, dilaudid IV (nubain, and morphine too) and, most recently, injectable diazepam." Dr. Ilene Benator (@irb123) added "Valium IM, reglan, compazine, hydralazine. Morphine." I personally responded to Dr. Benator, adding, "Sadly, I find it

difficult to do the Goldfrank's Toxicology valium-based approach to alcohol withdrawal without, you know, actual valium available!" Dr. Dink Jardine (@dinkjardine) tweeted, "Sumatriptan, lidocaine, ofloxacin. Not [at] #ACEP18 but was feeling left out of the cool kids table," again proving that you don't need to be here in person to get in on the action.

This thread ended up being disconcertingly long, precisely because the problem of drug shortages has become so rampant here in the United States. But Judd Hollander (@JuddHollander) won the mic-drop prize for cleverness with a simple reply. The critical shortage he has noticed? "Turkey (as in sandwich)." I had to ask Dr. Hollander if they put his hospital on diversion when they run out of those. So far, no reply.

Another welcome development both on Twitter and in real life has been the increasing prominence of high profile and successful women in emergency medicine. Metrics from Sympplr (a social media data website) indicate that Dr. Esther Choo (@choo_ek) and Dr. Megan Ranney (@MeganRanney) are among the top five individual influencers here in San Diego. They, along with Dr. Dara Kass (@DaraKass), seem to be this year's most noticed Twitter celebrities. Whether tweeting or talking about gender and race equity in medicine (Dr. Choo), common sense gun safety and research (Dr. Ranney), or mentoring and launching the next generation of women in emergency medicine (Dr. Kass), it's great to see these thought leaders getting the recognition they deserve.

Don't forget to keep those #ACEP18 tweets coming! 🙌

DR. FAUST is an instructor at Harvard Medical School and an attending physician in the department of emergency medicine at Brigham & Women's Hospital in Boston. Follow him on Twitter @JeremyFaust.



Hot Sessions in San Diego

Tips for Treating Critically Ill Infants

by KAREN APPOLD

Emergency physicians don't often see critically ill infants. This rarity can lead to discomfort in managing this patient population. By having a standardized approach and thoughtful use of pathways and protocols, emergency physicians can feel more confident in taking care of the sickest babies—whether they have congenital heart disease, an infection like meningitis or sepsis, or a rash.

“The younger the child, the more subtle clues they give you, and the faster they decline,” said Jennifer D. H. Walthall, MD, MPH, FACEP, FAAP, volunteer clinical professor of emergency medicine and pediatrics at Indiana University School of Medicine in Indianapolis, who will present “The 1st 60 Minutes: Initial Management of the Critically Ill Infant.” She'll debunk mysteries in diagnosing and treating patients up to six months old by offering tricks to decipher physical exam findings, discussing how to strategically implement laboratory testing, and providing tips for IV placement using ultrasound.

“The younger the child, the more subtle clues they give you, and the faster they decline.”

—Dr. Walthall

She'll also discuss triage protocols, like how to use guidelines on sepsis management, when to use aggressive airway management protocols, and how to implement early intervention principals to avoid further degradation of clinical status.

“My talk will be for all emergency physicians, whether they specialize in pediatrics or not, because we all treat these patients,” she said.

Dr. Walthall, who works at a level-one pediatric trauma center, has trained residents to treat critically ill infants for 15 years. ➦

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.



Dr. Walthall

THE 1ST 60 MINUTES: INITIAL MANAGEMENT OF THE CRITICALLY ILL INFANT
Wednesday, Oct. 3
8–8:50 a.m.
SDCC, Room 20A

Adding Tranexamic Acid to Your Treatment Mix

by VANESSA CACERES

Hemorrhage remains the leading cause of potentially preventable early trauma-related mortality. To help treat hemorrhage, tranexamic acid (TXA) is an inexpensive option whose optimal use continues to be clarified.

Marilyn J. Heine, MD, FACEP, FACP, clinical assistant professor of medicine at Drexel University College of Medicine in Philadelphia and an emergency physician and hematologist in Dresher, Pennsylvania, will discuss emergency medicine applications of TXA in her presentation.

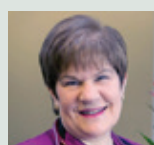
“Tranexamic acid is being administered in an effort to decrease trauma-associated hemorrhage and/or mortality. The major studies that propelled its use in trauma care were performed predominantly in low/moderate resource countries...Benefit was associated with early TXA infusion. Studies are ongoing to clarify its optimal role in mature trauma systems with a civilian population, such as in the United States,” Dr. Heine said.

Her presentation will address TXA use in hemorrhagic trauma, epistaxis, hyphema, postpartum hemorrhage, and heavy cyclic menstrual bleeding.

The use of oral TXA is approved by the U.S. Food and Drug Administration for heavy cyclic menstrual bleeding, but the other uses that will be described in the presentation are off-label and may not be as well known. “With the evolving literature, many may be unaware of the clinical studies that examine TXA use. It is not included in all EMS systems or part of all institutions' massive transfusion protocols,” Dr. Heine said.

She also will discuss some considerations for TXA trauma protocols, such as time to definitive trauma care and how to determine patients who may benefit the most from it. ➦

VANESSA CACERES is a freelance medical writer and editor based in Florida.



Dr. Heine

HEMOSTASIS WITHOUT DIRECT PRESSURE: ED APPLICATIONS OF TRANEXAMIC ACID
Wednesday, Oct. 3
10–10:25 a.m.
SDCC, Room 30A

A Critical Review of 2018 Literature

by RICHARD QUINN

Jerome Hoffman, MD, FACEP, and W. Richard Bukata, MD, have been giving the annual literature update at ACEP for some 25 years. And every year, skepticism runs as rampant as optimism.

“What we try to accomplish is two-fold,” said Dr. Hoffman, emeritus professor of medicine/emergency medicine at the UCLA School of Medicine in Los Angeles. “First is to highlight what's new or possibly practice-changing in the literature of the past year. At least as important, we also try to evaluate these papers critically and put them into a broader perspective, so people don't believe that something must be true simply because it's been published.”

Dr. Hoffman and Dr. Bukata, executive editor of Emergency Medical Abstracts and clinical professor of emergency medicine at the Keck School of Medicine at the University of Southern California in Los Angeles, will jointly present “Clinical Pearls From the Recent Medical Literature 2018: Parts 1 and 2.”

The idea is to highlight dozens of papers that are germane to emergency physicians, while simultaneously teaching them to think critically about how the research was gathered and whether it is credible.

“We do want to spotlight new information that should perhaps change our practice. But we also hope listeners will learn why critical appraisal of the literature is so necessary, so that they can be appropriately skeptical about all the hype they hear ... which so often proves to be unjustified,” Dr. Hoffman said. “Any one article may be valuable by itself. But as part of a larger whole, we are highlighting the importance of thinking critically and being skeptical.” ➦

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Hoffman and Dr. Bukata

CLINICAL PEARLS FROM THE RECENT MEDICAL LITERATURE 2018: PART 1
Wednesday, Oct. 3
12:30–1:20 p.m.
SDCC, Room 20B

CLINICAL PEARLS FROM THE RECENT MEDICAL LITERATURE 2018: PART 2
Thursday, Oct. 4
8–8:50 a.m.
SDCC, Room 20B

Discover How to Better Read and Interpret Radiographic Findings

by VANESSA CACERES

It's important for emergency physicians to know how to read and interpret the many radiographic studies they order. “Unfortunately, many emergency physicians may feel uncomfortable making interpretations based on insufficient training or practice during the course of their career,” said Teresa S. Wu, MD, FACEP, director of the emergency ultrasound program and fellowships at Banner University Medical Center in Phoenix and the simulation curriculum director and associate professor in emergency medicine at the University of Arizona College of Medicine in Phoenix.

“I hope to provide useful tips and tricks on how to see and interpret commonly missed radiographic findings...”

—Dr. Wu

To help remedy this, Dr. Wu will lead the session “Ten Most Commonly Missed Radiographic Findings in the ED.”

According to Dr. Wu, missing subtle radiographic findings can lead to patient dissatisfaction as well as lawsuits. “During this session, I hope to provide useful tips and tricks on how to see and interpret commonly missed radiographic findings we encounter in emergency settings,” Dr. Wu said.

She will review examples of real-life cases where early detection can lead to better patient outcomes and cover cases where missed interpretations led to disastrous consequences.

Audience members will have the chance to participate and share their own background knowledge.

“The more you see, the more you will know,” Dr. Wu said. ➦

VANESSA CACERES is a freelance medical writer and editor based in Florida.



Dr. Wu

TEN MOST COMMONLY MISSED RADIOGRAPHIC FINDINGS IN THE ED
Wednesday, Oct. 3
1:30–2:20 p.m.
SDCC, Room 31A

CONTINUED on page 12

Get the Upper Hand in Diagnosing Pediatric Patients

by KAREN APPOLD

In his session, “Mistakes You Do Not Want to Make in Pediatric Patients,” Richard M. Cantor, MD, FACEP, professor of emergency medicine and pediatrics and director of emergency department—pediatrics at Upstate Medical University in Syracuse, New York, will present eight clinical scenarios that emergency physicians commonly encounter but may not handle properly or expeditiously. “By making some minor adjustments in their approach, physicians can easily obtain favorable outcomes when managing these routine cases,” he said.

For one case, Dr. Cantor will present a factitious scenario in which a child was a victim of Munchausen syndrome by proxy. “This syndrome can be very challenging for physicians to diagnose,” he said.

Attendees will also glean the most recent knowledge in treating young patients. “Clinical presentations of common diseases change rapidly,” Dr. Cantor said. “New research has replaced old thinking. My insight will give physicians a more relevant approach to treating pediatric medical conditions.”

He will also arm emergency physicians with tips to keep in mind when treating young patients, like being aware that more parents are not immunizing their children against forgotten diseases such as tetanus, measles, and some serious infections. “Physicians need to ask about immunizations when gathering patient history,” he said.

“In my 30 years of practice, I’ve learned many valuable lessons,” Dr. Cantor said. “Emergency physicians learn from their cases; my own personal experience will hopefully help them in treating their young patients.” ➦

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.



Dr. Cantor

MISTAKES YOU DO NOT WANT TO MAKE IN PEDIATRIC PATIENTS
Wednesday, Oct. 3
4:30–5:30 p.m.
SDCC, Room 20D

Practical Approach to Lethal Rashes

by RICHARD QUINN

When it comes to rashes, Emily Rose, MD, FACEP, FAAP, is about as practical as they come. And that’s what she wants attendees to take away from her talk at ACEP18, “The Death Rash: Lethal Rashes You Can’t Miss.”

“I want people to walk away with the confidence to make the diagnosis,” said Dr. Rose, assistant professor of clinical emergency medicine at Keck School of Medicine at the University of Southern California and USC Medical Center, both in Los Angeles. “The key features depend on whatever rash we’re talking about...you want to make sure you get a good history. You want to make sure you consider context and perform an educated, targeted exam which helps to confirm or exclude the condition.”

Emergency physicians should evaluate the mucosal membranes and examine characteristics of the skin to help land on specific diagnoses, as well as look for telling diagnostic features such as a Nikolsky’s or Asboe-Hansen sign. Overall, Dr. Rose, who has edited a new textbook on rashes entitled *Life-Threatening Rashes: An Illustrated Practical Guide*, urged physicians to “just consider a differential diagnosis of the rash in even seemingly mundane cases.”

“Generate that differential,” she said. “What could this be?” In a diffuse erythematous rash, this could be just a viral issue. Or it could be toxic shock. Just work through the possibilities to pick up the subtle cases.

“My emphasis in the lecture is ‘How can I apply this information clinically?’” Dr. Rose said. “Most clinicians are familiar with the textbook presentation of these rashes. But these conditions often present atypically. ...I want providers to walk away with practical, clinically relevant information that can be applied at the bedside to a patient on the next shift.” ➦

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Rose

THE DEATH RASH: LETHAL RASHES YOU CAN’T MISS
Thursday, Oct. 4
8:30–8:55 a.m.
SDCC, Room 29A

How the New Hypertension Guideline Applies to the ED

by KAREN APPOLD

A new guideline published late last year by the American Heart Association and American College of Cardiology updated several aging recommendations for emergency physicians into pragmatic advice for treating hypertensive patients in the emergency department.

“The guideline provides a simple algorithm for hypertensive patients, hypertensive emergencies, and detailed recommendations for complicated scenarios such as what to do with a hypertensive patient having a stroke,” said Philip H. Shayne, MD, FACEP, FACEP, program director of emergency medicine at Emory University in Atlanta, who will present “Severe, Asymptomatic Hypertension: Don’t Just Do Something! Stand There.”

Hypertension is the most common disease seen by emergency physicians. “We probably overtreat it,” Dr. Shayne said. “Although emergency physicians often need to care for hypertensive patients, in many cases physicians should refer these patients to primary care rather than abruptly or acutely treating the condition in the emergency department.”

This educational session will provide a practical approach to the non-urgent, hypertensive patient. “It is incumbent upon any emergency physician to know what the medical specialty expects from us,” Dr. Shayne said. “Our decisions are often scrutinized.” His preceding presentation, “Hypertensive Emergencies: Drugs, Drips, and Drops” at 9 a.m. in room 29A, will focus on the care of the urgent situations.

Dr. Shayne has been presenting and writing about hypertension for 20 years. “Where I practice in the southeastern United States has the highest density of severe hypertension in the country,” he said. ➦

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.



Dr. Shayne

SEVERE, ASYMPTOMATIC HYPERTENSION: DON’T JUST DO SOMETHING! STAND THERE
Thursday, Oct. 4
10–10:25 a.m.
SDCC, Room 30A

Get a Better Handle on Unknown Rashes

by VANESSA CACERES

Emergency physicians must frequently diagnose and treat unusual and run-of-the-mill skin lesions. Knowing how to identify and classify skin lesions is essential, said Heather M. Murphy-Lavoie, MD, FACEP, clinical professor of emergency medicine at Louisiana State University Health in New Orleans. She will present “Approach to the Unknown Rash” to help physicians address skin lesions that go beyond hives, contact dermatitis, psoriasis, and other more common problems.

Her session will provide a set of four algorithms physicians can use to classify rashes by their clinical appearance—diffuse erythematous, vesiculo-bullous, maculopapular, and petechial/purpuric—and will include cases to illustrate this algorithmic approach.

Her session will provide a set of four algorithms physicians can use to classify rashes by their clinical appearance: diffuse erythematous, vesiculo-bullous, maculopapular, and petechial/purpuric. Dr. Murphy-Lavoie will use a number of cases to illustrate this algorithmic approach, outlining key factors to differentiate the most common rashes from the most dangerous rashes in each of these categories.

“At the end of the session, attendees will have a self-assessment quiz utilizing the algorithms to solve cases,” she said. ➦

VANESSA CACERES is a freelance medical writer and editor based in Florida.



Dr. Murphy-Lavoie

APPROACH TO THE UNKNOWN RASH
Thursday, Oct. 4
10:30–10:55 a.m.
SDCC, Room 28A



Hot Sessions in San Diego

CONTINUED FROM on page 12

Zero in on Better Pediatric Airway Management

by VANESSA CACERES

An agitated, semiconscious infant or toddler with a compromised airway may naturally set off some panic for emergency physicians. The ability to manage a child's airway quickly is one of the most important lifesaving skills in the emergency department, and that's just what will be addressed in "Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management."

"Following this session, every emergency physician should feel much more comfortable managing the child with acute airway concerns," said presenter Alfred D. Sacchetti, MD, FACEP, chief of emergency services at Our Lady of Lourdes Medical Center in Camden, New Jersey, and assistant clinical professor of emergency medicine at Thomas Jefferson University in Philadelphia.

"Following this session, every emergency physician should feel much more comfortable managing the child with acute airway concerns"

—Dr. Sacchetti

Dr. Sacchetti's session will cover indications for invasive versus noninvasive airway management, indications for pharmacologic agents, and tube dimensions for different ages.

"The session will focus as much on techniques to avoid intubation in children as it will on actual endotracheal intubations," Dr. Sacchetti said. "The role of both high-flow nasal cannulas and noninvasive positive pressure ventilation will be explored and their expanding role in ED patients examined."

His session will also present a new technique for performing endotracheal intubation in infants. ➕

VANESSA CACERES is a freelance medical writer and editor based in Florida.



Dr. Sacchetti

AVOIDING PEDIATRIC AIRWAY PANIC: ADVANCED PEDIATRIC AIRWAY MANAGEMENT
Thursday, Oct. 4
11-11:50 a.m.
SDCC, Room 20D



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ACEP19 | CONTINUED FROM PAGE 1

and experience the beauty and culture this city has held for decades.

Fall Back in Time

Denver is home to historical sites that honor some of the world's most notable people. For Titanic enthusiasts, take a trip to the Molly Brown House Museum, where Margaret Brown, more commonly known as the "Unsinkable" Molly Brown, is honored and remembered for her activism, philanthropy, and passion.

Looking for classical art? Look no further, the American Museum of Western Art is a hidden gem in Denver, home to more than 300 paintings that depict life from the early 19th century to today. The museum offers more than cowboy portraits and landscapes; the three-story building contains varying styles of art.

To find more recent history, a trip to Fifty-Two 80's is all about the 80s. From toys to collectables to memorabilia, Fifty-Two 80's has everything you need to take you back in time. Cuddle up with a Care Bear or play an Atari game and re-live the 80s at this vintage shop.

Experiences for Today

Voted #1 theme and water park in Denver, Elitch Gardens Theme and Water Park is filled with thrill rides, family rides, kids' rides, and water rides.

Denver is home to beautiful, scenic views and gorgeous mountains, and what better way to see this nature is to go outdoor rock climbing? With Denver Climbing Company, you'll be accompanied by climbing professionals who will help you push your limits—not

to mention the breathtaking views.

The nightlife in Denver is like nothing you've seen before. Learn how to line-dance at Denver's only country rock bar, Cowboy Lounge, where you can feel like a real cowboy for a night. Or go to Howl at the Moon; this high-energy live music bar will have you dancing in no time!

What to Eat?

There's much to experience and see in Denver, but what about the food? Inspired by Italian food, wine and culture, Tavernetta will make you feel at home in a hospitable, warm environment with a delicious Italian menu where you can sit on the outdoor patio or enjoy the indoor, intimate atmosphere.

A must-eat place is Bagel Deli & Restaurant, as seen on the show "Diners, Drive-Ins, and Dives." The family-owned operation is a place where people come together for friendship and great food; the food is so good that the Governor of Colorado declared Bagel Deli Day in its honor.

You won't find a restaurant like Tocabe outside Denver, with its fry-bread, bison ribs, and Indian tacos bringing a modern twist to Native American food. This Southwestern-inspired restaurant will make the whole family happy.

Denver is packed with rich history and a bright future. Don't miss your chance to visit for ACEP19!

MARY WALLER is a writer based in Hoboken, New Jersey.

NEMPAC On Track to Reach Record Fundraising Goal

WHILE CELEBRATING ACEP'S 50TH ANNIVERSARY in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

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

is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

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

NEMPAC, along with the strong work of ACEP leaders and staff shaping and influencing health care policy in Congress and the efforts of more than 4,000 members in ACEP's 911 Legislative Grassroots Network, led to key legislative successes this year for emergency medicine and patients, including:

- Passage of ACEP-initiated bills to address the opioid crisis

- Formation of an FDA Drug Shortage Task Force brought on by pressure from a bipartisan, bicameral congressional letter initiated by ACEP and other medical specialties.

- EMS Standing Orders Bill Protecting Patient Access to Emergency Medications Act of 2017 enacted into law.

On Monday evening during ACEP18, hundreds of NEMPAC VIP donors were recognized at a special reception at the San Diego Wine and Culinary Center for supporting NEMPAC at the "Give-a-Shift" level for five years or more. Even more donors were recognized and thanked at the NEMPAC reception later at the USS Midway. Rep. Raul Ruiz (D-CA), the only board-certified emergency physician in the U.S. Congress, was a special guest.

For more information about NEMPAC, please go to www.acep.org/nempac.

To add your support to that of thousands of your ACEP colleagues, text NEMPAC to 52886. You will need the ACEP ID# on your ACEP18 badge. ➕

Miss A Session? Catch Up With VIRTUALACEP18

Too many great sessions to attend? Two interesting sessions going on at the same time? Want to revisit a course you attended? Virtual ACEP is the perfect complement to your ACEP18 experience! Through our virtual platform, you will have 24-7 access to all the ACEP18 presentations.

Virtual ACEP18 includes access to the slides and audio from all the courses presented during the conference—our new integrated classroom brings everything together in a single, unified view.



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- **Playback Speeds Controls:** Slow down or speed up your experience.
- **Comments:** Discuss specific slides with your peers right from the online player.
- **Favorite Lists:** Create a playback list of your favorite sessions to watch now or later.

Online access begins 24 hours after the conference ends and CME credits are available. Purchase with your ACEP18 registration for maximum discounts.

Special discount pricing is available only during the conference—visit the Virtual ACEP Booth in the Ballroom 20 Ticket Booth at SDCC, or the ACEP18 Registration Area. +

PRICE WITH ACEP18 REGISTRATION:

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

ACEP Council Reviews Social Issues and More at Annual Meeting

The 2018 ACEP Council considered several resolutions during its annual meeting this week, including proposals related to social issues and physician wellness.

This year’s 424-member Council represents all 53 chapters, 37 ACEP sections of membership, the Emergency Medicine Residents’ Association (EMRA), the Association of Academic Chairs in Emergency Medicine, the Council of Emergency Medicine Residency Directors, and the Society of Academic Emergency Medicine.

The resolutions adopted by the Council do not become College policy until they are reviewed and approved by the ACEP Board of Directors on Thursday.

Social issues were a point of focus and debate throughout the meeting; after much discussion, the Council passed an amended version of a resolution about separating migrating children from caregivers.

The Council also adopted resolutions related to:

- Codifying the Leadership Development Advisory Committee
- Nominating committee revision to promote diversity
- Growth of the ACEP Council
- Diversity of ACEP Councillors
- No more emergency physician suicides
- Verification of training
- Adequate resources for safe discharge requirements
- Addressing mental health treatment barriers created by the Medicaid institutions for mental diseases exclusion
- Advocating for Centers for Medicare and Medicaid Services policy restraint to avoid restricting quality emergency care
- ED copayments for Medicaid beneficiaries
- Funding for medication-assisted treat-

- ment programs
- Funding of substance use intervention and treatment programs
- Naloxone layperson training
- Payment of opioid sparing pain treatment alternatives
- Physician orders for life-sustaining treatment forms
- Separation of migrating children from their caregivers
- Violence is a health issue
- Antimicrobial stewardship
- Care of the boarded behavioral health patient
- Care of individuals with autism spectrum disorder in the emergency department
- Emergency department and emergency physician role in the completion of death certificates
- Firearm safety and injury prevention policy statement
- Support for extreme risk protection orders to minimize harm
- Law enforcement information gathering in the emergency department policy statement
- Supporting medication for opioid use disorder
- Recording in the emergency department

The Council referred these resolutions to the Board of Directors for further discussion:

- Generic injectable drug shortages
- Inclusion of methadone in state drug and prescription databases
- ACEP policy related to immigration
- Expert witness testimony +



Save These Dates
ACEP's Upcoming Educational Meetings
Spring 2019

February 4-8, 2019

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



February 24-28, 2019

Reimbursement & Coding Conferences
Caesar's Palace - Las Vegas, NV
acep.org/rc



March 19-21, 2019

Advanced Pediatric Emergency Medicine Assembly
Disneyland - Anaheim, CA
acep.org/pem



April 29-May 3, 2019

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



May 5-8, 2019

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





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Close ACEP18 With a Night at the Ballpark

7-11 p.m., Petco Park (home of the San Diego Padres)

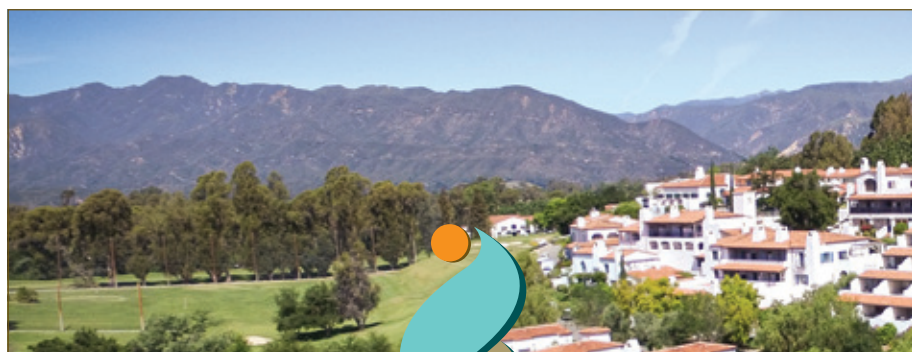
Party with your colleagues as you dance, listen to music, and enjoy food and drink. Test your skills in the batting cages and other baseball activities. And what would a day at the ballpark be without our very

own fireworks show?

All guests 18 and older will need to purchase (\$50) an ACEP18 guest pass to access events. (Adult supervision required for

everyone under 18.)

Shuttles will operate to and from the party. See the shuttle schedule in the daily program for details. +



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Work/Life Integration
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1084_0518

FACULTY AWARD WINNERS



FROM LEFT: Gillian A. Beauchamp, MD, New Speakers Forum Rising Star Speaker; Chris Courtney, MD, FACEP, Scientific Assembly Rookie of the Year; Randy L. Pilgrim, MD, FACEP, Honorable Mention Outstanding Speaker of the Year; Michael A. Granovsky, MD, FACEP, "Over the Top" Faculty Award. Not pictured: Seth Podolsky, MD, FACEP, Outstanding Speaker of the Year.

ACEP Holds Press Conference on Violence in Emergency Departments at ACEP18

"MORE NEEDS TO BE DONE," said ACEP President Vidor Friedman, MD, FACEP, at an ACEP18 telenews conference about emergency department violence. "Violence in emergency departments is not only affecting medical staff, it is affecting patients. When violence occurs in an emergency department, patients can be injured or traumatized to the point of leaving without being seen. It also can increase wait times and distract emergency staff from focusing on other patients who urgently require a physician's assistance."

Increasing violence in America's emergency departments is causing harm to physicians, staff, and patients, according to new research. Nearly half (47 percent) of emergency physicians report having been physically assaulted while at work, with 60 percent saying those assaults occurred in the past year. Nearly 8 in 10 also say that patient care is being affected, with 51 percent of those saying patients have been physically harmed.

The results of a poll of more than 3,500 emergency physicians across the nation were released Tuesday, alongside new research about violence in Michigan emergency departments. The poll was conducted by Marketing General Incorporated.

A new study ("Reassessment of Violence Against Emergency Physicians") published in the *Annals of Emergency Medicine* and presented at ACEP18 found that despite increased security measures in Michigan, the problems of emergency department violence are getting worse.

"Emergency physicians across all demographics experience various forms of violence and are increasingly concerned about becoming a victim of violence," said Terry Kowalenko, MD, FACEP, an emergency physician in Michigan and co-author of the study. "Despite increased risks, our research found that there



is very little published on topics such as situational awareness, verbal de-escalation, self-protection techniques, or weapons awareness for emergency physicians to use."

According to Dr. Kowalenko's research, 72 percent of emergency physicians in Michigan reported experiencing violence in the past year. His research showed 8.1 percent of emergency physicians reported feeling "constantly fearful" of becoming a victim of violence (compared to only 1.2 percent in 2005), and 21.9 percent reporting feeling "frequently fearful" (up from 9.4 percent in 2005).

The telenews conference serves as a marker for ACEP's commitment to ending violence in emergency departments, ensuring physicians feel safe where and when they practice medicine, and therefore are better able to heal and keep patients safe. +



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