

Final Objectives 2022-23

Emergency Medicine Practice Committee

Chair: Enrique R. Enguidanos, MD, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: Jonathan Fisher, MD, MPH, FACEP

1. Review the following policies per the Policy Sunset Review Process:
 - Advocacy for ED Ultrasound Privilege and Practice
 - Alternative Methods to Vascular Access in the ED
 - Boarding of Admitted and Intensive Care Patients in the ED
 - Electronic Prescription Monitoring Programs
 - Emergency Physicians' Patient Care Responsibilities Outside the ED
 - Optimizing the Treatment of Acute Pain in the ED
 - Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine (and PREP titled "Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine")
 - Prior Authorization
 - Specialty Hospitals
 - Sub-dissociative Dose Ketamine for Analgesia (and PREP with the same title)
 - Triage Scale Standardization
 - Workforce Diversity in Health Care Settings
 - Writing Admission and Transition Orders (and PREP with the same title)

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted.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.

2. Solicit nominations for the 2023 Community Emergency Medicine Award and 2023 Innovative Change in Practice Management Award and recommend recipients to the Board of Director.
3. Develop an information paper on the impact of nursing workforce shortages and best practices on emergency medicine to address them.
4. Develop resources and best practices to support physician autonomy, physician led teams, and use of titles in the ED.
5. Develop a policy statement opposing the use of the term "provider" when referring to Emergency Physicians.
6. Develop resources and best practices to address mental health issues in emergency medicine, including reducing boarding of patients with mental health issues in the emergency department.
7. Complete revisions to the policy statement "Safer Working Conditions for Emergency Department Staff." Include any revisions needed to address Amended Resolution 41(20) Personal Protection Equipment such as: whistleblower protections for emergency physicians who raise concerns regarding patient safety/clinical issues; the safe "environment" of the emergency department; and the responsibility of the hospital to provide/allow appropriate personal protection equipment and collaborate with the Medical-Legal Committee. Review other current policy statements related to personal protection equipment to determine if revisions if needed.
8. Review current information papers developed by the Emergency Medicine Practice Committee related to contractual relationships and revise as needed.
9. Complete development of an information paper on the role of telehealth in support of rural emergency medicine practice. Collaborate with representatives from the Emergency Telehealth Section, Rural Emergency Medicine Section, and the Rural Emergency Care Task Force.
10. Revise the policy statement "Guidelines on the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department," as directed in Resolution 45(22) Onsite Supervision of Nurse Practitioners

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and Physician Assistants, so that onsite emergency physician presence to supervise nurse practitioners and physician assistants is stated as the gold standard for staffing all emergency departments

11. Investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team as directed in Amended Resolution 46(22) Safe Staffing for Nurse Practitioner and Physician Assistant Supervision..
12. Review ACEP's "[Statement on Private Equity and Corporate Investment in Emergency Medicine](#)" and work with relevant experts to develop a policy statement opposing the corporate practice of medicine as directed in Amended Resolution 56(22) Policy Statement on the Corporate Practice of Medicine.
13. Review Amended Resolution 58(22) Removing Intrusive Medical Exams and Questionnaires from Employment Contracts and determine if revisions are needed to ACEP's policy statement "[Physician Impairment](#)" or whether a separate policy statement or other resources are needed to address the resolution.
14. Review Referred Resolution 53(22) Law Enforcement and Intoxicated Patients in the ED and work with the Tactical & Law Enforcement Medicine Section to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution including potential next steps to address the resolution