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EMpulse

Official Publication of the Indiana Chapter of American College of Emergency Physicians

Congratulations new INACEP Board of Director Officers:

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Chris Ross MD, FACEP
Immediate Past President

Inside this Issue

A View from the Top

Christian Ross, MD, FACEP (NACEP Immediate Past President)

It's been an eventful few months since our last EMPulse edition, so there's quite a bit to cover. As usual, here's my view from the top update:

Legislative Issues

Thanks to everyone's advocacy efforts and against all odds, we were able to successfully defeat the advanced scope of practice APRN bills brought forward this year in the Indiana legislature. This was obviously a huge win for Indiana EPs. Early in the session we were told we didn't have a chance. Fortunately, we were able to quickly change the dialogue courtesy of your statehouse visits, phone calls and emails. I really can't thank you all enough for rallying and responding to the call to advocate for your patients and specialty. The INACEP community had a large part to play in the opposition and you all should be very proud of your hard work. I would like to clear something up, however. Since then (and even a bit before), I'd heard a common misconception that our opposition was anti-NP, which is simply not true. INACEP believes that all EDs in Indiana deserve a physician-led healthcare team. By saying that, we believe that a physician should be physically present staffing all EDs, 24/7/365. The bills put forward would have paved a simple path to eliminate that standard and make way for APP only EDs. That model of service just isn't fair for our Hoosier patients or the APPs themselves who may be thrown out there on their own. Our hope over the next year is to work with the legislature to try to ensure EDs are indeed always staffed by physicians.

The biggest legislative issue we're dealing with right now, however, is at the federal level related to surprise billing. This has been made a priority by many legislators and may end up being acted on by congress before the end of the year. Several INACEP board members and IUEM residents recently travelled to DC for ACEP's Leadership and Advocacy Conference (LAC) to advocate for our specialty at a national level. See the enclosed articles for summary of our activities there. National ACEP has also been heavily involved in this fight and has been at the table for many of these discussions. We'll keep you posted on this as it's bound to be a very dynamic process in the coming months.

Health Information Exchanges

Since the beginning of last year, we've been talking with IHIE (Careweb) to try to see how to best serve the EPs of the state with their health information needs. Recently, talks have ramped up. To help get resolution, they've brought in the Regenstrief Institute who are interviewing EM physicians throughout the state to come up with suggestions for change. Their

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Excellence in Emergency Medicine:
2019 Fred Osborn Award Winner is Chris Hartman MD, FACEP

In 2010, the Indiana ACEP board established an annual award in memory of Dr. Fred Osborn who passed away in 2009. Dr. Osborn contributed extensively to the practice of emergency medicine and to his group, hospital, community and the state. As such, an award was established in his memory to be presented annually at the Indiana ACEP Emergency Medicine Conference in the spring.

The winner of the 2019 INACEP Fred Osborn Award is **Chris Hartman MD, FACEP**. According to Dr. Randy Todd who presented him with the award, Dr. Hartman's list of accomplishments is long, his energy is boundless and his care of patients is outstanding.

Dr. Hartman has been a member of the INACEP Board of Directors for 20 years! He served as the Board's president from 2004–2005 and has remained on as an ex-officio member since. He is the INACEP representative to the State Trauma Committee. He has served as a board member for Emergency Physicians of Indianapolis, PC

He is a leader in bedside ultrasound, a leader in the use of ECMO and teaching this technology to others. He has won the Healing Hands Award at Franciscan Indianapolis— and is known for excellence in teaching medical students and residents, as well as other staff physicians.

Dr. Hartman is active as a volunteer in free clinics, and does mission trips to Haiti on a yearly basis. This is just a small sample of his many accomplishments.

Summing up, Dr. Todd stated that there is no finer Emergency Physician in the state of Indiana than Chris Hartman - he gives up on no patient before all possible resources and interventions have been utilized!

Chris Hartman MD, FACEP joins a very distinguished list of EM Physicians that have been recipients of this award:

2010 – Peter Stevenson MD, FACEP of Evansville, IN
2011 – David VanRyn MD, FACEP of Elkhart, IN
2012 – Thomas Madden MD, FACEP of Bloomington, IN
2013 – Thomas Gutwein MD, FACEP of Fort Wayne, IN
2014 – Tom Richardson MD, FACEP of Danville, IN
2015 – Randall Todd MD, FACEP of Indianapolis, IN
2016 – Chris Burke MD, FACEP of Carmel, IN
2017 – John McGoff of Indianapolis, IN
2018 – Thomas Heniff MD, FACEP of Boone CO, IN
2019 – Chris Hartman MD, FACEP of Carmel, IN

Chris Hartman's family in attendance: Samuel, Sarah, Chris, Thomas, Timothy and Kathleen. Not pictured: Nicholas and Stephen

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Slow Down, You Move Too Fast: A Case of Bradycardic Atrial Flutter?

A case study by Lauren Falvo MD (IUSOM Emergency Medicine Resident)

Overview

A 60-year-old male with a history of atrial fibrillation, hypertension, and diabetes presented to the emergency department by EMS after a presyncopal episode. Per EMS report, patient was recently prescribed metoprolol, and took his first dose (50mg) that morning. He then developed light-headedness and blurry vision that required him to sit on the ground. On EMS arrival, his blood pressure was 80s/50s with an irregular heart rate of 30bpm. On arrival to the emergency department, patient continued to report light-headedness. He denied chest pain, shortness of breath, nausea or vomiting. His additional medications included diltiazem CD, valsartan, furosemide, apixaban, insulin, and potassium chloride. On chart review, patient had recently been prescribed 25mg metoprolol BID as well as an increased diltiazem dose due to a recent episode of atrial fibrillation with RVR.

Findings and Workup

Physical Exam: The patient's vital signs were significant for a heart rate of 32, blood pressure of 79/57, and a slightly elevated respiratory rate of 22. Patient was in no acute distress, and his physical exam was significant only for an irregular, bradycardic heart rhythm with intact peripheral pulses x 4.

Labs: Significant for a potassium of 5.8, sodium 131, BUN 50, Cr. 2.29 with GFR of 30, and a glucose of 377. TSH 4.275 with appropriate T4. Troponin 0.02, BNP 380.

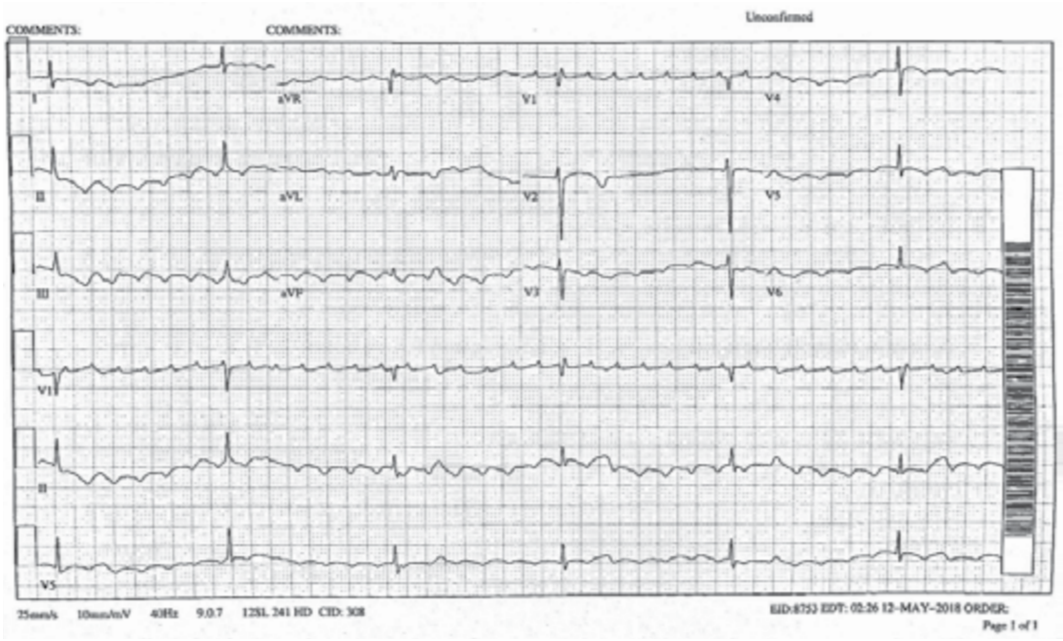
Management

Patient received 0.5mg of atropine on arrival with transient elevation of systolic blood pressure to 130s, no change in heart rate. Due to concerns for beta-blocker overdose/calcium channel blocker overdose with hyperkalemia, patient was started on calcium, insulin/glucose, sodium bicarbonate, and albuterol. Cardiology was consulted just before the patient became more altered with cool extremities. Bedside cardiac ultrasound demonstrated an enlarged LV with full IVC, suggestive for cardiogenic shock. He was started on dopamine with improvement of HR to 70s and systolic blood pressure to 130s. Patient was then admitted to the cardiac ICU.

Discussion

Beta-blocker and calcium channel blocker (CCB) overdoses are a common source of toxicity and come with a significant risk of mortality. As recently as 2017, calcium antagonists and beta

- Vent. Rate 34 BPM
- PR interval * ms
- QRS duration 88 ms
- QT/QTc 580/435 ms
- P-R-T axes 82 60 110
- Abnormal ECG
- Atrial flutter
- Nonspecific ST & T wave abnormality
- No previous ECGs available



blockers were nationally involved in 5.21% and 3.62% of fatal poisonings, respectively. Although CCB and BBs have separate mechanisms of action, both ultimately negatively affect calcium influx into muscle cells, placing patients at risk for profound myocardial depression and hypotension. In patients with hemodynamic instability, IV fluid (1-2L) is recommended to improve hypotension. In cases with widened QRS complexes on EKG, sodium bicarbonate should be considered. High-dose insulin with concomitant glucose has demonstrated benefit in cardiogenic shock from both beta- and calcium channel blockers. Calcium gluconate may have a positive effect on blood pressure. In patients with profound or refractory hypotension, inotropic/chronotropic catecholamines should be initiated. Glucagon and intravenous lipid emulsion are both recognized as potential treatments in overdoses that are unresponsive to initial therapies.

It is important to note that these medications are prescribed in both immediate-release (IR) and extended-release (ER) forms. Those patients who present with overdose from ER drug ingestions will require a minimum of 24-hour observation, regardless of resolution of symptoms.

Conclusion

Toxicology and medication overdose should be considered in the undifferentiated bradycardic patient. Regardless of etiology, focusing on airway, breathing, and circulation will guide the resuscitation in a symptomatic patient with abnormal vital signs. As with all ingestion/overdoses, early consultation with Poison Control Center (1-800-222-1222) is recommended.

REFERENCES:

Graudins, Andis, et al. "Calcium Channel Antagonist and Beta-Blocker Overdose: Antidotes and Adjunct Therapies." *British Journal of Clinical Pharmacology*, vol. 81, no. 3, 2015, pp. 453–461., doi:10.1111/bcp.12763.

Gummin, David D., et al. "2017 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 35th Annual Report." *Clinical Toxicology*, vol. 56, no. 12, 2018, pp. 1213–1415., doi:10.1080/15563650.2018.1533727.

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National ACEP Update

by JT Finnell MD, FACEP — National ACEP Board member

2019 Leadership & Advocacy Conference (LAC)

Several of us attended the 2019 Leadership & Advocacy Conference (LAC) in Washington, DC. ACEP provides this unique opportunity for members to discuss issues that are important to us in context with the congressional agenda. The goal of this conference is to highlight and advocate for legislation advancing emergency care, regardless of party labels. The ACEP DC office staff that prepare this meeting are amazing.

This year, ACEP hosted over 550 visits by ACEP members with Congress.

LAC is several meetings in one. There are pre-meetings on Sunday which focus on giving attendees a jumpstart on the basics of health care advocacy by EMRA. The first official day of LAC is Monday's Leadership Summit which concentrates on issues that enable all of us to be more effective leaders.

Dr. Brian Williams gave a powerful and impactful lecture regarding diversity and inclusion. As you may recall, Dr. Williams was the surgeon on-call during the 2016 Dallas Police shooting. (https://brianwilliamsmd.com/)

(https://www.npr.org/sections codeswitch/2016/07/17/486356292/treating-the-police-fearing-the-police-dallas-surgeon-brian-williams-reflects)

Our Day on the Hill

Tuesday was the day when attendees became advocates, culminating with official visits to members of Congress on Capitol Hill. Our day on the Hill focused on issues of funding for mental health programs and surprise billing. ACEP members were able to have positive and productive conversations with members of Congress and key policy staffers, advocating for real-world solutions to health care system issues affecting our patients and their constituents.

The last day of the conference was the Solutions Forum focusing on two key topics: telehealth and mental health.

Be There Next Year

LAC is an excellent opportunity for you to become more educated on the political and policy issues that affect how we care for patients at the bedside every day. It is a tremendous opportunity for those of us who serve as the health care safety net for the nation on a 24-7-365basis to have our voices be heard directly by members of Congress and other federal policymakers.

My personal goal for LAC 2020 is to have at least one INACEP member from each congressional district attend at least "Hill Day." You could fly in Tuesday AM and fly out Tuesday PM if you were so inclined. I invite you to join emergency medicine leaders from around the country for ACEP's 2020 Leadership & Advocacy Conference next year on April 26–29 at the Grand Hyatt in Washington, DC

HIT Summit

As the landscape of emergency medicine and acute care transforms daily, ACEP will be hosting a HIT summit this summer. We hope to gain insights into the emergency physician's perspective on the technology of the future, and align your roadmap to our vision at this collaboration of industry thought-leaders.

The overarching goal is to develop a 10-year vision for the future of emergency medicine and a tactical 3-year roadmap. Topics include Interoperability and data liquidity, EHR usability and workflow, big data, and what it means in Emergency Medicine.

ACEP Elections

As elections will occur during the Council meeting on *Saturday, October 26th *in Denver, CO, please let your INACEP delegation who you would like us to vote for. The Nominating Committee has selected the final slate of candidates for 2019:

President-Elect Candidates

Jon Mark Hirshon, MD, FACEP (MD)

Mark Rosenberg, DO, FACEP (NJ)

Speaker

Gary Katz, MD, FACEP (OH) – unopposed

Vice Speaker

Kelly Gray-Eurom, MD, FACEP (FL)

Andrea Green, MD, FACEP (TX)

Howard Mell, MD, FACEP (IL)

Board of Directors Candidates (4 positions)

Michael Baker, MD, FACEP (MI)

Jeffrey Goodloe, MD, FACEP (OK)

Rachelle Greenman, MD, FACEP (NJ)

Gabor Kelen, MD, FACEP (AACEM)

Pamela Ross, MD, FACEP (VA)

Gillian Schmitz, MD, FACEP (incumbent – GS)

Ryan Stanton, MD, FACEP (KY)

Thomas Sugarman, MD, FACEP (CA)

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A View from the Top

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recommendations are due mid-June. The solution may be changes in Careweb, adopting another HIE (like EDiE) to fold on top of Careweb or a combination of both. My hope is that at the conclusion of this project we have better, quicker and more easily accessible healthcare data than we had before this process began. Much more to come with this as it evolves.

Payor Issues

The FSSA released a change in the Indiana Health Coverage Program (IHCP) manual recommending some questionable billing practices, including billing regular office codes for care deemed "non-emergent". We've had a discussion with our contacts from FSSA and it seems the wording was errant and there should be no change in our current coding/billing policies. On the commercial insurance side of things, Anthem is continuing to put pressure on EPs with their announcement to begin post-payment review for level 5 charts. We have reached out to the department of insurance to start discussions regarding this egregious policy and will keep you updated on our progress.

...and that's all I've got for my last "View from the Top". My term as president has officially ended and I've handed the reins over to the more than capable Dr. Bart Brown. I cannot express how much I appreciate the Indiana EM community for all of the support and well-wishes I've gotten during my term as president. You guys and gals are awesome! Watching all of you come together to tackle legislation and change political minds has made me realize how important policy and advocacy is to the EM profession. Thanks for a great year!

Welcome New INACEP Members

New Members:

Logan Houlihan MD
Danyelle Aber MD
Ajiru Nyambwa MD

Resident Members:

Nathan VanderVine DO
Allen Meyers MD

Medical Students:

Benjamin Boodt
Patrick Dugan
Troy Hale
Laura Hintze
Evelyn Huang
Gavyn Gerbofsky
Angelica Jones
Cody Jones
Dylan Kelleher
Mary Kuyvenhoven
Adam Morris
Darlene Pham
Dylan Rupska
Tyler Strain
Kyle Vawter
Joshua Vollmer
Kamilah Walters

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Publication dates are:
Feb. 20, May 29, Aug. 21 and Nov. 21, 2019 (approximately).

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630 N. Rangeline Road, Suite D, Carmel, IN 46032
Email: sue@inacep.org

Legislative Update

by Sydney Moulton, The Corydon Group Senior Associate

The legislature completed their business a few days ahead of schedule this year. The biennial budget, education, and gaming were some of the last bills that were passed.

Bills that became law that are of interest are:

HEA 1275: This bill deals with sepsis treatment protocols. It requires each hospital to adopt, implement, and periodically update sepsis guidelines, specifically for the treatment of adults. If a hospital submits sepsis data to the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting programs, then they meet the requirements of this bill. This bills also establishes a taskforce that consists of at least 13 members. The taskforce is charged with studying best practices and the latest research regarding sepsis. The effective date is July 1, 2019 and it has been signed into law by the Governor.

HEA 1294: This bill is authored by Rep. Dennis Zent (R-Angola) and sponsored by Sen. Erin Houchin (R-Salem). It moves the statute relating to the INSPECT program from Title 35 (criminal statute) to Title 25 (professional licensing statute). By placing the INSPECT program in the professional licensing statute, it allows any complaints or grievances relating to INSPECT to be brought before the prescriber's licensing board. The effective date was upon passage and it has been signed into law by the Governor.

HEA 1546: This bill, authored by Rep. Cindy Kirchhofer (R-Beech Grove) and sponsored by Sen. Vaneta Becker (R-Evansville), is a follow-up to HEA 1143 (2018) that made the following changes to the prior authorization (PA) process and requires certain insurance providers to:

- Post on their website the applicable CPT codes for procedures that require a PA
- Post on their website a list of the requirements to have a complete PA request
- Notify providers within 45 days of the effective date of any new PA requirements
- Respond to PA request for urgent care situation within 72 hours
- Respond to PA request in a nonurgent care situation within 7 business days
- Notify providers if a PA request is denied and the reason for the denial
- Not deny a claim where a PA request has been approved, even if there is a medically necessary procedure that occurs

These requirements would now also apply to the Medicaid and Medicaid managed care programs beginning December 31, 2020 and managed care entities would use a standardized PA form prescribed by FSSA. The effective date is July 1, 2019 and it has been signed into law by the Governor.

HEA 1547: This bill, authored by Rep. Kirchhofer and sponsored by Sen. Jean Leising (R-Oldenburg), allows a pregnant minor to be able to consent to her own healthcare during pregnancy, delivery, and postpartum care. It also requires a healthcare provider to document when an attempt is made to contact the minor's parent or guardian and that if a provider determines additional care is needed then they will make an attempt to contact the minor's parent or guardian before the provision of prenatal care, the delivery of the baby, and the provision of postpartum care. The effective date is July 1, 2019 and it has been signed into law by the Governor.

SEA 333: This bill deals with body cavity searches and blood draws. It establishes a procedure authorizing licensed medical personnel to obtain a bodily fluid sample or to retrieve contraband from the body cavity of an individual as part of a criminal investigation, and, grants, with certain exceptions, immunity to medical personnel. If certain emergency medical services providers and law enforcement officers have been exposed to blood or body fluids, it provides a method for them to obtain the result of a test for a dangerous communicable disease. The bill specifies that a physician or licensed health care provider is not required to perform a chemical test or retrieve contraband. The effective date is July 1, 2019 and it has been signed into law by the Governor.

SEA 498: This bill, authored by Sen. Karen Tallian (D-Tallian) and sponsored by Rep. Tim Brown, MD (R-Crawfordsville), deals with community paramedicine programs. It allows community paramedicine programs to be reimbursed by Medicaid, allows the EMS Commission to develop a paramedicine program, and allows the Commission to establish a mobile integrated healthcare grant to award funds to EMS providers. The effective date is July 1, 2019 and it has been signed into law by the Governor.

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Legislative and Advocacy Meeting

by James Shoemaker MD, FACEP

Indiana ACEP board members -- JT Finnell MD, FACEP, Chris Ross MD, FACEP, Jamie Shoemaker MD, FACEP and Lindsay Weaver MD, FACEP – accompanied by EM resident physicians Thomas Eales MD, Lauren Falvo MD, Ashley Satorius MD, Jennica Siddle MD and Emily Wagner MD traveled to Washington DC for the National ACEP annual Leadership and Advocacy Conference and the ACEP-coordinated visits with Indiana's legislators. The conference began with outstanding speakers and breakout sessions about leadership in general and how that might intersect with violence prevention, diversity in medicine, civic duties of physicians as community leaders, and practical tips on how to be an effective advocate for your patients and colleagues. Indiana emergency medicine will certainly benefit from lessons learned in those areas.

As the focus narrowed a bit to legislative advocacy, the physician team was divided in two and we met personally with staff and legislators from five different offices, including both Senate offices, and informed staff for many other offices from around Indiana. Although there are many issues related to emergency medicine that are important to our legislators, our conversations turned to these current and pressing issues: surprise medical bills and improving care for our patients in psychiatric crises. Related to increasing access to care for our patients with psychiatric disease, we spoke in support for recent bills both in the House (HB 2519) and Senate (S-1334) that would supply states with grant funds to use as they see most helpful at the local level to bolster psychiatric care. Discussions around surprise bills were more complicated and detailed. We needed to make sure that lawmakers understand that it is important to emergency physicians that our patients are not faced with narrow networks and insurmountable bills as they access crucial emergency care. We were able to explain that for most cases of "surprise bills," this is actually a description of high out of pocket costs from unrealistically high deductibles. To that end, our legislators were very interested to hear about our suggested mechanisms for ensuring fair payments for emergency care without escalating costs of care, all the while leaving the patient out of the process. They now understand that while it's paramount for protecting our patients' access to care, it's also very important for protecting emergency physicians as we continue to face challenges in negotiating contracts with insurance companies.

"Although there are many issues related to emergency medicine that are important to our legislators, our conversations turned to current and pressing issues for them right now: surprise medical bills and improving care for our patients in psychiatric crises."

Overall, our team was comforted to see how well informed our legislators and staff are regarding issues that are important to us. The lawmakers actively asked for our follow up with them to make sure they keep our issues in the forefront of their minds. To this end, our board will be asking for help from our members who live and work in the various districts around our state, to make sure these legislators know about how these issues affect you and your patients specifically.

National ACEP Update

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Council Resolution deadline July 27th

The Council is a deliberative body that meets once a year for two days in conjunction with the College's annual Scientific Assembly. The Council votes on resolutions which may be introduced by any member (as long as there are at least two people who co-sign the introduction of the resolution). The Council is also the body that votes on proposed changes to the Bylaws.

Whether it is a resolution or a Bylaws amendment, actions of the Council are also voted on by the Board of Directors (Board).

Each of the past two years, INACEP has submitted resolutions that were approved by the Council. Please let your voice be heard and let us know what issues you are facing that you'd like ACEP to address.

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2019 INACEP Emergency Medicine Conference Recap

by Bart Brown MD, FACEP - INACEP President

The 2019 INACEP annual conference was incredible. We would like to thank all of our outstanding speakers and all those who were able to attend. We would also like to thank our great line-up of vendors.

Jen Walthall opened the conference with an excellent update on the opiate crisis and the many innovative steps the FSSA is taking, including OpenBeds and Indiana 2-1-1 partnership to give Hoosiers access to addiction treatment options in real time. She highlighted a successful harm reduction program in Scott County and discussed future initiatives such as community paramedicine program integration.

Elizabeth Weinstein presented a captivating lecture on the management of pediatric sickle cell emergencies, including the importance of x-ray for acute chest syndrome and consideration of crossmatch for minor antigens C, E, and Kell.

Kristine Nanagas discussed contaminated synthetic cannabinoids, including theories about how this happened and difficulties in management (therapeutic exemptions for veterinary vitamin K products). "Scary Spice" wins best title award hands down!

National ACEP President Vidor Friedman discussed a concise history of the use of quality metrics in Emergency Medicine (RIP SGR!) and where the future use of quality metrics is heading. He then discussed ACEP's work to address this through CEDR and work on creating an APM (alternative payment model) for EM. Dr. Friedman returned to define physician burnout, and provide several tools to help combat this, capped off with a well-received meditation session!

Dr. Friedman kicked off lunch with a national ACEP update and the many ways they provide value to ACEP membership. This was followed up with an INACEP update highlighting a busy and successful year (JT Finnell elected to national BOD, reversal of insurer downcodes/denials, and legislative updates). Chris Ross was recognized for his hard work over the past year as INACEP president with the Leadership Impact Award. Finally, Randall Todd presented the Fred Osborn award to this year's recipient Chris Hartman.

Indiana's own National ACEP Board Member and IT Guru JT Finnell discussed the past and future of clinical information support, structured/unstructured data, and security concerns. He highlighted a concise 10 point "Bill of Rights" strategy for reducing burden related to use of EHR's.

Andrew Stevens returned for the latest evidence based EMS updates including upright intubation, aggressive cardiac arrest treatment, and ECMO.

Outgoing INACEP President Chris Ross MD, FACEP receives President plaque and Leadership Impact Award from incoming President Bart Brown MD, FACEP

Vidor Friedman MD, FACEP, President ACEP, delivering ACEP update.

Day 1 was rounded out by two great events. The new director's conference provided a platform to discuss statewide issues, reimbursement issues, and help us better serve our members. Lindsay Weaver hosted the always popular Resident Forum, sponsored by groups from around the state.

Day 2 of the conference began with breakfast and informal community case presentations with the residents, kicked off with the "gas leak" case.

ABEM President Robert Muelleman presented the perceptions and realities of the "frequent ED user" including increased likelihood for admission and increased mortality. Current and future intervention programs for this patient population were then addressed. Dr. Muelleman then discussed advances at ABEM highlighting a new pathway to certify post-graduate training with Emergency Ultrasound and physician friendly changes to ABEM recertification.

Srikar Adhikari presented an interactive, case-based discussion highlighting the use in point of care ultrasound for the evaluation and treatment of undifferentiated hypotension and cardiac arrest.

Joe Martinez followed this with an engaging update on new approaches to surgical emergencies, highlighting trans-orifice approaches and the Noscar consortium, punctuated with cleverly timed Edgar Allen Poe and Robert Frost references.

State EMS Director Michael Kaufmann presented an update on current initiatives addressing opiate treatment, access to available protocols and quality metrics, and universal transfer forms. He then discussed new methods of Community Paramedicine and Mobile Integrated Health Programs to reduce bounce-backs and treat high risk patient populations.

The conference ended on a strong note with hands on ultrasound education. We had 4 machines, 3 human models, and gel models. Chad Denney gave an excellent presentation and hands on instruction covering difficult IV placement. I assisted Dr. Adhikari in teaching multiple exams related to his presentation covering FAST, AAA, DVT, Cardiac, Thorax, and GYN exams.

Thank you to all those that made this year's conference a resounding success. Planning for next year's conference is already underway by Lauren Stanley. Don't miss it!

Resident Forum at the Sheraton Hotel—Keystone

Indiana chapter of the
American College of Emergency Physicians
gratefully acknowledges the following companies for their support of our 2019 Emergency Medicine Conference.

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Teamwork

by Lindsay Zimmerman MD - INACEP Board Member

Some days everything just seems to work really well. Other days, not so much. Many things can cause the flow of the emergency department to come to a screeching halt: boarding, a bad code, unexpected computer downtime. Many things can also help the emergency department to flow much more smoothly than it might otherwise. One particular factor that helps flow and quality of care in our emergency department is the excellence of our staff members.

The nurses, techs, and ancillary staff have remarkable power to make a difficult shift more tolerable, enjoyable, and productive. I have been impressed by the quick responses of staff to jump in and help out, especially on patients to whom they are not assigned, in order to get the job done. "How can I help, doc?" "What can I do?"

In the last couple of weeks, these examples of my standout co-workers come to mind. Tara, a charge nurse, came in to help me discharge a complicated patient while the patient's primary nurse was busy with another patient. Dawn, a case manager, went the extra mile to get an elderly woman into a higher level of care at a nursing home so that the patient didn't need to be placed in observation. Kate, the administrative assistant, brought around a bag of candy on the extra busy days, bringing not only the snacks, but also words of encouragement and offers of help. Casey, a nurse on night shifts, jumped in to grab supplies I needed for a procedure on a patient that was not his own. Katie, another nurse, contacted charity care to get a pair of well-fitting shoes for a child whose family could not afford appropriate footwear. Julie, the ortho PA, came down and removed a cast for me when the emergency department cast saw went missing. Camille, an enthusiastic patient care tech, had a kind word and a quick extra set of hands for the physicians and nurses in the ED, especially when the afternoon became hectic.

> ***"We are a team not because we work together. We are a team because we respect, trust, and care for each other."***
>
> ***–Vala Alshar***

These folks stepped in at times where there was the potential for my work flow to become interrupted. Not only did the patient encounter take less time, but it was more pleasant for both me and the patient involved. There are multiple encounters like this that occur in the department each week with our exemplary nurses and ancillary staff. Let us take the opportunity to express our appreciation for their help the next time we're in a tough spot and they go the extra mile.

New Indiana ACEP Board of Directors Officers and Members

Congratulations to our new Indiana Board officers:

President: Bart BROWN MD, FACEP

Vice President: Lauren STANLEY MD, FACEP

Secretary/Treasurer: Tyler JOHNSON DO, FACEP

Immediate Past President: Chris ROSS MD, FACEP

And joining our Board members:

Heather CLARK MD – Parkview Noble Hospital

Justin RITONYA MD – Parkview Hospital Fort Wayne

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