



MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE
Missouri College of Emergency Physicians

Spring 2006

President's Message	1
Mark Your Calendars	2
Mastering the Difficult Airway	2
Battle of the Belt	3
EMPAC Update	3
MO SART Project	4
Scientific Assembly	6
Evidence-Based Medicine	6
ACEP Grants Update	7

PRESIDENT'S MESSAGE

"THANK YOU"

To the MoCEP Board of Directors and the Executive Staff for all you do, I thank you. You made my job easy. My time at the Helm has been most enjoyable and rewarding.

Please join me at the 2006 CCC general membership meeting, where we will give a warm welcome to our next MoCEP President, the very capable, Randall Jotte, M.D.

Our MoCEP EMPAC account is still in need of contributions.

EMPAC funding directly shapes the practice of emergency medicine in Missouri. Whatever the case may be, "Dollars" make a major difference in the direction of legislation in Jefferson City. Although we are at the end of the 2006 legislative session, we need to strongly consider our effect on the election cycle. At the national ACEP level, "Give a Shift" is the norm. I strongly urge you to do the same at the state level. Your contribution to MoCEP EMPAC will be an investment in the stability and growth of MoCEP and will help to establish a significant lobby voice in Jefferson City. Your support is vital to our future.

My hope and wish is that MoCEP will continue to grow and prosper. I sincerely pledge my continued support.

Barry D. Spoon, DO, FACEP
President MoCEP

*****KNOWLEDGE*****

The ACEP IMPACT

Impact Your Career—Partner with the Leader in Emergency Medicine

*Join the **American College of Emergency Physicians**, the leader in emergency medicine, and impact your practice through knowledge. ACEP has developed continuing education to help you with reimbursement, clinical practice and regulatory and accreditation issues.*

This partnership improves your earning potential, advances the science of emergency medicine and ensures the future of the specialty. Partner with ACEP today!

If you were eligible for ACEP membership on December 31, 1999, you may be eligible for membership now. Call ACEP today to check your options.

800-798-1822 membership@ACEP.org

Mark your Calendars!

August 9-11, 2006 Twentieth Missouri Combined Clinical Conference on Emergency Care

Are you feeling like you're not as "up to date" as you should be?! Do you hesitate a bit when it comes to dealing with dental emergencies and perplexing trauma cases? Are you providing evidence-based care when it comes to treating wounds, heart failure and septic patients? Are you perhaps dreading this years LLSA exam - trying to figure out what the "take home" point of the articles is? If so, don't fret, just be sure to attend the 20th Missouri Combined Clinical Conference on Emergency Care at Tan Tar A Lodge in the beautiful Lake of the Ozarks. Come bone up on emergency care while enjoying all that this wonderful lake side three star resort has to offer. Catch up with old friends and make new ones. Clinical presentations planned for this years meeting include;

Controversies in Wound Care

Evidence Based Approach to Acutely Decompensated Heart Failure

Case Studies in Trauma

New Approaches to Evaluating and Treating Sepsis

Don't get Bitten by Dental Emergencies

Pediatric Procedural Sedation - the Ouchless ED

Seeing is Believing - Ultrasound Guided Vascular Access

Life-long Learning and Self-Assessment 2006

The MoCEP board of Directors is offering first time Missouri ACEP attendees a \$150 rebate - thus their entire chapter dues will be ear-marked for the conference. If you've never come to the Lake in August, this would be a great year to check out the Combined Clinical Conference on Emergency Care. It's your best opportunity to meet your state ACEP leaders, share ideas with physicians, nurses and emergency medical personnel from across the region and check out the many vendors who come to display their products. Check out www.cccoec.org for more details (brochure to be posted shortly). See you at the Lake in August!!

Mastering the Difficult Airway - August 8th

(pre-conference workshop)

Does your pulse quicken when faced with a difficult or critical airway problem?

Are you curious about the buzz behind all those new "airway tools" but hesitant to use them for the first time on your next trauma victim with a life-threatening neck injury?

If so, come spend the day with Jason Wilkins, MD and a team of experts as they share the latest information and give you the opportunity to try your hand at real life cases. Using cutting edge METI full body high fidelity clinical simulators, instructors will walk you through challenging scenarios and provide you with personal feedback and tips.

This course is being offered in conjunction with the CCOEC 2006 conference but there will be a separate fee to attend.

BATTLE OF THE BELT

By: Chris Forrer, MD

Battle of the Belt continues to be an effective tool in helping teens buckle up. This program functions at the grass roots level by employing various student organizations in efforts to increase seat belt use in high school students. The program was started by Mary Tuel, RN, CEN through ENA, in an effort to increase teen seat belt use and ultimately decrease teen death and injury related to vehicular trauma.

Each school choosing to participate is given a packet providing check lists, program outlines, speaker lists, videos and other resources. They then draw up their own educational campaign and style that best suits their school. Many different styles and ideas come from area schools, each reaching their own peers. Schools then compete with each other in categories: percentage improved or best overall seat belt use. A \$500 cash prize is awarded within each ENA region for each category. In addition, the winners at the regional level are compared and awarded an additional \$500 for each category at the state level.

In the beginning, Battle of the Belt started small with area high schools in the Springfield and Kansas City areas. Currently the program is completing its third year and outreaches now include the St. Louis and Cape Girardeau regions, as well. The program has proven effective. Schools participating showed an increase in seat belt usage; and school participation has increased each year. The latest winners are Pleasant Hope as most improved, with a 46.9% in seat belt usage. At the beginning of the program, usage was 33.6%, and after the program seat belt usage increased to 80.5%. The school that won highest overall seat belt use was Pleasant Hill with a usage rate of 98%.

Currently, Battle of the Belt is going through some exciting changes. MODOT has partnered with ENA to bring Battle of the Belt to all areas of the state. This summer, Battle of the Belt will become part of the “arrive alive” campaign by MODOT. This is a huge move for the program. By partnering with MODOT, areas of the state unreachable by ENA will now be a part of this program. MODOT districts will carry the Battle of the Belt torch to those areas thus increasing the state wide spread of information about seat belt use and the benefits.

EMPAC Has Had Its Most Successful Year In History!

Since July of 2005 EMPAC has received a total of \$6,025.00. Thanks to all of you who contribute to this PAC. Through your contributions we are able to support those candidates who stand with us on issues affecting emergency medicine.

In the last year EMPAC has made donations to:

Representative Tom Dempsey	St. Charles, Missouri	House Majority Floor Leader
Representative Carl Beard	St. Charles, Missouri	Speaker Pro Tem
Representative Allen Icet	Wildwood, Missouri	House Budget Chairman
Senator Chuck Gross	St. Charles, Missouri	Senate Appropriations Chairman
Senator Luann Ridgeway	Smithville, Missouri	Senate Appropriations Chairman

PLEASE HELP ME !!!

Missouri Sexual Assault Response Team/Center Project

Statistics from the Missouri Department of Health and Senior Services indicate that during 2003 there were 25.8 incidents of forcible rape per 100,000 persons, which was 20% higher than national projections. Many of these patients report to hospital emergency departments for treatment of physical injuries and prevention of sexually transmitted diseases.

Currently in Missouri, there is little assurance that adult/adolescent victims of sexual assault can access around the clock, the required special services of quality medical care, forensic evaluation, psychological support, and the criminal justice system. This lack of access requires the establishment of a statewide sexual assault response network to ensure consistent high quality care regardless of the health care institution to which victims present.

The statewide network will be patterned after the nationally recognized "statewide trauma system of certified hospitals;" which ensures that a victim of trauma can access specialized trauma resources anywhere at anytime.

Often, victims of sexual assault and law enforcement personnel are unaware of which facilities in their region can provide specialty medico-legal examinations as recommended in the Department of Justice (DOJ), Sexual Assault Forensic Examination (SAFE) protocol.

Problems arise when victims are taken to institutions that do not have forensically trained providers. These problems decrease the opportunity to provide consistent and appropriate medico-legal care.

This project will seek to establish a specific standardized set of resources that will be available 24/7/365 for victims of sexual assault, using a victim centered approach. In addition, we will create a model that will identify, designate and verify a statewide network of volunteer healthcare institutions that will network to provide these services. Finally, it is anticipated that during the development of this statewide project formal reports will be submitted to the Department of Health and Senior Services (DHSS) to facilitate their support and ultimate adoption of the program at the project's end. The models, protocols, and resources developed by this project will aid other states in development of a similar network.

A Statewide SART Council is now in place and will use the DOJ SAFE protocol as a template to develop procedures and processes that adhere to Missouri's laws and statues. To facilitate that development, the council will be broken into a minimum of four subcommittees (healthcare, crime lab, criminal justice and advocacy), to be chaired by a member of the council. The other members of the subcommittees should reflect that specific discipline but with a statewide representation.

Continued on Page 5

Continued from Page 4

Now I state my Plea.

I am honored to be the statewide SART council health care subcommittee chairperson.

This project is funded by a \$325,000 grant from the DOJ (office for the victims of crime) to MoCEP. We now deliver primary healthcare to sexual assault victims, therefore it is advantageous to be involved in the planning phase of this project.

I need ten physicians representing the different geographic regions of Missouri to make up my health-care subcommittee.

The project is to be completed at the end of thirty months. Committee members will need to commit approximately 20-30 hours of time per year to the project until completion.

Please join me in this worthwhile MOCEP endeavor.

Send me your name and e-mail address or the same information on someone you may know who might be interested in this important project.

Sincerely

B.D. Spoon, D.O., FACEP

President MoCEP

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*******ADVOCACY*******

The ACEP IMPACT

Impact Your Career—Partner with the Leader in Emergency Medicine

As the only specialty association that represents the breadth and width of emergency medicine to the government, the American College of Emergency Physicians impacts your success by advocating on Capitol Hill for legislative and regulatory change.

Recent victories including the freeze on Medicare physician payment cuts, the introduction of HR 3875, the Access to EMS Act of 2005, and the groundbreaking Rally at the US Capitol prove ACEP is working to advocate for you and the patients you serve. Partner with ACEP today!

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SCIENTIFIC ASSEMBLY TO BE HELD IN NEW ORLEANS

The American College of Emergency Physicians announced that Scientific Assembly 2006 will be held in New Orleans, Louisiana, October 15-18, 2006.

New Orleans was scheduled as the host city for Scientific Assembly 2006 seven years ago. After Hurricanes Katrina and Rita, the ACEP Board and staff questioned whether the city would still be able to play host to more than 4,000 emergency medicine professionals and exhibitors. After a recent tour of the city and convention facilities by staff, the answer came back a resounding "Yes."

"The emergency physicians providing care during Hurricane Katrina were among the very last people to leave the city," said ACEP President Frederick C. Blum, MD. "It's appropriate that we are now one of the first to return."

Scientific Assembly activities and hotels will be located in the Central Business District and the French Quarter, both areas that largely escaped flooding. A number of restaurants, shops and hotels are already back in business, and essential services have been fully restored. New Orleans officials have assured ACEP that the city is committed to providing a flawless experience that will meet members' highest standards.

"Scientific Assembly will help to provide the jobs needed to help the residents rebuild their lives," said Dr. Blum. "It will also provide needed tax revenue to help the city reestablish critical community services, including Charity Hospital, where ACEP members like Dr. Jim Aiken and Dr. Peter DeBlieux courageously represented emergency medicine to the nation."

Join ACEP in New Orleans for Scientific Assembly 2006. It will be an extraordinary experience that will help launch the rebirth of one of America's favorite cities.

EVIDENCE-BASED MEDICINE

By Chris Carpenter MD and Scott Gilmore MD

Division of Emergency Medicine/Washington University School of Medicine in St. Louis

What is evidence-based medicine (EBM)?

In short, evidence-based medicine is "the integration of best research evidence with clinical expertise and patient values." Best evidence is clinically relevant patient-centered research into the accuracy and precision of diagnostic tests, the power of prognostic markers and the efficacy and safety of therapeutic, rehabilitative and preventative regimens. Clinical expertise is the ability to identify a patient's health status and diagnosis congruent with his/her individual risk-benefit ratio and personal expectations. Unique preferences, concerns, and expectations that are brought to each clinical encounter are elements that compose patient values. Without each one of these three components, best evidence, clinical expertise, and patient values, evidence based medicine loses its strength.

A clinician must never forget that evidence is not enough. Values must play a role in every treatment decision. Values come from many different sources and all are present in the clinical encounter. The patient, the physician and society all are sources from which these values stream. In addition, a physician must have good clinical skills and humanism. Compassion, sensitive listening skills, and open-minded perspectives allow an understanding of a patient's illness in the context of his/her experiences, personality and culture.

ACEP GRANTS UPDATE

Rick Murray, EMT-P
ACEP EMS Manager

As many of you are aware, the College has two rather large and important federal grants that many section members are involved with. They are the Centers for Disease Control and Prevention (CDC), Traumatic Injuries from Terrorist Events Training Grant, and the Department of Homeland Security (DHS) Community Medical Disaster Response Assessment and Training Contract. Following is a summary of the status of each grant.

CDC Grant

We are currently in year two of a three year contract to develop a curriculum on traumatic injuries from terrorist events, specifically blast and crush injuries. We have completed the development of a draft 60-minute blast injury from terrorism module that can be added to existing training courses. We are also developing a self-directed CD-ROM of the blast content for those who have recently completed one of the disaster response courses but may need to have the most current information on blast injuries. We will then develop a three to four hour blast injury seminar that can be taught as a free-standing module. Additional information on these products will be shared in future newsletters and on The Section of Disaster Medicine's Web page.

DHS Grant

The College was recently awarded a federal grant in the amount of \$966,075 by the Office of State and Local Government Coordination and Preparedness (SLGCP) of the U.S. Department of Homeland Security (DHS) to develop and conduct an assessment and training for hospitals, including tribal health care providers, in 18 U.S. cities. The goal of this project is to enhance the preparedness of health care systems in these communities to respond and recover from incidents of terrorism and natural disasters.

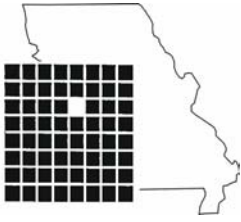
The American College of Emergency Physicians (ACEP) competed in a rigorous application process for this grant, competing with 267 applicants from a broad spectrum of entities including national associations, institutions of higher education, private corporations working in conjunction with the nonprofit sector, and nonprofit organizations. The fifteen recipients of these highly competitive grants represent a prestigious group of subject matter experts from across the United States.

ACEP will conduct an all hazards assessment of each community's hospital emergency preparedness plans and capabilities. The assessment will include both a written self-assessment and an on-site survey by a team of disaster medicine experts. Customized training and drills will then be developed for each community based on their survey results.

The objectives of the grant are to:

- Assess the medical response preparedness of the health care system in the identified 18 communities.
- Provide strategies to correct deficiencies identified during the assessment of the community's health care system to respond to a mass casualty incident.
- Address identified deficiencies through customized training for each community.
- Provide hospitals with a framework to develop a strategic plan to improve emergency preparedness through comprehensive recommendations and planning assistance.
- Assist each community in conducting drills to test the effectiveness of improvements made to their emergency response plan.

For more information on the ACEP DHS grant, please contact Rick Murray in the ACEP EMS Department at 800-798-1822 ext. 3260 or by e-mail at rmurray@acep.org



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