MINUTES

Participants

Committee members participating in all or part of the meeting: Stephen J. Wolf, MD, FACEP, Chair; Stephen V. Cantrill, MD, FACEP, Liaison with Quality and Patient Safety Committee, and the E-QUAL Steering Committee; Christopher R. Carpenter, MD, FACEP; Deborah B. Diercks, MD, MSc, FACEP; Charles J. Gerardo, MD, MHS, FACEP; Steven A. Godwin, MD, FACEP; Sigrid A Hahn, MD, MPH; Nicholas E. Harrison, MD, EMRA Representative (by phone); Benjamin W. Hatten, MD, MPH; Jon Mark Hirshon, MD, PhD, MPH, FACEP, Board Liaison (by phone); Bruce M. Lo, MD, MBA, RDMS, FACEP; Jean A. Proehl, RN, MN, CEN, CPEN, TCRN, FAEN, FAAN, ENA Representative; Susan B. Promes, MD, MBA, FACEP; Kaushal H. Shah, MD, FACEP; Richard D. Shih, MD, FACEP; Scott M. Silvers, MD, FACEP; Michael D. Smith, MD, MBA, FACEP; and Jonathan H. Valente, MD, FACEP (by phone).

Also present for all or part of the meeting: Brandon C. Maughan, MD, MHS, MSHP, FACEP, Subcommittee on Community-Acquired Pneumonia (by phone); Markus Wehler, MD, Director and Chief Physician, Central Emergency Room, Augsburg Hospital, Augsburg, Germany; Travis Schulz, MLS, AHIP, Staff Liaison; and Rhonda R. Whitson, RHIA, Staff Liaison (by phone).

Agenda

1. Welcome and introductions
2. New disclosures pertinent to the agenda
3. Discuss latest draft of community-acquired pneumonia
4. Liaison reports
5. Updates/Other
6. Social media and clinical policies
7. Guideline update
8. Discuss potential questions for acute blunt abdominal trauma
9. Discuss possible new topic – airway clinical policy

Major Points Discussed

1. Welcome and introductions

   Dr. Wolf welcomed everyone to the meeting. Participants introduced themselves.

2. New disclosures pertinent to the agenda

   There were no new disclosures pertinent to the agenda.
3. Discuss latest draft of community-acquired pneumonia

Dr. Smith led the discussion of the community-acquired pneumonia draft with assistance from Dr. Maughan. The Committee suggested edits to the draft. The subcommittee will incorporate the suggested changes and the Committee will review the revised draft.

4. Liaison reports

Dr. Cantrill (Liaison with Quality and Patient Safety Committee and the E-QUAL Steering Committee) provided a brief report on the status of current work with ACEP’s Quality and Patient Safety Committee and the E-QUAL Steering Committee.

Dr. Hirshon reported on his liaison work with the Infectious Diseases Society of America. The IDSA guideline on influenza has been published and is available online at the IDSA website.

Ms. Proehl (ENA Representative) reported the ENA is revising their wound preparation and capnography clinical practice guidelines.

Dr. Dierks reported on her liaison work with the American College of Radiology and the Society for Academic Emergency Medicine. The ACR is in the process of revising the appropriateness criteria for the imaging of blunt abdominal trauma. Dr. Dierks is representing the SAEM on the AHA/ACC’s revision of the chest pain guideline.

Dr. Valente reported on his liaison work with the American College of Radiology to develop the appropriateness criteria for pediatric pneumonia.

5. Updates/Other

Special guest, Dr. Markus Wehler, discussed the current state of emergency medicine in Germany.

Ms. Whitson informed the Committee that the Board has reaffirmed the policy statement on the use of peak expiratory flow monitoring for the management of asthma in adults.

Ms. Whitson also noted that the next committee meeting is scheduled for May 30 and 31, 2019 at ACEP Headquarters in Irving, Texas.

6. Social media and clinical policies

Dr. Harrison presented a flowchart and timeline outlining the initiation, authorization, and timing of social media posts. The group also discussed the use of podcasts to disseminate clinical policy information. Dr. Wolf proposed that tweet(s) related to the venous thromboembolism clinical policy be sent out and the Committee review the results at the next meeting.

7. Guideline update

Dr. Harrison provided an overview of the 2018 ACC/AHA/HRS Guideline on the Evaluation and Management of Patients With Bradycardia and Cardiac Conduction Delay.
8. Potential questions for acute blunt abdominal trauma

Dr. Gerardo led the discussion on the potential topic areas for the blunt abdominal trauma clinical policy. After much discussion, the Committee felt expanding the scope of the policy to acute trauma would be informative to membership. Staff will work with the Committee to seek approval to expand the scope of the policy. The Committee also proposed the creation of a policy statement on trauma. The policy statement proposal will be submitted for consideration as part of the 2019-2020 objectives.

9. Possible new topic – airway clinical policy

Dr. Godwin led the discussion on the possible development of a new clinical policy on airway management. The Committee agreed airway management is a major part of practice and the creation of a clinical policy is now possible with the literature available. The suggestion of a clinical policy on airway management will be submitted for consideration as part of the 2019-2020 objectives.