

Memorandum

To: ACEP Council

From: Dean Wilkerson, JD, MBA, CAE
Council Secretary

Date: September 3, 2007

Subj: Action on 2004 Resolutions

This report summarizes the actions taken by the Board of Directors on the 32 resolutions adopted by the 2004 Council. Four resolutions were referred to the Board. The Council also adopted four amendments to the Council Standing Rules, which did not require adoption by the Board.

Resolution 1 Commendation for Robert D. Aranosian, DO

Action: A framed resolution was prepared and presented to the family.

Resolution 2 In Memory of Genevieve (Schornberg) deBeaubien, MD, FACEP

Action: A framed resolution was prepared and presented to the family.

Resolution 3 Commendation for George W. Molzen, MD, FACEP

Action: A framed resolution was prepared and presented to Dr. Molzen.

Resolution 4 Commendation for Susan M. Nedza, MD, MBA, FACEP

Action: A framed resolution was prepared and presented to Dr. Nedza.

Resolution 5 Commendation for John J. Skiendzielewski, MD, FACEP

Action: A framed resolution was prepared and presented to Dr. Skiendzielewski.

Resolution 6 In Memory of Philip Adam Ticktin, MD

Action: A framed resolution was prepared and presented to the family.

Resolution 7 Bylaws Committee Action on Bylaws Resolutions

RESOLVED, That the ACEP Bylaws, Article XIII – Amendments, Section 1 – Submission, paragraph one be amended to read:

“Any member of the College may submit proposed amendments to these Bylaws. Each amendment proposal must be signed by at least two members of the College. In the case of a chapter, section, or committee sponsored amendment proposal, each must be accompanied by a letter of endorsement from the president or chairperson representing the sponsoring body. Such submissions must be presented to the Council secretary of the College at least 90 days prior to the Council meeting at which the proposed amendments are to be considered. **The Bylaws Committee, up to 45 days prior to the Council meeting, with the consent of the author(s) will may make changes to Bylaws resolutions with the consent of the author(s) insofar as such changes would clarify the intent or circumvent conflicts with other portions of the Bylaws.**”

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Action: The Bylaws were updated. The Bylaws Committee has a standing objective to review all of the Bylaws resolutions submitted for the annual meeting and work with the authors as required.

Resolution 9 Council Voting Definition – Housekeeping Change

RESOLVED, That the ACEP Bylaws, Article VIII – Council, be amended by the addition of an addendum to Section 5 – Voting Rights, as follows:

Each sponsoring body shall deposit with the secretary of the Council a certificate certifying its councillor(s) and alternate(s). The certificate must be signed by the president or secretary of a chapter, the chair of a section, or the president or secretary of the Emergency Medicine Residents' Association (EMRA). No councillor or alternate shall be seated who is not a member of the College.

If a certified councillor or alternate of a chapter, EMRA, or section is not present at a meeting of the Council, a member of that sponsoring body who is present may be seated as a councillor pro-tem by a two-thirds vote of the Council.

Members of the Board of Directors may address the Council on any matter under discussion but shall not have voting privileges in Council sessions.

Whenever the term “present” is used in these Bylaws with respect to councillor voting, it shall mean credentialed as certified by the chair of the Tellers, Credentials and Elections Committee.

Action: The Bylaws were updated.

Resolution 11 Election of the President-Elect by the Council

RESOLVED, That the following sections of the Bylaws be amended as noted:

ARTICLE VIII – COUNCIL
Section 2 – Powers of the Council

The Council shall have the right and power to advise and to instruct the Board of Directors regarding any matter that might affect the College. The Board of Directors shall be required to comply with and implement any and all resolutions, actions, or appropriations enacted by the Council, except that the Board of Directors may overrule or amend such instructions, except for changes to the Council Standing Rules, by a three-fourths vote of the entire Board of Directors, provided that such an amendment shall not change the intent or basic content of the resolution. Such actions to overrule or amend should include the positions and vote of each member of the Board and be presented at the next meeting of the Council Steering Committee. The Council Steering Committee may approve the language of the Board to amend, in which case the resolution becomes amended and implemented. Conversely, if the Council Steering Committee disapproves the language of the Board, the resolution is considered overruled, and a report is returned to the Council at the next annual meeting. The Board of Directors must respond to all questions presented by the Council within such time and manner as the Council shall determine, except that the Board of Directors may postpone action on Council resolutions for no more than one Board meeting.

The Council shall have, in addition, the following powers:

1. To prepare and control its own agenda.
2. To consider any matter brought before it by a councillor or the Board of Directors.
3. To originate and consider resolutions.
4. To form, develop, direct, and utilize committees.
5. To elect the Board of Directors.

6. To elect the speaker and vice speaker of the Council **and the president-elect of the College.**
 7. To amend these Bylaws or the Articles of Incorporation.
- The speaker of the Council shall act as presiding officer of the Council.

ARTICLE IX – BOARD OF DIRECTORS Section 2 – Composition and Election

The Board shall consist of 12 elected directors, plus the president, **president-elect** and immediate past president if ~~either~~ **any** of these ~~two~~ officers is serving following the conclusion of his or her elected term as director. In no instance may a member of the Board of Directors sit as a member of the Council.

At least 120 days prior to the annual meeting the speaker shall select six members for the Board Nominating Committee, at least three of whom shall be from the Council and the remainder from the membership at large; the president shall appoint three Board members, one of whom, the president-elect, shall chair the committee. A member of the College cannot concurrently accept nomination to the Board of Directors and Council office. Election of directors shall be by majority vote of the councillors present and voting at the annual meeting of the Council.

The term of office of directors shall be three years and shall begin at the conclusion of the Board meeting following the annual meeting at which their elections occur and shall end at the conclusion of the Board meeting following the third succeeding annual meeting. Vacancies on the Board of Directors other than those caused by a removal shall be filled by election at the next Council meeting. No director may serve more than two consecutive three-year terms, with the exception of the president, **president-elect**, and immediate past president as described in these Bylaws.

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR Section 1 – Number of Officers

The officers shall be president, **president-elect**, vice president, ~~president-elect~~, and secretary-treasurer. **The president-elect shall be elected by the Council from the membership of the Board of Directors excluding the president and immediate past-president. The vice president and secretary-treasurer shall be elected by the Board of Directors from its own membership., and the** **The speaker and vice speaker of the Council, shall be elected by the Council from its own membership or from the membership at large.**

Section 2 – Election of Officers

A Board Officer Nominating Committee shall consist of the president and Council officers and be chaired by the immediate past president and shall, after the election of the directors at the annual meeting, submit names from the members of the Board for positions of ~~president-elect~~, vice president, and secretary-treasurer. Nominations from individual members of the Board are allowed at said meeting. The election shall be by a majority vote of the current members of the Board and shall be performed as described in these Bylaws. Current members are those directors elected and serving prior to the most recent election of directors, plus the newly installed president and immediate past president, if the regular term as Board member of either has expired.

The president-elect, speaker and vice speaker of the Council shall each be elected by a majority vote of the councillors present and voting at the annual meeting. The speaker and vice speaker of the Council shall each be elected by a majority vote of the councillors present and voting at the annual meeting every other year. The speaker

shall appoint a **President-Elect Nominating Committee annually** and a Council Officer Nominating Committee **every other year** to nominate candidates for said offices. Nominations will also be accepted from the floor of the Council.

Section 3 — Recall Procedure

Any officer of the Council, **the president, and the president-elect** may be removed from office at any meeting of the Council by a three-quarters vote of the councillors present, as certified by the chair of the Tellers, Credentials, and Elections Committee. A recall must be initiated by a petition signed by councillors present at that meeting. The number of signatures on the recall petition shall be not less than one third of the number of councillors present at the meeting at which the Council officer was elected, as certified in the final report of the chair of the Tellers, Credentials, and Elections Committee.

Removal of an individual from a ~~Board officer position~~ **the position of vice president or secretary-treasurer** without removal as a member of the Board of Directors shall be carried out by the Board of Directors. Removal shall require a three-quarters vote of the full Board excluding the officer under consideration. Replacement shall be via the same process as for regular elections of **these** Board officers.

Section 4 – Vacancy

Vacancies in the offices of the Board of Directors and the Council occurring for reasons other than a recall shall be filled in accordance with subsections 4.1 through 4.3. Vacancies occurring via recall shall be filled in accordance with subsections 4.4 and 4.5. Succession or election to fill any vacated office shall not count toward the term limit for that office.

Section 4.1 – President

In the event of a vacancy in the office of the president, the president-elect shall immediately succeed to the office of the president for the remainder of the unexpired term.

Section 4.2 – ~~President-Elect~~, Vice President, and Secretary-Treasurer

In the event of a vacancy in the office of ~~president-elect~~, vice president, or secretary-treasurer, election to the vacant office shall occur as the first order of business, after approval of the minutes, at the next scheduled meeting of the Board of Directors, by simple majority vote of the full number of members of the Board of Directors.

NO CHANGES PROPOSED FOR SECTION 4.3 THROUGH SECTION 6

Section 7 – President-Elect

Any member of the Board of Directors excluding the president, president-elect, and immediate past-president ~~A director~~ shall be eligible for election to the position of president-elect **by the Council** ~~if he or she has at least one year remaining on the Board as an elected director~~. The president-elect shall be a member of the Board of Directors and shall preside at meetings of the Board of Directors in the absence of the president. The president-elect's term of office shall begin at the conclusion of the meeting at which the election as president-elect occurs and shall end with succession to the office of president. The president-elect shall be elected **by a majority vote of the councillors**

present and voting at the ~~first Board of Directors meeting following~~ the annual meeting of the Council. The president-elect shall succeed to the office of president at the conclusion of the first annual meeting following the meeting at which the election occurred.

Action: The Bylaws were updated. A task force of the Board was appointed to discuss the ramifications and implementation challenges of the Council electing the president-elect. The work of the task force was provided to the President-Elect Nominating Committee, Steering Committee, and the Board of Directors. The speaker appointed the President-Elect Nominating Committee to identify the candidates for election at the 2005 Council meeting. Several resolutions regarding implementation of Resolution 11(04) were developed by the task force and submitted to the 2005 Council. The Council elected the president-elect for the first time on September 25, 2005.

Resolution 13 Resolutions Submitted Within 90 Days of the Council Meeting – Housekeeping Change

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 6 – Resolutions, be amended to read:

Resolutions pertinent to the objectives of the College or in relation to any report by an officer or committee of the College shall be submitted in writing at least 90 days in advance of the Council meeting at which they are to be considered. **Resolutions submitted within 90 days of the Council meeting shall be considered only as provided in the Council Standing Rules.** Each resolution must be signed by at least two members of the College.

In the case of a chapter, section, or committee sponsored resolution, such resolution must be accompanied by a letter of endorsement from the president or chairperson representing the sponsoring body. Upon approval by the Council, and except for changes to the Council Standing Rules

Action: The Bylaws were updated.

Resolution 14 Honorary and Life Membership Benefits – Housekeeping Change

RESOLVED, that the following sections of the Bylaws be amended as noted:

ARTICLE IV – MEMBERSHIP
Section 2.3 – Honorary Members

Persons of distinction who have rendered outstanding service to the College or to the medical profession, or distinguished members of the College who have retired from practice, may be elected to honorary membership. Honorary members shall not be required to pay any dues or registration fees to the Scientific Assembly ~~and Winter Symposium~~. Constituent chapters may propose candidates for honorary membership to the College.

Section 2.4 - Life Members

Any person who has had continuous active, inactive, or international membership in the College for a minimum of 15 years and who has attained the age of sixty (60) may on application to the Board of Directors be classified as a life member. Likewise, any person who has had a minimum of 10 continuous years and who has attained the age of seventy (70) may on application to the Board of Directors be classified as a life member. Life members shall not be required to pay registration fees to the annual Scientific Assembly ~~and Winter Symposium~~.

Action: The Bylaws were updated.

Resolution 18 Caring for Emergency Department “Boarders”

RESOLVED, That ACEP endorses the concept that overcrowding is a hospital-wide problem and the most effective care of admitted patients is provided in an inpatient unit; and be it further

RESOLVED, That in the event of emergency department boarding conditions, ACEP recommends that hospitals allocate staff so that staffing ratios are balanced throughout the hospital to avoid overburdening emergency department staff while maintaining patient safety.

Action: The resolution was formatted as a policy statement. It was added to the Web site and included in the Policy Compendium.

Resolution 19 Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy

RESOLVED, That ACEP supports the availability of non-prescription emergency contraception.

Action: The resolution was formatted as a policy statement. It was added to the Web site and included in the Policy Compendium.

Resolution 21 Pain Control

RESOLVED, That ACEP study the JCAHO requirements for pain assessment and treatment as it relates to the emergency department and provide information and feedback to JCAHO with regard to the current pain management requirements.

Action: The resolution was assigned to the Emergency Medicine Practice Committee. The committee reviewed the specific JCAHO standards and provided a report to the Board summarizing their discussion. A letter was sent to the JCAHO expressing members’ concerns about the standards and requested an interpretation of the standards. The response from the JCAHO and the committee’s report to the Board was provided to the 2005 Council. Contact the Office of the Executive Director at national ACEP to obtain a copy of the report.

Resolution 23 Specialized Emergency Medicine Training for Midlevel Providers Who Work in Emergency Departments

RESOLVED, That ACEP continue to work with the respective specialty organizations of the midlevel providers to establish and/or expand clinically-based emergency medicine curricula and educational training programs; and be it further

RESOLVED, That ACEP encourages the certifying body of each midlevel provider discipline to develop appropriate certification examinations in emergency care.

Action: A task force was appointed to review the available information and provide a recommendation to the Board regarding ACEP’s potential involvement in the development of specialized training curricula for PAs and NPs that work in the ED. In June 2005 the Board reviewed the work of the task force and approved moving forward with a multidisciplinary task force to include MLP organizations to address certification and curriculum issues. Phase 2 of the MLP Task Force includes representatives from the Society of Emergency Medicine Physician Assistants, Emergency Nurses Association, American Association of Nurse Practitioners, American Academy of Physician Assistants, and the National Commission on Certification of PAs. A meeting was convened at the 2005 Scientific Assembly to discuss the potential for collaboration to identify the professional challenges MLPs in emergency care experience and to explore options to meet their training and educational needs.

The work of the task force continued in FY 05-06. A survey was developed to provide a mechanism for task force participants to provide additional input and gauge the commitment to development of an emergency care curriculum. The ACEP Board reviewed the responses at their April 2006 meeting. The responses indicated: 1) ENA, through the Board of Certification for Emergency Nursing (BCEN), is in the process of identifying competencies for the emergency NP as the first step in developing a curriculum and certification program. ENA views certification for emergency NPs as their purview and ACEP was not invited to participate in the process. 2) The Society of Emergency Medicine Physician Assistants (SEMPA) is supportive of development of an emergency care curriculum. The Board suggested that SEMPA be contacted to determine their interest in providing funding for the formation of a task force to identify competencies in preparation of curriculum development for PAs. Subsequently, the National Commission on Certification for Physician Assistants (NCCPA) contacted ACEP among other specialty organizations to request participation in a forum on PAs practicing in medical specialties on June 24, 2006 in Atlanta. A representative from ACEP attended the meeting. This meeting was a first step in looking at the potential for developing specialization certification for NPs. The input provided at the meeting in Atlanta was shared with the NCCPA Board in August 2006 and the Board affirmed that NCCPA is committed to moving forward with its efforts to develop specialty recognition. It was apparent at the meeting that different specialty groups are facing different challenges. The NCCPA task force met in October 2006 to review current data and the feasibility of conducting further surveys to obtain input from a wider audience. The NCCPA task force provided a report to the NCCPA Board in November 2006.

ENA has established a Nurse Practitioner Validation Work Group to develop a framework for validation of nurse practitioners in emergency care. The Work Group objective is to identify potential core competencies. In June 2006, the Work Group began the process of identifying core competencies and updating current ENA documents addressing the scope of practice and standards for advanced nursing practice in emergency care. The Work Group held a conference call in the fall to finalize a list of core competencies and a study will be undertaken in 2007 to verify and obtain consensus on the competencies.

In October 2006, the ACEP Board of Directors reviewed a report from the ACEP NP/PA task force and adopted a motion to appoint a new task force to focus efforts on development of a curriculum, invite participants from other organizations, and explore funding opportunities for training programs and curriculum development. ENA and SEMPA have expressed their willingness to work with ACEP on this project. In January 2007, NCCPA sent a letter to ACEP and SEMPA advising of their desire to create a joint task force to further develop the specialty recognition program. An initial meeting of the workgroup was held in May 2007. In June, NCCPA requested ACEP to reappoint its representatives to the NCCPA Workgroup on Specialty Recognition for PAs in Emergency Medicine. NCCPA has advised they will contact the workgroup representatives soon regarding next steps.

Resolution 25 ACEP and Chapter Coordination Addressing Egregious Testimony

RESOLVED, That ACEP, in conjunction with chapters, should investigate (evaluate) and communicate options and strategies to provide legal protections for peer review activities of egregious testimony, and options, including coordination with the state Board of Medical Examiners, to address problems caused by individuals providing egregious testimony.

Action: The resolution was assigned to the Medical-Legal Committee to work with the National/Chapter Relations Committee and the State Legislative/Regulatory Committee. Work on this resolution was combined with Resolution 48(05) BME Oversight of Out of State Egregious Medical Testimony, which was referred to the Board. Members of the Medical Legal Committee and State Legislative/Regulatory Committee crafted model

statutory language on expert witness testimony in medical liability cases. This legislation includes a provision that requires out-of-state expert witnesses to be deemed to have a temporary license to practice in the state solely for the purpose of providing expert testimony and is subject to the authority of the state medical board. Additionally the legislation requires any expert testifying against a board certified physicians to be board certified in the relevant specialty. The model language was distributed to ACEP chapters.

Resolution 26 ACEP Participation in Risk Adjustment of Quality Indicators

RESOLVED, That ACEP develop appropriate policies supporting recognition of risk adjustment factors to general quality measures involving emergency care; and be it further

RESOLVED, That ACEP attempt to work with national organizations responsible for developing or implementing quality indicators to ensure adequate communication and consideration of clinical evidence to support quality indicators and identification of risk adjustment factors to provide context for these indicators.

Action: The resolution was assigned to the Quality Improvement and Patient Safety (QIPS) Section. Through its work with CMS, JCAHO, the AMA's Consortium for Performance Measures, and National Patient Safety Foundation, ACEP has been actively involved with the development of quality measures. ACEP recently join the National Quality Foundation in an effort to expand its network capabilities for quality measure development. The College's Task Force on Quality has been actively involved with issues surrounding pay for performance. The QIPS Section through a section grant has convened a 30-member task force comprised of nurses, residents, researchers and members to develop chief complaint based quality indicators and ACEP's Clinical Policies are the platform for the development of the measures. These measures are indigenous to emergency medicine and within the direct control of the emergency physician. The task force submitted a report to the Board in January 2006. The Board supported further work by the task force and agreed that the development process should comply with requirements set forth by vetting entities that would allow the measures to be accepted by third party payers and regulatory entities. The Board directed staff to allocate additional staff time and financial resources as needed, including utilizing a researcher/methodologist to support the project. The Board urged that field testing of the measures begin as soon as possible. The Board also was supportive of developing a measure to require hospitals to report boarding of patients in the ED. A new Quality and Performance Committee was appointed in 2005 to continue the work on quality measures begun by the task force and the section. In April 2006 the Board approved submitting a quality measure on syncope to the Centers for Medicare and Medicaid Services (CMS). In June 2006 the committee submitted a draft measure on Emergency Department Patient Throughput. After a lengthy discussion, the Board decided to develop a measure for door- to-disposition time for all patients within 6 hours. A workgroup was convened on July 17, 2006, to develop the revised measure. The measure was submitted to selected member reviewers and the Emergency Nurses Association for comment and meetings were held with JCAHO and other hospital associations to discuss the measure. The measure was submitted to entities involved in the development of quality measures, however they deferred any action on the measure because of concerns that there was inadequate data to support the 6-hour measure and with the hospital's ability to collect the data. The Quality and Performance Committee continues to work on developing additional quality measures.

Resolution 27 Amending Requirements for Emergency Physicians Under JCAHO Patient Safety Goal, "Wrong-Site Surgery Prevention"

RESOLVED, That ACEP work with the Joint Commission on Accreditation of Healthcare Organizations to adapt its patient safety goal, "wrong-site surgery prevention," to the practice of emergency medicine.

Action: The resolution was assigned to the Emergency Medicine Practice Committee to develop recommendations for the Board of Directors. The committee reviewed the Universal Protocol for Preventing Wrong-Site, Wrong Procedure, Wrong Person Surgery and the frequently asked questions (FAQs) developed by the JCAHO. The committee believes that the concerns stated in the resolution are directly addressed in the FAQs and did not recommend any communication with the JCAHO on the protocols. The committee agreed that it is necessary, for a “time-out” to be documented and recommends that current ACEP communication vehicles provide information about “time-out” documentation, wrong site prevention protocols and FAQ information to members. Additionally, there are ongoing communications with the JCAHO through our liaison representative to the Hospital PTAC regarding the time-out documentation. The Board reviewed the committee’s findings in June 2005 and agreed with their recommendations. The report was provided to the 2005 Council. Contact the Office of the Executive Director at national ACEP to obtain a copy of the report.

Resolution 28 Availability of On-Call Specialists

RESOLVED, That the College form a task force or use any other appropriate mechanism to investigate the issue of the on-call specialty care crisis with the express purpose of developing practical solutions and report back to the Council by the 2005 annual meeting; and be it further

RESOLVED, That the College increase its efforts in working with stakeholders on the issue of the availability of on-call specialists to emergency departments.

Action: The Robert Wood Johnson Foundation funded a survey on the on-call crisis and the results were to be released in October. The results were obtained and referred to the Emergency Medicine Practice Committee for recommendations of practical solutions and ways to work with key stakeholders on this issue. The committee developed an information paper that enumerates methods that can be used to mitigate the on-call crisis and provides a variety of potential solutions including: mandatory on-call requirements for credentialing and privileges, compensation arrangements, hospitalists, surgicalists, on-call pools and legislative/regulatory remedies. The methods outlined in the paper may serve as a basis for discussion as hospitals address the issues. The Board accepted the report in June 2005 and it was distributed to the 2005 Council. Contact the Office of the Executive Director at national ACEP to obtain a copy of the report.

Resolution 29 Medical Liability Reform – Alternative Dispute Resolution

RESOLVED, That the American College of Emergency Physicians, as part of its federal medical liability reform initiative, consider advocating for the concepts of alternative dispute resolution, including mediation, and medical courts, as alternatives to the current tort system.

Action: The resolution was assigned to the Federal Government Affairs Committee and to Public Affairs staff. Work on this issue is ongoing. Staff and the committee continue to track medical courts legislation. The House passed several comprehensive medical liability reform measures in 2002, 2003 and 2004 only to see them die in the Senate due to the inability to achieve cloture (60 votes to end debate). Hearings in the U.S. Senate and House of Representatives on alternative dispute mechanisms were monitored and there is nominal interest in health courts as advocated by Common Good. A proposal for expert health care courts has been developed in a joint venture of Common Good and the Harvard School of Public Health. According to an early 2007 Wall Street Journal op-ed article, a broad coalition of safety experts, health-care providers, and consumer groups such as AARP have come together to call for pilot projects of special health courts. Six major hospitals, including New York Presbyterian and Johns Hopkins, have volunteered to participate in the pilot. Several states are considering sponsoring an

experiment, and a bipartisan bill to fund them, co-sponsored by Sens. Mike Enzi (R-WY) and Max Baucus (D-MT) was introduced. With the 2006 shift in Congressional balance of power, no action has been initiated in the current 110th Congress and federal comprehensive reform now appears unlikely for the foreseeable future. Despite challenges at the federal level, ACEP, along with other groups, continues to promote approaches to liability reform. During the 109th Congress, the Access to Emergency Medical Services Act, H.R. 3875, included a provision that those providing EMTALA-related care would be deemed employees of the Public Health Service Act covered by the Federal Tort Claims Act. With the 2006 leadership changes, this bill has been revised for the 110th Congress (H.R. 882\S. 1003). This now calls for the creation of a commission to examine the impediments to the delivery of care in emergency departments, including liability issues and potential remedies. Support continues to mount with 90 sponsors in the House and 7 in the Senate. ACEP is also pushing for congressional hearings on this issue.

Resolution 32 Disability in Emergency Physicians

RESOLVED, That ACEP evaluate and communicate issues related to disability and impairment in the practice of emergency medicine to members, and address barriers to participation for members with disabilities; and be it further

RESOLVED, That ACEP contact the American Board of Emergency Medicine (ABEM) to request that information related to disability and impairment be collected and disseminated through ABEM's Longitudinal Study of Emergency Physicians.

Action: The resolution was assigned to the Wellness Section. The section develops articles for ACEP publications on these issues and provides assistance to members as needed. ACEP's Executive Committee discussed the issue with ABEM in May 2005. A letter was sent to ABEM requesting that the information be collected and disseminated through their longitudinal study. ABEM responded that they would consider adding questions to the study. ABEM contacted ACEP in December 2006 to obtain additional information.

Resolution 33 Future Leaders of ACEP

RESOLVED, That the Board of Directors work with chapters, committees, and sections to establish leadership development priorities and strategies; and be it further

RESOLVED, That the Board of Directors compile a list of innovative leadership development strategies and disseminate them through its publications and meetings.

Action: The resolution was assigned to the National/Chapter Relations Committee to work with the Section Affairs Committee. Work continued in FY 05-06 and the Section Affairs Committee compiled a list of leadership development strategies. Leadership development continues to be a priority. The strategic plan includes an objective to develop and foster a leadership continuum. Strategies include continuing to provide leadership training at ACEP's Leadership and Advocacy Conference (LAC); develop an "Emerging Leaders Institute" at the LAC (contingent on funding); continue identifying potential leaders at all levels and facilitate advancement of identified candidates into various leadership roles at the national, chapter, and section levels; promote ACEP national and state volunteer and leadership opportunities to the membership at large, with special emphasis on young physicians; and utilize experiences of past ACEP leaders where appropriate.

Resolution 35 Procedures for Addressing Charges of Ethical Violations and Other Misconduct

RESOLVED, that the College Manual be amended by substitution of the "Procedures for Addressing Charges of Ethical Violations and Other Misconduct" approved by the ACEP Board of Directors in June 2004.

Action: The College Manual was updated.

Resolution 36 Risk Management Education

RESOLVED, That the ACEP Board of Directors develop or endorse, and encourage the implementation of, a risk management curriculum and supportive educational products for use by residency training programs and all emergency physicians.

Action: The resolution was assigned to the Academic Affairs Committee. A subcommittee was appointed and their work continued in FY 05-06. In January 2006, the committee developed a resource document for residency programs and other groups to use in risk management education. The document was sent to emergency medicine residency program directors and department chairs. It is also available on the ACEP Web site.

Resolution 39 In Memory of Martin Gottlieb

Action: A framed resolution was prepared and presented to the family.

Resolution 40 Memorial and Recognition for Daniel L. Storer, MD, FACEP

Action: A framed resolution was prepared and presented to the family.

Resolution 41 Assault Weapon Ban

RESOLVED, That the American College of Emergency Physicians deplores the threat to public safety which will be the result of widespread availability of assault weapons and high capacity ammunition devices; and be it further

RESOLVED, That the American College of Emergency Physicians, urges the Congress and the President of the United States to enact and sign into law a comprehensive ban on all sales of assault weapons and high capacity magazines.

Action: The resolution was formatted as a policy statement. It was added to the Web site and included in the Policy Compendium. ACEP's position was communicated to Members of Congress.

Resolution 42 Procedural Sedation in the Emergency Department

RESOLVED, That ACEP believes that emergency physicians, and nurses under their supervision, are qualified to provide procedural sedation/analgesia in the emergency department; and be it further

RESOLVED, That ACEP is the authoritative body with respect to the issuance of guidelines for procedural sedation and analgesia by emergency physicians; and be it further

RESOLVED, That the College work with the Emergency Nurses Association to develop a position statement regarding the administration of agents for procedural sedation/analgesia by emergency nurses, so as to assist state chapters and hospitals in dealing with State Boards of Nursing.

Action: The first two resolves were formatted as a policy statement. It was added to the Web site and included in the Policy Compendium. The resolution was also assigned to the Clinical Policies Committee to develop a position statement and request representation from the Emergency Nurses Association. A joint ENA/ACEP policy statement, "Delivery of Agents for Procedural Sedation and Analgesia by Emergency Nurses" was developed, approved by the ENA and ACEP Boards (March 2005 and April 2005 respectively). The policy statement was published simultaneously in Annals of Emergency Medicine and the Journal of Emergency Nursing in October 2005. The policy statement is also available on the ENA Web site.

Standing Rules Resolutions

Standing Rules resolutions do not require adoption by the Board of Directors

Resolution 10 Council Voting Definition – Housekeeping Change

RESOLVED, That the Council Standing Rules “Credentialing” section be amended as follows:

Credentialing

For admission to the Council meeting floor, and to facilitate identification and seating, councillors are required to wear the ribbon issued by the Tellers, Credentials and Elections Committee upon registration.

The Tellers, Credentials and Elections Committee will report the number of credentialed councillors prior to the beginning of each session of the Council. **Whenever the term “present” is used in these Standing Rules with respect to councillor voting, it shall mean the number of credentialed councillors.**

Action: The Standing Rules were updated.

Resolution 12 Election of the President-Elect by the Council

RESOLVED, That the following sections of the Council Standing Rules be amended as noted:

Campaign Rules

Rules governing the campaigns for election to the **president-elect position**, Board of Directors and Council Officers shall be developed by the Steering Committee unless otherwise contained within these Standing Rules.

Election Procedures

Just prior to the elections, the floor will be sealed. Once the floor has been sealed, no councillor or alternate will be permitted to enter or exit the floor of the Council meeting.

Elections of the **president-elect**, Board of Directors and Council Officers shall be by a majority vote of the councillors present and voting. Voting shall be by written or electronic ballot. A vote shall be voided if the number of invalid ballots is enough to alter the outcome (e.g., if adding the number of invalid ballots to the votes received by any candidate for the **president-elect**, Board of Directors or Council office would change the outcome of the election, or if the total number of invalid ballots is greater than ten percent (10%) of the total number of councillors credentialed and voting at the Council meeting). A ballot shall be considered invalid if there are greater or fewer votes on the ballot for candidates than the required number on a particular ballot. When one or more positions are filled and one or more vacancies exist all non-elected candidates remain on the ballot for a subsequent vote. All elected candidates and their slots are removed from subsequent ballots.

The complete list of candidates' names will be shown on the screen at the same time for every available position. Councillors will vote for one candidate. When voting for a group (e.g., Board of Directors), after the voting has closed for the first list displayed, the entire list of candidates will be shown again and councillors will vote for their second candidate. When voting for subsequent candidates, if a councillor votes for the same candidate more than once, the councillor's entire ballot will not count. If a councillor votes for fewer than the number of available positions, the councillor's entire ballot will not count. After the list has been voted for all available positions in a group, the total votes for each candidate will be tallied to determine whether a majority is achieved. There shall be no write in voting.

If no candidate is elected on any ballot, then the candidate who received the lowest number of votes on the inconclusive ballot will be deleted from all subsequent ballots. This procedure will be repeated until at least one candidate receives a majority vote and all positions are filled. If nominations have been closed with but a single candidate in cases of

a single position being open or multiple candidates which equals the exact number of open positions, the speaker shall declare the candidate or candidate(s) elected to office.

Councillors will have 30 seconds to vote for each candidate and may change their votes only during the allotted time. The computer will accept the last vote a councillor makes before the voting is closed.

The chair of the Tellers, Credentials, and Elections Committee will make the final determination as to the validity of an overall vote. Upon completion of the voting and verification of votes for all candidates, the Tellers, Credentials, and Elections Committee chair will collect the election results and report those results to the speaker of the Council. In an election year for the speaker, the teller's chair will report the election results for the vice speaker and speaker positions. *See also Nominating Committees and Nominations.*

Nominating Committees

The **President-Elect Nominating Committee**, Board Nominating Committee, and the Council Officer Nominating Committee shall develop a slate of candidates. Among other factors, the committees shall consider College activity, Council involvement, and chapter or section support when developing a slate of candidates.

Nominations

Once the slate of the **President-Elect Nominating Committee** Board Nominating Committee, or the Council Officer Nominating Committee has been presented at the opening session of the Council meeting, additional nominations may be made from the floor of the Council, provided that the nominator is a councillor, duly elected or appointed. Floor nominees will be required at the time of nomination to submit the same written materials required from other candidates nominated by the nominating committees, including but not limited to a curriculum vitae listing ACEP participation, written replies to candidate forum questions, and disclosure statements. Such candidates will participate in the Candidate Forum.

A candidate who desires to be nominated from the floor may make this intent known in advance by notifying the Council Secretary in writing. A councillor who intends to nominate the aforementioned candidate from the floor may also make this intent known in advance by the same method as the candidate. Upon receipt of the notification from the floor candidate and the nominator, the floor candidate is then described as a "declared floor candidate" and has all the rights and responsibilities provided candidates nominated by the **President-Elect Nominating Committee**, Board Nominating Committee, or the Council Officer Nominating Committee.

Nominations for the **president-elect**, Board of Directors, speaker, and vice-speaker will be closed by the speaker after the call for floor nominations has been concluded at the opening session. At the close of nominations, the final list of nominations for **president-elect**, the Board of Directors, and the list of nominations for speaker and vice-speaker will be presented to the Council. *See also Election Procedures and Nominating Committees.*

Action: The Standing Rules were updated.

Resolution 16 Election Procedures

RESOLVED, That the Council Standing Rules, "Election Procedures" section be amended as follows:

Election Procedures

Just prior to the elections, the floor will be sealed. Once the floor has been sealed, no councillor or alternate will be permitted to enter or ~~exit~~ **re-enter** the floor of the Council meeting.

Elections of the Board of Directors and Council Officers shall be by a majority vote of the councillors present and voting. Voting shall be by written or electronic ballot. There shall be no write-in voting. **When voting with keypads**, the complete list of candidates' names

will be shown on the screen at the same time for ~~every~~ **the** available position(s). ~~When voting for a group (e.g., Board of Directors), after the voting has closed for the first list displayed, the entire list of candidates will be shown again and councillors will vote for their second candidate. When voting for subsequent candidates, if a councillor votes for the same candidate more than once, the councillor's entire ballot will not count. If a councillor votes for fewer than the number of available positions, the councillor's entire ballot will not count. After the list has been voted for all available positions in a group, Councillors will vote for one~~ **the number of candidates equal to the number of available positions**. The total votes for each candidate will be tallied to determine whether a majority is achieved. A **councillor's individual** ballot shall be considered invalid if there are greater or fewer votes on the ballot ~~for candidates than the required number on a particular ballot. A vote shall be voided~~ **if the number of invalid ballots is enough to alter the outcome is greater than ten percent (10%) of the number of councillors credentialed and voting at the Council meeting, that round of voting in which the invalid votes occurred shall be voided and a revote will take place of all candidates from that round of voting.** ~~(e.g., If~~ **Alternatively, the situation may occur in which the number of invalid ballots is less than 10% but by adding the number of invalid ballots to the votes received by any candidate for the Board of Directors or Council office, would change the outcome of the election, or if the total number of invalid ballots) the outcome would change. In such a circumstance, those candidates who received a majority unaffected by the invalid ballots shall be declared elected and a revote will take place of all other candidates from that round of voting. Councillors will have Thirty (30) seconds will be allowed for each ballot. to vote for each the candidate/s and may change their votes **Councillors may change votes** only during the allotted time. The computer will accept the last vote **or, if applicable, group of votes** a councillor makes before the voting is closed. **When voting with paper ballots, the chair of the Tellers, Credentials and Elections Committee will determine the procedures for this process.****

When one or more positions are filled and one or more vacancies exist, all non-elected candidates remain on the ballot for a subsequent vote. All elected candidates and their slots are removed from subsequent ballots. If no candidate is elected on any ballot, then the candidate who received the lowest number of votes on the inconclusive ballot will be deleted from all subsequent ballots. This procedure will be repeated until ~~at least one~~ **the** candidate(s) receive(s) **a the required** majority vote and all positions are filled. If nominations have been closed with ~~but only a single~~ **one** candidate in cases of a single position being open or multiple candidates which equals the exact number of open positions, the speaker shall declare the ~~candidate or candidate(s)~~ **candidate(s)** elected to office.

The chair of the Tellers, Credentials, and Elections Committee will make the final determination as to the validity of an overall vote. Upon completion of the voting and verification of votes for all candidates, the Tellers, Credentials, and Elections Committee chair will collect the election results and report those results to the speaker of the Council.

In an election year for the speaker, the teller's chair will report the election results for the vice speaker and speaker positions. *See also Nominating Committees and Nominations.*"

Action: The Standing Rules were updated.

Resolution 17 Referral as the First Order Motion

RESOLVED, That the Council Standing Rules, "Reference Committees" section, be amended to read:

Reference Committees

Each resolution properly submitted at or prior to the convening of the Council meeting will be assigned by the speaker to a specific Reference Committee for deliberation and recommendation. Reference Committee meetings are open to all members of the College, its committees, and invited guests of the Reference Committee. After all testimony

is presented to a Reference Committee, the chair may discontinue floor discussion while the committee prepares its report for the Council.

Each Reference Committee will make recommendations on each resolution assigned to it in a written Reference Committee report. **A Reference Committee may recommend that a resolution: 1) be adopted; 2) not be adopted; 3) be amended or substituted; 4) be referred.** ~~The speaker will open for discussion each resolution or matter which is the immediate subject of the Reference Committee report. The effect is to permit full consideration of the business at hand, unrestricted to any specific motion for its disposal. Any appropriate motion for amendment or disposition may be made from the floor. In the absence of such a motion, the speaker will state the question in accordance with the recommendation of the Reference Committee. If the recommendation is referral or amended language, the primary motion on the table is the recommendation of the Reference Committee.~~

If the recommendation of the Reference Committee is that a resolution be adopted or not be adopted, the speaker shall state the resolution, which is then subject to debate and action by the Council. If the recommendation of the Reference Committee is that a resolution be amended or substituted, the speaker shall state the resolution as amended or substituted, which is then subject to debate and action by the Council.

If the recommendation of the Reference Committee is referral, the speaker shall state the motion to refer. Debate on a Reference Committee's motion to refer may go fully into the merits of the resolution. If the motion to refer is defeated, the speaker shall state the original resolution.

Other information on the conduct of Reference Committees and examples of method of disposition of their recommendations by the Council are outlined elsewhere in the ~~Council Manual~~ **Councillor Handbook**.

Action: The Standing Rules were updated.

Resolutions Referred to the Board of Directors

Resolution 20 Management of "Non-Emergency Care" in the Emergency Department

RESOLVED, That the College investigate the issues associated with "triage-out" policies in the ED and generate a policy statement, with a Policy Resource and Education Paper (PREP) if appropriate, that addresses these topics in a manner consistent with ACEP's mission of advocacy for the health and well-being of emergency patients.

Action: The resolution was assigned to the Emergency Medicine Practice Committee. The Board discussed a draft policy statement in June 2005 and provided direction for further work. The Board reviewed a revised draft policy in September 2005 and directed the committee to suspend the development of a policy statement development and continue working on an information paper. In January 2006 the Board had a lengthy discussion about the paper and the advisability of developing a policy statement as directed by Council. The Board postponed action on the information paper and members of the Board were assigned to develop a policy statement in lieu of assigning additional work to the committee. In April 2006 the Board adopted the policy statement, "Medical Screening of Emergency Department Patients." The policy was added to the 2006 Policy Compendium. It is currently available on the ACEP Web site.

Substitute Resolution 26(06) Deferral of Care for Emergency Department Patients was adopted by the Council. It directs the Board to revise the policy "Medical Screening of Emergency Department Patients" to state that ACEP strongly opposes deferral of care for patients presenting to the ED; and that in situations in which it is required that patients be deferred, very specific and concrete standards must be adopted by the hospital to ensure

patient access to an alternative setting and timely, appropriate treatment. The Board of Directors deferred action on the resolution to their January 2007 meeting. In January, the Board adopted Substitute Resolution 26(06) and approved the revised policy statement, "Medical Screening of Emergency Department Patients."

Resolution 30 Medical Liability Reform – Right to Defend

RESOLVED, That the American College of Emergency Physicians supports the concept that emergency physicians should not be compelled against their will by their medical liability insurance carriers, hospitals or any other involved third parties, to settle lawsuits to which they are named; and be it further

RESOLVED, That the American College of Emergency Physicians, as part of its tort reform initiative, develops a policy that advocates for emergency physicians' "right to defend" themselves in all medical liability lawsuits, regardless of recommendations of their medical liability insurance carriers, hospitals or any other involved third parties.

Action: The resolution was referred to the Medical Legal Committee. This issue is addressed in the materials on professional liability available on the Web site and in the information paper "So you have been sued!" Additional resources continue to be developed as new information becomes available and are communicated to members through various ACEP communication vehicles.

Resolution 38 Universal Wellness Section Membership

RESOLVED, That all ACEP members, present and future, receive the Wellness Section newsletter electronically, and may voluntarily participate in the Wellness Section list-serve by registering online.

Action: The resolution was assigned to the Section Affairs Committee to provide a recommendation to the Board. The committee concluded that implementation could be readily accomplished by ACEP staff. All section newsletters are now distributed electronically and the newsletters are archived on the ACEP Web site. All members have access to all section newsletters through the Web site.

Resolution 43 GME Funding for "Outside Rotations"

RESOLVED, That the American College of Emergency Physicians work with the Centers for Medicare and Medicaid Services (CMS) and with the Congress to reverse the change in GME funding made by the Medicare Modernization Act, so that hospitals will receive GME payments for their residents who are doing "outside rotations" in order to acquire the broad clinical experience necessary for high-quality training in emergency medicine.

Action: In February 2005, ACEP co-signed a letter to CMS, along with 30 other organizations, supporting one of the Office of Inspector General's options, allowing the teaching hospital and other provider setting to negotiate their own compensation arrangements. The resolution was also referred to the Academic Affairs Committee. The committee collaborated with ACEP's Public Affairs staff in DC to develop a paper, "Securing Medicare GME Funding for Outside Rotations." The Board reviewed the paper in September 2005 and approved providing advocacy efforts to revise the regulatory language precluding GME funding for outside rotations to hospitals other than the primary teaching hospital. The revised language would allow a training program parent institution to receive GME payment for residents engaged in outside rotations in those circumstances where the "outside rotation" institution does not receive GME funding for the residents' time in that setting, and the parent institution continues to incur all or substantially all of the costs. The paper is used for ACEP's advocacy efforts on this issue and for information for program directors. It was also noted that the resolution erroneously included this issue as part of the Medicare Modernization Act (MMA).