A Newsletter for the Members of the Puerto Rico ACEP Chapter

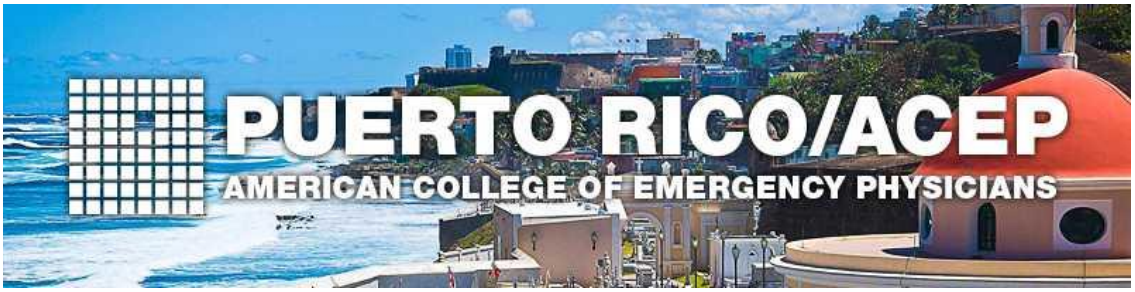

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Table of Contents

From the President
Luis A. Serrano, MD, MSc, FACEP

I would like to thank each one for your service before, during and after Hurricane Maria. All of you worked under strenuous and resource limited circumstances and still strived to provide excellent care to our patients. You left your families and stayed for days at your respective hospitals and cared for our patients when they needed the most.

As we continue with the recovering efforts, I would like to start 2018 with renowned enthusiasm. We will start a new series of academic and confraternity activities directed to our members. They will be free of charge and will start on January 2018. More details will be announced very soon.

May 2018 be a successful year!

PRACEP Annual Scientific Assembly

In 2018 the PRACEP Annual Scientific Assembly will be held early: **May 17-19**. Please save the date.

We are looking for driven and passionate speakers, if you are interested in participating or if their is a specific topic that you would like presented, please send your Chapter Board an email by clicking **here**.

We look forward to seeing you there!

From the Immediate Past-President
Fernando L. Soto, MD, FACEP

Update: Hurricane Maria

Ever since its humble beginnings dating almost half a century back, emergency medicine has been associated to disasters. It was developed as the first line of defense in any unexpected situation occurring in society. The first emergency physicians took their teachings in triage from the Vietnam war, they developed the specialty known as pre-hospital medicine and certified and trained paramedics to provide standardized care prior to reaching the hospital. These

systems grew in parallel to our specialty and a great deal of knowledge in emergency medicine consists on how to prepare and execute in situations known as disasters. A simple, yet controversial definition of a disaster would be: any event, natural or man-made responsible for an influx of casualties and overcoming the local resources. However, the preferred nomenclature is "PICE - Potentially Injury-Creating Event" which denotes ongoing versus static and describes phases of the event as well.

As most would know by now, on September 20, 2017 all our institutions, health systems or otherwise were put to the test. A disaster the likes of our people have never witnessed paralyzed our ability to provide efficient care across the island. Everything around us collapsed and affected our daily work and capacity to treat patients. And despite all this happening, we had to show up, and face our patients because, however limited our resources, we had to do what we do best: stabilize, diagnose and treat everyone and anyone who shows up. But what did we witness or learn from this and other experiences?

During the Hurricane

During the final preparations, it is common to expect many minor traumas and amputations. As winds pick up, patients may find themselves suffering fingertip traumas, amputations and lacerations. Some may experience contusions to various parts of their bodies as well as falls as they try to complete last minute preparations. Others will suffer from corneal abrasions from flying debris early on. EMS may be limited now but perhaps available for these emergencies, although many of them will likely be walk-ins. And communications may be affected but still present, only slightly limiting our capacity to refer or get these patients follow ups at their respective clinics.

After the Hurricane

Limited access to electricity, water or communications will be responsible for our patients being unable to seek follow up. Those immediately affected will be those requiring constant interventions and treatments such as dialysis and oxygen dependent patients. They might have a harder time reaching the hospital since, as we witnessed firsthand, access to cellphone service made it impossible for most ambulances to be contacted. This limitation further impacted our capacity to render our resources and prepare a list of dialysis centers that would take on these patients temporarily.

There was no way to reach our trauma centers after communications went down. So, the transfer process was affected as well. Many hospitals and primary had to close for lack of power, water and structural damage but without being able to reach out, people had no idea which were operational and what the limitations were.

Aftermath

As days progressed, scarce resources make practicing medicine even more challenging. Hospitals and centers were running low on diesel, IV fluids, and many other types of equipment. Some lab tests may become unavailable, operating rooms close for lack of adequate temperature, medicines may start to run low. It is now that our ability to manage

resources becomes even more necessary. We are then placed in a position to ration our services in order to maximize benefit. It is now that it is most important to have serious sit-down conversations with our patients and align their expectations with the disaster and establish a follow up plan including returning to our institution on a specified date. It is at these times when having prepared algorithms for caring for certain patients with minimal resources may prove invaluable.

The emergence of a new environment now absents the commodities we have grown used to may present new challenges to the practicing EM physician. Namely, carbon monoxide intoxications which become common on a tropical island that rarely sees them. Suspecting this during this time may prove lifesaving. On the other hand, there will be lack of access to clean water so infections such as conjunctivitis and gastroenteritis will also be on the rise. And finally, other life-threatening infections may arise further expanding our differentials such as leptospirosis and dengue both of which thrive in situations where water safety is an issue and both presenting in a similar fashion.

Outside World

However stressful the ED may feel, some of us feel at ease at a place where we are in control. Many of us may have felt insecure and extremely concerned with our families' wellbeing while we cared for others. This can take up a lot of our concentration and tap on the limits of what we can take. After all, when we are done with our shift we would have to care for our families as well. We would need to get electricity, food, water, wash our clothes, care for their safety; and tomorrow go back to work and do it all again. Not an easy task at all.

Conclusion

It is important to remember that hospital and government wide interventions will be crucial at a time like this. However, even the most prepared will feel something is awry and a certain level of improvisation will take place. Expect the unexpected. But also, expect patients coming in with fingertip amputations, lacerations, contusions and falls. Anticipate that patients requiring constant care such as those bedridden and oxygen dependent, as well as those requiring dialysis will show up in increased volumes. And finally anticipate other diagnoses you may rarely see in accordance with the current situations such as carbon monoxide poisoning from gas generators, and infections from dirty waters, to show up during these times. There is no way to be fully prepared for a disaster such as the one we witnessed but one thing I am sure of: emergency physicians are the ones most capable of working in said environments; always doing what they do best.

References

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Adriana's Corner

This year is just about over. The days, weeks and months just fly by. And usual chapter business must continue. I am certain 2018 will be a great year for you as emergency physicians and for the Puerto Rico chapter. I look forward to continuing to work with all of you the upcoming year. In the meantime, please contact **me** if I can help you in any way.

Revista Galenus

A few members of the chapter recently contributed an article for other medical journals like the Revista Galenus.

Read the interesting interview about Dr. Charlie Gomez, Medical Director at Puerto Rico Medical Center.

As most of you know, preparing for disasters is important. Click **here** to read Dr. Soto article on the topic.

Want to learn more about Dengue and Leptospirosis. Please click **here**.

EMRA Opportunities

Want to recognize excellence in emergency medicine? An EMRA Award is a way to do this. Awards include: Academic Excellence, Resident, Fellow, Residency Director, APD, Chief Residents and Residency Coordinator of the Year, and more.

The deadline is January 15th. Read more about it, by clicking **here**.

Want to be part of one of EMRA's 18 Committees and Divisions? Want to find your niche in emergency medicine? Click **here** for more information.

Want to apply for a EM Foundation grant. EMRA and EMF offer several medical student and resident grants.

The deadline is February 16th. Click **here** for more details.

State Legislative Issues for 2018
by Harry J. Monroe, Jr.
ACEP Director, Chapter and State Relations

Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, “Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.”

We may be at a similar point in our legislative battles over balance billing and out of network reimbursement. In many states, policymakers that have been considering the issue for multiple sessions will look to address the issue once and for all. Thus, it will be important that we stand ready to engage an issue that continues to pose a threat to our specialty and most importantly, access to care for our patients. Certainly, we want to be paid fairly, but we also want to focus on making sure that insurer practices are not causing patients to delay receiving emergency care out of uncertainty as to what the insurer will pay.

ACEP has developed, and is continuing to refine, resources to help states engaging this issue. On **our website** you will find numerous documents that will be of help in working on this issue, including talking points, copies of written testimony produced in a number of states, information on why Medicare is not a sound benchmark for determining reimbursement, and many other materials. I would encourage you to take a look.

Additionally, we have worked hard over the last two years to build relationships with other specialty societies and the AMA, based on shared consensus principles and solutions documents that are included on the website, that have helped us collaborate on these issues. In most states that we have engaged, the national collaboration has helped with building alliances at the state level, with the result that the house of medicine has been largely united in our response to legislation. In addition to fighting off bad legislation, we have looked for opportunities to promote positive legislation on the issue, and model legislation has been developed to that end. In addition, to our collaboration with other specialties, another outside organization, Physicians for Fair Coverage, has been formed and has helped to provide and coordinate resources in this fight.

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.

We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me **via email** or at 972-550-0911, ext. 3204.

In addition to balance billing and out of network issues, there will be many other important issues to address in the coming year. The prudent layperson standard remains under attack in many places by both Medicaid and commercial payers. The opioid epidemic continues to be a critical public policy concern. Of course, what the federal government does about health care, and how that filters down to the state level, promises to require our attention. This will be a busy year at the state house!

ACEP - You make 50 look good!

As we wind down 2017, we kick off a year-long celebration of ACEP's 50th anniversary starting January 2018. Plan to participate in social media campaigns that highlight the highs, lows and life-changing moments in EM. Get hyped for a historical timeline following the history of our specialty as well as anniversary-themed podcasts. Watch for anniversary editions of ACEP Now and Medicine's Frontline in addition to proclamations from members of Congress and sister medical societies. Don't forget to order copy of our commemorative coffee table book featuring the breath-taking photographs that capture a day in the life of emergency physicians collected by famed photographer Eugene Richards. **Book tickets now to ACEP18** and our blow-out anniversary celebration in San Diego featuring an interactive history museum showcasing the journey of emergency medicine from battlefield to inner city to rural America to every spot in between.

As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

Show Your Commitment to High Standards for Clinical Ultrasound

You have the highest standards when it comes to your clinical ultrasound program. Show that commitment to your patients, your hospital, and your payers with ACEP's Clinical Ultrasound Accreditation Program (CUAP). ACEP's **CUAP** is the only accreditation program specifically for the bedside, clinician-performed and interpreted ultrasound. Now also available - accreditation for non-ED clinical settings, including freestanding EDs, urgent care centers and clinics. **Apply Today**!

- Ensure safety and efficacy of patient care
- Meet ACEP's high standards for point-of-care delivery
- Use your own policies or draw from expert-reviewed sample documents

Geriatric Emergency Department Accreditation Program

ACEP is gearing up to accredit geriatric emergency departments. The **Geriatric Emergency Department Accreditation Program** will be accepting applications after the first of the year. There will be 3 levels of accreditation ranging from a minimal commitment to better elder care to a comprehensive well-rounded robust program. Accreditation shows your patients, your institution and your payers that your ED is ready to provide care to seniors and is a quality program that meets the high standards of the American College of Emergency Physicians. **Find out more**.

Articles of Interest in *Annals of Emergency Medicine* by Sandy Schneider, MD, FACEP ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine.* Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. **Read More**

Policy Statements and PREPs Approved by the ACEP Board

The following policy statements and PREPs were approved by the ACEP Board of Directors at their October 2017 meeting.

Policy Statements

Medical Transport Advertising, Marketing, and Brokering - revised
Clinical Emergency Data Registry Quality Measures - new
Mechanical Ventilation - new
Hospital Disaster Physician Privileging - revised
Unsolicited Medical Personnel Volunteering at Disaster Scenes - revised
Sub-dissociative Dose Ketamine for Analgesia - new
Writing Admission and Transition Orders - revised
The Clinical Practice of Emergency Medical Services Medicine - new
The Role of the Physician Medical Director in EMS Leadership - new
State Medical Board Peer Review - new
Pediatric Medication Safety in the Emergency Department - new
Distracted and Impaired Driving - revised

PREPs

Sub-dissociative Dose Ketamine - new
Writing Admission and Transition Orders - new

Welcome New Members!

Mr. Luis A. Mendoza - Rincon (Medical Student)
Mr. Carlos O' Lopez Ortiz - Toa Alta (Medical Student)
Mr. Christian Gonzalez - Dorado (Medical Student)
Mr. Michael J. Rivera - San Juan (Medical Student)
Roger A. Vazquez Gomez - Caguas (Medical Student)

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