1. Review the following policies per the Policy Sunset Review Process:

- Crowding
- Economic Credentialing
- Emergency Medicine Telemedicine
- EMTALA and On-call Responsibility for Emergency Department Patients
- Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department
- Patient Medical Condition Identification Systems
- Patient Support Services
- Providers of Unsupervised Emergency Department Care
- Providing Telephone Advice from the Emergency Department
Final Committee Objectives

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunсетted.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

2. Compile information on existing models for addressing transitions of care for patients with opioid use disorders. Collaborate with the Pain Management & Addiction Medicine Section and the Public Health & Injury Prevention Committee. (Emergency Medicine Practice is the lead committee.)

3. Collaborate with the Pain Management & Addiction Medicine Section to explore development of webinars on alternatives to opioid treatments highlighted in the web based app. (Emergency Medicine Practice is the lead committee.)

4. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues.

5. Review and identify gaps in current beside tools for clinicians.

6. Implement the 2019 Community Emergency Medicine Award and Innovation in Practice Award.

7. Work with the Well-Being Committee and determine if ACEP’s “Physician Impairment” policy statement needs to be revised or if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care (Amended Resolution 18-18 Reducing Physician Barriers to Mental Health Care).

8. Work with stakeholders, including the Federation of American Hospitals and the American Hospital Association, and others as appropriate, to develop a standardized and streamlined application process for hospital credentialing, including standardized forms for verification of training, peer references, verification of employment, and employment applications for board eligible or board certified emergency physicians. (Resolution 20-18 Verification of Training)

9. Review Amended Resolution 21(18) Adequate Resources for “Safe Discharge” Requirements and determine if additional language is needed to develop a policy statement.

10. Collaborate with the Public Health & Injury Prevention Committee to review Amended Resolution 36(18) ACEP Policy Related to Medical Cannabis and determine if additional language is needed to develop a policy statement. (EM Practice is the lead committee.)

11. Work with the Coalition on Psychiatric Emergencies to develop a psychiatric boarding toolkit to address care of the boarded behavioral health patient as directed in Amended Resolution 39(18) Care of the Boarded Behavioral Health Patient. (EM Practice is the lead committee.)

12. Work with relevant stakeholders to develop and disseminate educational materials for emergency physicians on the common conditions that cause individuals with Autism Spectrum Disorder to present to the ED. (Resolution 40-18 Care of Individuals with Autism Spectrum Disorder in the ED)

13. Develop a toolkit to address the emergency physician's role and responsibility for the completion of death certificates for patients who have died in the ED under their care. (Amended Resolution 41-18 ED and Emergency Physician Role in the Completion of Death Certificates)

14. Work with the Pain Management & Addiction Medicine Section to develop guidelines on the initiative of medication for opioid use disorder for emergency department patients. (Amended Resolution 47-18 Supporting Medication for Opioid use Disorder)