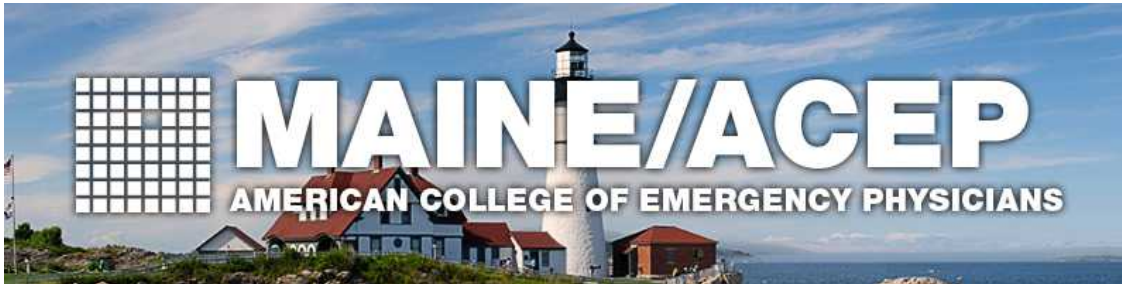


A Newsletter for the Members of the Maine Chapter

Summer 2017



**James B. Mullen, III, MD, FACEP, President**

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## **From the President** **James B. Mullen, III, MD, FACEP**

It seems incredible to consider that I have been practicing emergency medicine in Maine for 17 years. I guess I have more grey hairs and a son that just got his driver's license, but I otherwise feel pretty similar to how I felt 17 years ago. One thing that has changed, is the work that I do as an EP. I'm guessing that all of us would agree that our patients are sicker, on dozens of medications and with multiple comorbidities. The scope of our work has changed as we are now being asked to have a definitive diagnosis and a proven need for admission. On top of that, due to severe capacity constraints, we are managing these patients much longer. This has led to a tremendous increase in the workload we experience.

Despite all that, if you're like me, we still love our work. Emergency medicine gives us the highest highs, and sometimes crushing lows. We are given an open-door invitation into people's lives, and, very often, we are able to dramatically solve problems for them. As Mel Herbert loves to say, what we do matters.

Before us lie a number of challenges that this chapter can make an impact on.

### **Recruitment, Retention, Burnout and Resiliency**

It is a rare hospital that isn't trying to find Emergency Physicians to hire, and the forecast is for that labor shortage to continue. So much of our focus has to be on not just finding great physicians, but also figuring out how to keep them in Maine, and how to keep them enthusiastic and help them enjoy this great profession.

### **Environmental constraints**

Severe capacity problems at our tertiary centers and our home institutions has overcrowded all of our shops. In some ways this relates to our Goldilocks problem – too healthy to need admission, too sick to stay at our hospital. The irony is that many of these transfers only need about an hour of a specialist's consultation – could there be a role for telemedicine?

At our community hospitals, the threshold to transfer patients keeps getting lower, exacerbating the problem, rusting our skills and creating a self-reinforcing spiral.

### **Crisis of Alcohol and Drug Addiction**

Unbelievably, for several years now, more people in Maine are dying from drug overdoses than from motor vehicle accidents. One of the most frustrating and saddening experiences for us professionally lies in this area. When an addicted patient has finally realized that he has lost or will lose everything, and finds the courage to come to us for help, too often the best we can do is give a list of phone numbers and bid them a hearty "good luck". That's not good enough, but there are not adequate treatment resources. The EPs at some of our Critical Access Hospitals in Calais and Machias have obtained waivers for Suboxone and have joined a grant application to provide MHAT in conjunction with a local therapist.

### **Acute Care Continuum**

We care for a disproportionate amount of all acute care in this country, and that may be accelerating. The RAND Report showed us that our role has dramatically changed over the last 15 years. We now are the source of >60% of all non-elective hospital admissions. Our PCP and specialist colleagues have come to rely on us to take care of their patients with undifferentiated symptoms, and even well identified issues. We are the Diagnosticians-in-Chief and a vital part of the care continuum. We should all be working to help ourselves and our administrators to recognize this role as we move from Volume to Value.

### **Volume to Value**

Every day, Emergency Medicine delivers tremendous value to Hospitals and their Medical Staff, Insurers, Employers and the public. We generally deliver great care at a lower cost, but must

continue to do our part to find out how to get even better at increasing quality while driving down costs. Contrary to what we may hear in the media, avoidable ED usage for sore throats and ear aches are not breaking the health care bank. They are a tiny, tiny fragment of health care spending. More impactful are the daily decisions we make in the ED about admission or discharge.

### **Big Tent**

A professional challenge that our College and our Chapter is faced with is this --think more expansively than just protecting our EM trained, board certified status. That status is extremely important, but it cannot be our sole purpose. I call on us to consider every Emergency Patient in Maine to be our concern, not just those cared for by EM residency trained and boarded physicians. The simple reality is that we will not have enough EM trained and boarded EPs to staff all EDs in Maine in our professional lifetimes. The FP trained emergency physicians face the same clinical and professional challenges and have the same best interests of their patients at heart. We need to expand the tent to find ways to include FPs and APPs working in emergency departments throughout our state.

### **Goals for the next 2 years**

OK, so here is a summary of some of the important work that we will need to accomplish over the next 2 years.

**Chapter Health** – Tom Dancoes has done a great job boosting our membership numbers and our financial status. We will look to stabilize and build from there.

**Survey** – All of our time is in short supply, and we want to understand what is valuable to our members. We will get a survey out at least once a year to see if we delivering. We may also take advantage of the opportunity to assess job satisfaction to help create data points to assess health of EM in Maine.

**Connections** – New Englanders need to stick together, so I'd like to pursue three items here.

- . Make connections and build bridges with the VT and NH chapters
- . Make connections with Maine AAFP and Maine SEMPA
- . Recognizing that Maine has never had a meeting with representation from every ER across the state, one of our largest projects will be to make this happen by 2018. Other states have pulled together a once a year **All Directors' Summit** where EM leaders from across the state can meet to learn from each other and join forces to advocate for our specialty and our patients. Work has already begun, and we are looking for enthusiastic and energetic partners to help us pull this off.

**ACEP Report Card**-- As many of you may be aware, the most recent [ACEP EM Report Card](#) awarded Maine with the 3<sup>rd</sup> **highest Rank** with an overall B-. We scored especially well in Access to Emergency Care (3<sup>rd</sup> – B), Quality and Patient Safety (6<sup>th</sup> – B+) and Public Health and Injury Prevention (7<sup>th</sup> – A-). Our Disaster Preparedness Rating, however, was abysmal. We fell from 46<sup>th</sup> place in 2009 to 49<sup>th</sup> place in 2014 with a grade of an F. We can do better. We will do better. I plan to work with legislators to advocate for regional level planning and implementation of many of the elements of the recommended Disaster Preparedness elements.

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### **Third Annual Maine ACEP Ski/Snowboard Race - March 8, 2017 Thomas Dancoes, DO, FACEP**

I took the initial run and the snow felt surprisingly fast for the weather report given by the mountain snow reporter.

Top honors went to Brooks Motley with a time of 23.69. He of course received the “Stanley Cup” of ski trophies. (It’s handed on to the new winner each year, with the winner’s names memorialized with duct tape and a sharpie.

The fastest snowboarder medal was awarded to Stephen Zenella, with a winning time of 33.14.

We added a new junior category to the lineup, and they posted some fast times on their skis, even beating their father. (Dad’s a snowboarder, and Canadian (sort of) for whatever that’s worth).

Congratulations to Aiden Cox, winner of the fastest junior racer medal, with a time of 29.45.

Thank you to everyone who participated. It was a blast. I hope to see you all next year!

Tom Dancoes, DO  
Immediate Past President, Maine ACEP



## **ACEP assists DMAT teams as they prepare to respond to Hurricane Harvey**

**Rick Murray, EMT-P**

**Director, Dept of EMS and Disaster Preparedness**

ACEP was pleased to furnish classroom space over the August 26 weekend to DMAT teams from several states that were staged before they deployed. MN Chapter Executive Shari Augustine, who is a member of the MN DMAT, contacted ACEP staff to inquire of the possibility of using the ACEP Board Room for training for the various teams. Space was provided for training for over 240 members for DMAT teams and U. S. Public Health Service personnel. This provided them the opportunity to receive some last-minute training and briefings before they deployed to various areas of the Texas coast that were impacted by Hurricane Harvey.

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ACEP has a lot of [resources for the public](#) about preparing for and surviving disasters and they are being promoted to general public audiences.

Also, here are some [general talking points](#) about responding to disasters. They can be helpful in talking with the news media.

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## National Disaster and Life Support Foundation

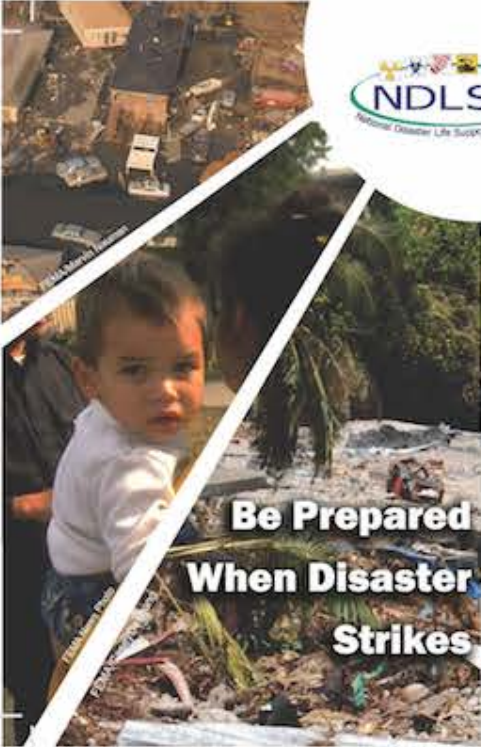
The National Disaster Life Support Foundation is very pleased to have partnered with the American College of Emergency Physicians (ACEP) to provide disaster medicine training and to further develop the NDLS education materials.

The NDLS program began in the late 1990's with a realization that there was a lack of standardized training for medical and nursing providers who may be responding to disasters. Individuals were medically trained within their specialty to the same National Standard, however disaster specific education was not included in the majority of medical and nursing curricula. Examples of the missing material included:

- Scene safety
- Standardized triage methodology
- Incident Management
- Identifying and requesting needed resources
- What constitutes a disaster
- Public Health impact of disasters

The NDLSF established an affiliated membership-based organization for the purpose of overseeing the development and revision of the curriculum. This organization is the National Disaster Life Support Education Consortium (NDLSEC).

The NDLSEC Annual Meeting will be held in conjunction with ACEP's 2017 Annual Scientific Assembly in Washington, D.C., October 29 – November 1, 2017.






**NDLSF**  
National Disaster Life Support Foundation

**National Disaster Life Support™  
Foundation** & **The American College of  
Emergency Physicians**

American College of  
Emergency Physicians®  
ADVANCING EMERGENCY CARE

*Collaborating to offer programs that  
provide essential training for strengthening  
healthcare preparedness and response.*

- Core Disaster Life Support® (CDLS®) 
- Basic Disaster Life Support™ (BDLS®) 
- Advanced Disaster Life Support™ (ADLS®) 

For more information - [www.ndlsf.org](http://www.ndlsf.org)  
email us: [info@ndlsf.org](mailto:info@ndlsf.org)

## White Coat Day on Capitol Hill at ACEP17

Decisions made by Congress influence the practice and the future of emergency medicine on a daily basis. Join your emergency physician colleagues in Washington, DC on November 1 and spread the word to legislators and their staff about the critical role of emergency physicians in our nation's health care delivery system. White Coat Day participants will be asked to attend a special advocacy training session prior to heading to Capitol Hill. Transportation will be provided and all participants will receive a customized schedule and materials to share in the meetings.



There is no fee to participate but advanced registration is required. Participants can sign-up as with their ACEP17 registration or may sign-up separately if not registered for ACEP17. Go to [White Coat Day](#) for more information or contact [Jeanne Slade](#) in the ACEP DC Office.

## Register for White Coat Day at ACEP17!

DON'T MISS THE OPPORTUNITY TO VISIT CAPITOL HILL WITH YOUR EM COLLEAGUES WHILE IN WASHINGTON, DC



**Spread the word about the critical role of emergency physicians in the health care delivery system**

ACEP staff will schedule your visits in advance. Participants will receive advocacy training prior to the visits. Transport to and from Capitol Hill is provided. Please bring your white coat!

Advanced registration is required. Participants can sign-up with ACEP17 registration or may register separately if not attending ACEP17.

[WWW.ACEP.ORG/ACEP17/HILLDAY](http://WWW.ACEP.ORG/ACEP17/HILLDAY)

## ACEP17 Wellness Activities and Resource Center Giveaways

### Wellness & ACEP Resource Center

Sunday, October 29 - Tuesday, October 31

Location: Exhibit Hall

Stop by the wellness center in the ACEP Resource Center of the exhibit hall and discover tips from the experts to improve your well being daily. [View full list of activities and schedule.](#)

### Product Giveaways

Held daily in the Resource Center

Sunday –PEER

PEER one-year membership

PEER Print Companion

Monday – CDEM

Trauma special edition

2- year print

One-year Residency Education Portal

Tuesday – ACEP eCME

My Residency Learning Portal

Trauma, Stroke, Cardiovascular bundle

Procedures and skills course

Featured guest on ACEP Frontline

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## Articles of Interest in *Annals of Emergency Medicine*

**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](#)

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## No Emergency Department is Immune from Violence

But you can be better prepared and reduce the risk of harm to your patients, your staff, and yourself. You can implement security measures, changes in your processes and policies, education and training, and attention to design details. Learn how with these new free resources from ACEP, all in one place, easy to find -- [Violence in the Emergency Department: Resources for a Safer Workplace](#)

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## Welcome New Members

Hallie S Blunck, MD

William Brown

Corey Cole

Evan C Gill, MD

Christopher Hasslinger, MD

David Y Jackson

Michelle Cynthia Perkins, MD

Sebastian Reeve

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