

Final Committee Objectives 2021-22

Clinical Policies Committee

Chair: Stephen J. Wolf, MD, FACEP

Board Liaison: John T. Finnell, MD, FACEP

Staff Liaisons: Travis Schulz, MLS, AHIP, Kaeli Vandertulip, MSLS, MBA, AHIP

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.
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.
3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.
4. Serve as a resource and continue working with the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.
5. Continue updating, modifying, and disseminating current clinical policies as necessary:

Clinical policies in development or revision:

- a. Appendicitis
- b. Acute heart failure syndromes
- c. Mild traumatic brain injury
- d. Blunt trauma
- e. Airway management
- f. Acute ischemic stroke
- g. Sedation (Pilot)

Clinical policies being prepared for revision pending committee capacity:

- h. Pediatric fever
- i. Transient ischemic attack
- j. Seizures
- k. Thoracic aortic dissection
- l. Asymptomatic elevated blood pressure

Clinical policies in which literature is being monitored for substantial changes:

- m. Carbon monoxide poisoning
 - n. Early pregnancy
 - o. Psychiatric patient
 - p. Reperfusion therapy for STEMI
 - q. Venous thromboembolism
 - r. Non-ST-elevation acute coronary syndromes
 - s. Headache
 - t. Syncope
 - u. Opioids
 - v. Community-acquired pneumonia
6. Continue clinical policy development process strategic review and redesign through sedation policy pilot.
 7. Review the following policies per the Policy Sunset Review Process:
 - Verification of Endotracheal Tube Placement

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Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

8. Complete development of a new policy statement with accompanying policy resource and education paper (PREP) on high-sensitivity troponin.
9. Complete revisions to the policy statement “Naloxone Prescriptions by Emergency Physicians.” Include endorsement for take-home naloxone programs in EDs as directed in Substitute Resolution 41(21) Take Home Naloxone Programs in EDs (first resolved).
10. Develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations as directed in Amended Resolution 50(21) Complications of Marijuana use (first resolved).
11. Ensure that ACEP’s clinical policies do not utilize race-based calculators as directed in Amended Resolution 56(21) Race-Based Science and Detrimental Impact on Black, Indigenous, and People of Color Communities (second resolved).