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## **From the President**

### **Luis A. Serrano, MD, MSc, FACEP**

Thank you to all who participated in the Caribbean Congress on Emergency Medicine held in May of this year.

This year we conducted the Point of Care Ultrasound Workshop Pre-Course. The course was lead by Dr. Manuel Colon and it was a complete success.

Thank you Dr. Colon and the rest of your team for all your help in organizing this event.

I also want to specially thank all of the presenters: Dr. Mara Uzcategui, Dr. Wanda Rivera Bou, Dra. Maria Ramos, Dr. Fernando Soto, Dr. Alex Alers, Dr. Gerard Marin, Dr. Daniel Munoz, Dr. Cesar Andino, and Dr. Juan C. Alvarez. Our final activity was Hurricane Maria Panel: Lessons learned from the ED, lead by Dr. Jose O. Rivera, Dr Raymond Sepulveda, Dr. Hector Alonso, Dr Charlie Gomez and Dr. Wilfredo Nieves. Thank you for sharing your experiences.

Registration included 42 ACEP members, 80 non-ACEP, 11 EM Residents and 12 Medical Students. We hope that next year we could increase attendance for this event and get an opportunity to meet all of you again!

Following this article, I am sure you will enjoy the articles from Dra. Osorio a new Resident Member of the Puerto Rico Chapter Board and from Fernando Alvarez, a Medical Student at University of Puerto Rico. Please join me in thanking them for their contributions to this quarter chapter e-newsletter.

If you'd like to send in an article for the next quarter chapter e-newsletter, please send an email or send your article to Adriana, our Chapter Administrative Assistant, by clicking [here](#).

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## **Resident Corner**

### **Michelle M. Osorio, MD**

We weren't ready then and we aren't ready now. That's the harsh reality facing Puerto Rico this upcoming hurricane season. If the past eight months have been an exercise in perseverance we've certainly triumphed but when it comes to our mass casualty planning, when it comes to prevention we are but a harsh downpour away from losing it all again.

The mayor oversights exacerbating the natural disaster that was Hurricane Maria are still very much embedded in our system. Our electric grid, disaster planning in our municipalities, school systems, highways and in many cases our hospitals are not in optimal conditions to withstand another Maria. In truth, a harsh tropical storm can send many systems tumbling back into the

dark. The country is still ill and we've been treating the symptoms for these past eight months, putting pressure on wounds to stop the bleeding but unable to treat the underlying disease.

Instead of reacting to the inevitable strain on an already struggling system, the medical community needs to plan for this hurricane season the way major cities plan for mass casualty events and major races. Events like the Boston and New York marathon take months of preparation and coordination from multiple levels of government, EMS, local hospitals, police, firehouses and volunteers. They drill for months in advance and hospitals have pre-established on call schedules for major disasters. Even then, the success or failure of disasters in these events are a combination of timing and preparation. The bombing of the Boston Marathon had some of the best response times because it occurred right before a nursing shift change, meaning hospitals had more staff available in house to handle the overflow of patients. Streets had already been roadblocked by police making it easier for EMS to scoop and run with patients on streets that were easier to navigate without mid-day traffic. Medical personnel worked the tents near the bombing sites which made triage more effective and timely. This is where we need to focus on for the rest of the season. On triage.

If all local hospitals, especially the public community hospitals, are required to have an emergency response/mass casualty plan for this hurricane season we have a chance of doing a better job this time around. The medical community on the island has lost a significant part of its workforce in the past year. According to EL NUEVO DIA there were periods of time where we were losing up to 10 doctors per day. That means there's less bodies working the mass of people who show up to the ER after a natural event in most community hospitals. That's assuming people can get to them. We need to plan for the oxygen dependent patients who come before the event fearing the inevitable loss of power in their homes. Where to place them without limiting our capacity to see high acuity patients. Do hospitals have enough rooms to accommodate new admissions and where will patients be placed once the inpatient floors are too unsafe to habituate? Which entrances and exits will be available during and after the event that allow for EMS buses to pass through? And do our morgues have enough space to house the dead ? These are only a few of the questions that need answering and prep.

It isn't often in life that you get a do-over. That's exactly what this upcoming season should be treated as. Another chance to do better as a medical community, to not just fight for the lives of our patients when they get to us but to ensure we have the resources to do so when they get there. We lost 4,645 lives according to a new study by the New England Journal. Let's make sure they're stories aren't relived by another 4,645 more.

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**Medical Student Corner**  
**Fernando Rivera-Alvarez**

## **Approaching the Next Generation of Emergency Physicians in Puerto Rico**

On April 1st, 2017, for the first time all four Emergency Medicine Interest Groups in Puerto Rico came together to host the First PR Annual EM Meeting (PRAEMM).

The event was held at the Terra Convention Center and it was the first time both Emergency Medicine Residency Programs in Puerto Rico shared a common platform to increase awareness of career options within the specialty of Emergency Medicine (EM).

The four main goals of the regional meeting were:

- Provide a meeting ground for students, residents and faculty/attendings with a shared excitement for EM
- Promote networking
- Discuss controversies within the specialty
- Provide career advice and guidance for students interested in pursuing a career in EM

PRAEMM was designed to promote student-resident-faculty interactions. A few interesting points:

- The medical students, residents and attendings were divided into different small groups. Seats were intentionally assigned in advance
- To provide career advice, conferences were presented by EM attendings from both residency programs
- To talk about controversies within the specialty, the activity "Taking Action" discussed the problem of overcrowded ER departments in PR. After watching a video, each group had 10 minutes to discuss different important aspects about the topic by answering a question guide that was previously provided
- A mentoring sheet was distributed to recruit faculty and resident mentors. This program will give medical students the opportunity to participate in research, shadow experiences and/or ask for advice and guidance

A total of 66 people attended: 52 medical students, 9 EM residents, 5 EM faculty.

4 EM attending physicians enrolled in the mentorship program and offered availability for mentoring students and give advice, and 3 for research involvement. A total of 3 residents enrolled in the mentorship program, all of them offered to provide advice and guidance.

On March 17, 2018, the second edition of PRAEMM was held on Terra Convention Center, bringing together again all medical students interested in EM as specialty with the EM residency programs of Puerto Rico. This time 71 people assisted, 5 EM Faculty, 10 EM residents and 56 medical students.

These past two years we have seen this meeting grow and we continue to see an increasing interest of the medical student considering Emergency Medicine as a possible future specialty. Our purpose is to continue supporting this activity development and to be able in the future to provide necessary tools like ultrasound, imaging, suture and splinting workshops and mentoring to those motivated medical students.

## NEWS FROM ACEP



### Updates in Reimbursement and Coding - 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This [collection of courses on ACEP eCME](#) will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

### New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- [Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training](#) - New
- [Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices](#) - New
- [Coverage for Patient Home Medication While Under Observation Status](#) - New
- [Delivery of Care to Undocumented Persons](#) - Revised
- [Disaster Medical Services](#) - Revised
- [Financing of Graduate Medical Education in Emergency Medicine](#) - Revised
- [Guideline for Ultrasound Transducer Cleaning and Disinfection](#) - New
- [Impact of Climate Change on Public Health and Implications for Emergency Medicine](#) - New

- [Interpretation of Diagnostic Imaging Tests](#) - Revised
- [Interpretation of EMTALA in Medical Malpractice Litigation](#) - New
- [Non-Discrimination and Harassment](#) - Revised
- [Patient Autonomy and Destination Factors in Emergency Medicine Services \(EMS\) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs](#) - New
- [Prescription Drug Pricing](#) - New
- [Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine](#) - New
- [Resident Training for Practice in Non-Urban/Underserved Areas](#) - Revised

The Board also approved the following information papers and PREP:

- [Electronic Health Record \(EHR\) Best Practices for Efficiency and Throughput \(PDF\)](#) - New
- [Initiating Opioid Treatment in the Emergency Department \(ED\) - Frequently Asked Questions \(FAQs\)](#) (PDF) - New
- [Emergency Department Physician Group Staffing Contract Transition](#) (PDF)
- [Emergency Physician Contractual Relationships - PREP](#) (PDF) - Revised

## Articles of Interest in *Annals of Emergency Medicine* Sam Shahid, MBBS, MPH Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles in [Annals of Emergency Medicine](#). Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W, Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid

withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain.

[Full text available here.](#)

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. [Full text available here.](#)

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marshall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. [Full text available here.](#)

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L) baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core lab and the AMI diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta

30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.



**Celebrate** the depth and diversity of emergency medicine  
with ACEP's 50th Anniversary Commemorative Book

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Explore the side of emergency medicine few see - the emotional, the heartbreaking, the thrilling, the heroic - the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All*, reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene

Richards captures the breathtaking moments that make the lives & careers of American emergency physicians. [Reserve your copy today.](#)



### Interested in GED Accreditation?

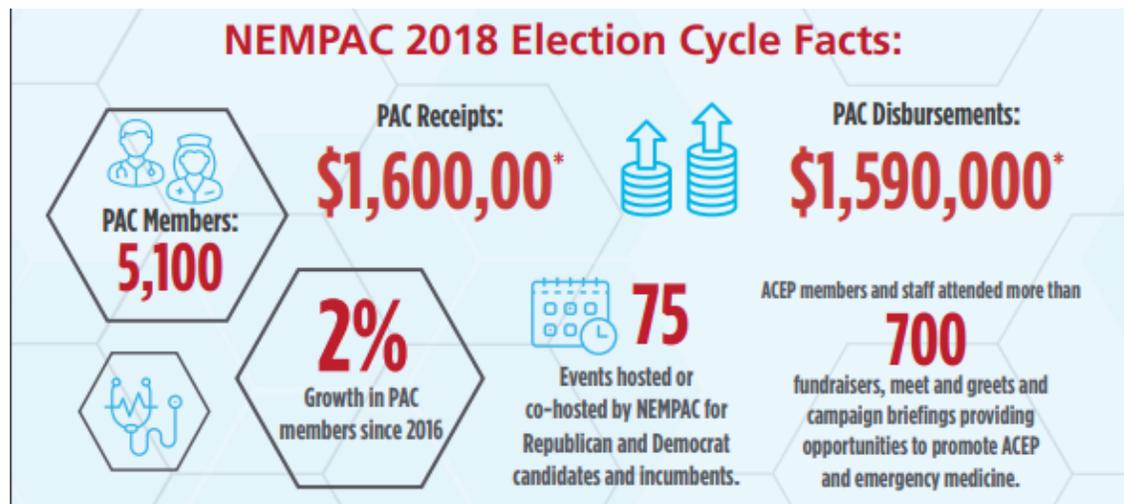
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour [geriatric pre-conference](#) during ACEP18. Hear from the geriatric experts who will walk you through the increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving [GED accreditation](#). Panel discussions include institutions who have been awarded accreditation.



### Emergency Ultrasound Tracker

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines](#). We hope you find this tracker tool helpful and useful in your practice.



## NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine's most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates - **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about NEMPAC today by visiting [our website](#) or contact [Jeanne Slade](#). Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

## ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B  
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the entire continuum of ED-ICU development from conceptual to operational phases. [Register here](#). For more information, contact [Margaret Montgomery, RN MSN](#).

## NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE - JULY 2018



**American Board of  
Emergency Medicine**

### **Subspecialty Certification in Neurocritical Care**

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

### **Letter Available Refuting Merit Badge Requirements**

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications ("merit badges") often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at [www.abem.org](http://www.abem.org)
- On the left navigation, click "Print Verification of ABEM Status"

- Under letter type, click “General Coalition ABEM”
- Click “Continue to Next Step”

### **Take the ConCert™ Early - Retain Your Current Certificate Date**

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

### **Welcome New Members**

Naysha M. Lopez Garcia, MD  
Tatiana Marie Ramos Ramirez, MD  
Maria T. Zavala-Colon, MD  
Priscila M. Cordero Fontanez, MD  
Andres I. Velsaquez Garcia, MD  
Yariel Sanchez Courtney, MD  
Jose Batista, MD  
Jonathan Romero Casillas, MD  
Andrea A. Segarra-Salcedo (Medical Student)  
Ricardo A. Rodriguez (Medical Student)  
Ricardo J. Hernandez (Medical Student)  
Paula N. Marin Acevedo (Medical Student)  
Glen A. Malaret (Medical Student)  
Franz C. Mendoza (Medical Student)  
Martin E. Roldan Auffant (Medical Student)  
Marimer C. Rivera-Nieves (Medical Student)  
Alexandra M. Canabal-Montalvo (Medical Student)

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