Clinical Policies Committee

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.

**Outcome:** The following abstracts of other organizations’ guidelines were prepared and information shared with the membership through ACEP Now and posted on the ACEP website:
- The American College of Surgeons recommendations on tourniquet use, August 2015.
- American Academy of Otolaryngology adult sinusitis guidelines, June 2016.

Two other abstractions were prepared and submitted and are pending publication in ACEP Now: guideline on management of an unprovoked first seizure from the American Academy of Neurology and the American Epilepsy Society; and a guideline on thoracotomy from the Eastern Association for the Surgery of Trauma.

2. Review and comment on other organizations’ guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.

**Outcome:** Comments were provided by members on guidelines from the following organizations:
- American Academy of Otolaryngology-Head and Neck Surgery
- American College of Radiology (ACR)
- American College of Cardiology (ACC)/American Heart Association (AHA)
- American College of Occupational and Environmental Medicine
- American Epilepsy Society (AES)
- Brain Attack Coalition
- Infectious Diseases Society of America/Society of Healthcare Epidemiology of America (IDSA/SHEA)
- Paralyzed Veterans of America/Consortium for Spinal Cord Medicine

The following guidelines were endorsed by ACEP and information shared with the membership on the ACEP website:
- IDSA/SHEA guidelines on implementing an antibiotic stewardship program.
- AES guidelines on treatment of convulsive status epilepticus in children and adults.
- ACR/ACC guidelines on appropriate utilization of cardiovascular imaging in EDs patients with chest pain.

3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.

**Outcome:** Recommendations were provided and approved for new appointments of members to the following outside guideline groups:
- IDSA/SHEA – antimicrobial stewardship
- AHA/American Stroke Association – cryptogenic stroke
- ACR/ACC – cardiovascular imaging – chest pain
- ACC/AHA – syncope
- ACR – Image Gently Think-A-Head
- Brain Trauma Foundation – prehospital management of traumatic brain injury
- ACC – heart failure.

Member representation continued to the following organizations:
- Brain Attack Coalition
4. Develop a clinical policy on TIA.

*Outcome:* This clinical policy was approved by the ACEP Board in June 2016, endorsed by the Emergency Nurses Association (ENA) in July 2016, and is available on [ACEP’s website](http://www.acep.org). It will be published in *Annals of Emergency Medicine* in September 2016. An article is being prepared for an ACEP communication piece and the policy will be submitted to the National Guidelines Clearinghouse for abstraction.

5. Continue updating or modification of current clinical policies as necessary:

   a. Pediatric fever  
   *Outcome:* The clinical policy was approved by the ACEP Board in January 2016, endorsed by ENA in February 2016, published in *Annals of Emergency Medicine* in May 2016, and is available on [ACEP’s website](http://www.acep.org). An article about the policy appeared in *ACEP Now* in May 2016, which included a CME activity for one free credit hour. The policy was submitted and accepted for abstraction by the National Guideline Clearinghouse.

   b. Psychiatric patient  
   *Outcome:* The clinical policy was drafted and made available for open comments through September 19, 2016. The committee will continue to work on the clinical policy in 2016-17.

   c. Non-ST-Segment Elevation acute coronary syndromes  
   *Outcome:* A draft clinical policy was prepared and is being finalized for the 60-day open comment period.

   d. Reperfusion therapy – suspected AMI  
   *Outcome:* A draft clinical policy was prepared and is being finalized for the 60-day open comment period.

   e. Syncope  
   *Outcome:* Revision of this clinical policy is pending review of another organization’s syncope guideline. ACEP has a designated representative to the organization’s guideline committee.

   f. Acute heart failure syndromes  
   *Outcome:* Subcommittee assignments were made and the work will continue in 2016-17.

   g. Carbon monoxide poisoning  
   *Outcome:* A draft clinical policy was prepared and will be presented to the Board for approval in October 2016.

   h. Headache  
   *Outcome:* Subcommittee assignments were made and the work will continue in 2016-17.

   i. Mild traumatic brain injury  
   *Outcome:* Subcommittee assignments were made and the work will continue in 2016-17.

   j. Community-acquired pneumonia  
   *Outcome:* Subcommittee assignments were made and the work will continue in 2016-17.
k. Appendicitis
**Outcome:** Subcommittee assignments were made and the work will continue in 2016-17.

l. Acute blunt abdominal trauma
**Outcome:** Subcommittee assignments were made and the work will continue in 2016-17.

m. Pulmonary embolism
**Outcome:** An initial draft was prepared and the work will continue in 2016-17.

n. Early pregnancy
**Outcome:** The clinical policy was drafted and made available for open comments through July 25, 2016. The draft clinical policy will be presented to the Board for approval in October 2016.

o. Opioids
**Outcome:** Subcommittee assignments were made and the work will continue in 2016-17.

6. Work with the Quality & Patient Safety Committee as needed to develop clinical quality measures for emergency medicine. (Quality & Patient Safety is the lead committee.)

**Outcome:** The committee provided comments on ACEP’s draft quality measures. The Quality & Patient Safety Committee is asked to provide input to the clinical policy development process during the topic/question and review stages. A member of the Quality and Patient Safety Committee serves as a liaison to the Clinical Policies Committee and participates in the committee meetings and conference calls.

7. Continue to review and evaluate clinical policy development processes and resources for increased efficiency and productivity, and to remain in compliance with guideline industry standards.

**Outcome:** The committee continues to review and evaluate the clinical policy development processes, resources for increased efficiency and productivity, and has remained in compliance with guideline industry standards. Two additional methodologists were added to the committee, for a total of five methodologists, which has improved turnaround time for literature grading. There have been an increased number of committee conference calls that are in addition to the meetings. A total of eight clinical policy drafts were developed in 2015-16.

8. Revise the following policy statements as part of the policy sunset review process:
   - Verification of Endotracheal Tube Placement

**Outcome:** The revised [policy statement](#) was approved by the Board in January 2016 and the previous policy statement was rescinded.

9. Develop a clinical policy for treatment of patients presenting to the emergency department in opioid or benzodiazepine withdrawal and create a practice resource to educate emergency providers about the science of opioid and benzodiazepine addiction (Amended Resolution 35-15).

**Outcome:** This issue will be included in the revision of the 2012 opioid clinical policy. Subcommittee assignments were made and the work will continue in 2016-17.