

**2017-18
Committee Objectives**

Emergency Medicine Practice Committee

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Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Review the following policies per the Policy Sunset Review process:
 - Advocating for Certified Emergency Nurses (CENs) in Departments of Emergency Medicine
 - Availability of Hospital Diagnostic and Therapeutic Services
 - Emergency Medicine's Role in Organ and Tissue Donation
 - Emergency Physician Contractual Relationships – and the PREP
 - The Role of the Legacy Emergency Physician in the 21st Century
 - Selective Triage for Victims of Sexual Assault to Designated Exam Facilities

Determine by December 1 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit suggested revisions to the Board for approval.

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2. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues.
3. Continue to collaborate with the Pain Management and Addiction Medicine Section to compile and develop resources for alternatives to opioids for patients treated in the ED for pain.
4. Continue collaboration with the Public Health & Injury Prevention Committee to review and compile resources on ED-initiated treatment of patients with substance use disorders. (Emergency Medicine Practice is the lead committee.)
5. Complete revisions to the policy statement “Interpretation of Imaging Diagnostic Studies” to reflect the intent of the guiding principles for critical communications for ED radiology findings (Amended Resolution 32-15).
6. Identify best practices and strategies for throughput to make electronic health records (EHRs) more efficient. Compile resources such as order sets, templates and smart phrases or templates to aid providers with EMR efficiency.
7. Explore development of an award for innovative change in practice management.
8. Collaborate with the Membership Committee and the Well-Being Committee to develop a resiliency toolkit and include information such as decompression tips after a shift, debriefing after critical incidents, and multitasking. Explore the use of screening tools such as the Mayo Clinic document. Develop additional resources for medical directors and department chairs. (Well-Being is the lead committee.)
9. Solicit nominations and recommend to the Board the recipient(s) of the new Community Emergency Medicine Excellence Award.
10. Serve as a resource and provide input to the Quality & Patient Safety Committee regarding Choosing Wisely recommendations.
11. Provide input to the Research Committee, in conjunction with the Federal Government Affairs Committee, Reimbursement Committee, the Emergency Medicine Foundation, and the Emergency Medicine Action Fund, to identify and coordinate health policy research. (Research is the lead committee.)

Work with the Quality & Patient Safety Committee to revise the policy statement “Definition of Boarded Patient.” (Quality & Patient Safety is the lead committee.)