A Newsletter for the Members of the Puerto Rico Chapter - Spring 2022

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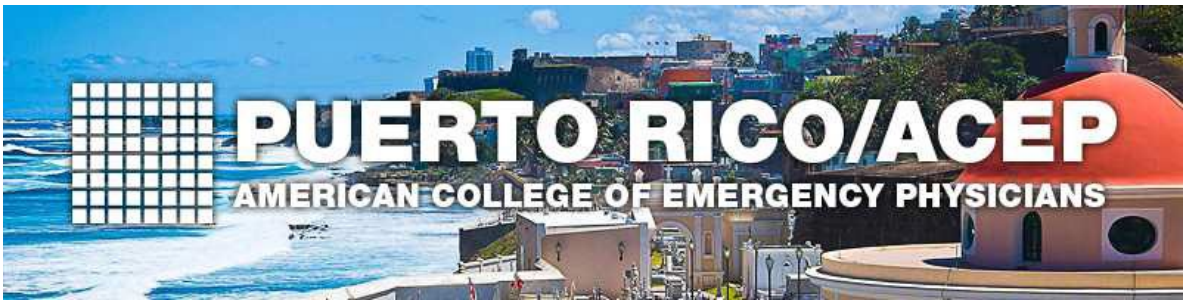


En esta Edición

President's Message

After two years of lockdowns, zoom meetings and widespread panic, we were able to meet in-person. On May 12th-14th, we held our annual PRACEP Caribbean Congress. We were able to see each other and interact - not only talk about current trends in medicine and its latest research - but also the current situations that affect all of us who work on this beautiful island. It appears to have been a great success and so far, it seems our financial investment in the conference did not suffer that much either.

Our lecturers were praised by the attendees and there was an overall feeling of satisfaction. In terms of our annual meeting, I will take this opportunity to discuss some of the highlights:

What We Have Done

Law 796 - We were alarmed when we found out that a law guaranteeing that all medical transports were supervised by an emergency physician was being retracted. This new measure - pushed through our local legislation by GP's with obvious economic interests in the prehospital system - was written to eliminate the requirement that medical controls and physicians tasked with the responsibility of transporting patients did not need to be emergency physicians. The gist of it being that anyone with a medical license could do a better and cheaper job. We went on multiple meetings with senators and had many contacts with lawmakers and government officials but in the end this law was passed. From now on it will not be a requirement for medical control physicians to be emergency trained. Although we did not achieve the expected outcome, the response to this project showed us that we can move in the same direction and, given the chance, execute change as one group of passionate individuals.

Death Certification - We took all your concerns from the recent drastic and rash implementation of a death certification protocol instituted by the Demographic Registry and the local Medical Examiners' Office (Instituto de Ciencias Forenses). We met with both departments and discussed our concerns with how the process had been rushed without taking us - the ones in charge of certifying these deaths now - into consideration. Please keep giving us your thoughts on this so we can work through this.

For some recommendations on what to do, please see the essay below.

What We Discussed
We are in plans of acquiring a D&O (Directors and Officers) insurance which would protect the board from the decisions we make by taking care of our members. Our CPA Mr Carpenzano assured us it is in our best interest to have this coverage. He will provide quotes for a few companies (at least 3 or 4) before signing and approving the best offer.

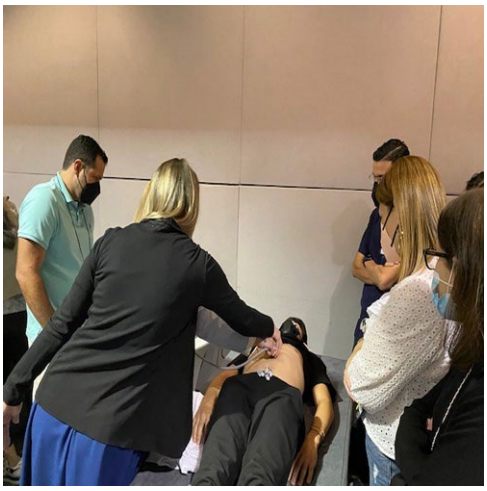
- Continue our discussions with local government officials to counteract those laws being created that will affect our ability to care for our patients.
- Approved that past (retired members) may remain in the chapter while paying 1/3 of their dues.
- Elected Drs. Michelle Surillo and Alexandria Salas as representatives to the Bylaws Committee.
- Approved our budget with some modifications, including increased sponsor budget for the next Congress.

We need to remain active in social media and use it as a means to communicate with our patients and their families; let them know what an EM physician is and what we can do.

What We Will Do
We plan on scheduling a meeting with national ACEP (Dr. Schmitz and Sue Sedory) to discuss issues such as potential discounts on ACEP national dues since our salaries and reimbursements are lower in Puerto Rico. On the other hand, we address issues such as: what can national ACEP do to help legislation in Puerto Rico or geared towards Puerto Rico, knowing that, as a territory we do not have a voting senator in Congress. We will focus on establishing a network to communicate and implement strategies to better benefit our members and the Puerto Rican population.

Contact past members to inquire as to the reasons they stopped paying their dues and why they have stopped participating in PRACEP; perhaps via Survey Monkey or some other strategy. There are some approaches to solve this problem: We can approve a lower rate for US based PRACEP members as well; we must invite them to join (re-join?), give special offers and incentives to those who get past members to join, etc. Our plan is simple. Strength in numbers so we can continue fighting for our cause: the improvement of our patients' and our emergency physicians' lives. Create a committee in charge of organizing social events (e.g. wine and cheese, gala, etc) to further engage our members and provide them an opportunity to get to know our members better and interact with the people that do what you do! We will prepare a Survey Monkey. When you receive it, please take a few minutes to complete the survey.


2022
Caribbean
Congress on
Emergency
Medicine
May 12-14, 2022
La Concha Renaissance Hotel
San Juan, Puerto Rico



Death Certification in Puerto Rico - A New Challenge for Emergency Physicians

Written By: Fernando L. Soto-Torres, MD, FACEP & Dr. Carene Oliveras-García

This article was prepared to review what we were able to accomplish and discuss after a petition was made on behalf of our members. Before I start I wish to give special thanks in particular to Dr. Carene Oliveras-García, for learning all she could about the topic (and teaching me), participating in all the meetings, and editing this manuscript with me.

Thanks to Dr. Victor Ramos, immediate past-president of the PR College of Medicine and Surgery (Colegio de Médicos de Puerto Rico), a series of meetings were arranged to discuss concerns brought to us by PRACEP about new protocols for declaring a patient dead. The topic of these meetings was the application of the new law at ICF (see ICF law 2020 here) and the simultaneous implementation of the novel virtual platform for death pronouncement and certification by the PR Demographic Registry (Registro Demográfico de PR). On March 30, 2022, myself and a few other members met Dr. Conté, chief pathologist ICF, to discuss concerns present amongst our PRACEP members.

Background
Puerto Rico has many characteristics that increase the chance that DOA patients end up at our island's emergency departments (ED). There is an inefficient, fractured and loosely supervised pre-hospital system which incentivizes transporting patients to the hospital even when presenting cardiac rhythms such as asystole. A sort of local custom or belief engrained in our EMS: "no one dies on the ambulance". On the other hand, hospitals have limited morgue capabilities and perform close to no autopsies. In addition, patients and family members know very little about hospice care and end of life options - accepting and expecting the concept that death should occur at the hospital instead of at home, even in cases of terminally ill or elderly patients.

Over the years, autopsies for hospitalized patients for reasons other than criminal or suspect were performed less and less at local hospitals following a trend of lower reimbursements by the part of health insurance companies, as well as the lower availability of privately contracted pathologists. This led to many sending those cases in which no foul play was suspected but a true cause had not been found, to the Medical Examiner's Office (ICF) for death declaration and in order to get an explanation (which seldom happened unless the cause of death was unnatural). For years a rule that had been established in the 80's (ICF 1985 - see document) stated that if a patient was declared dead within 24 hours of hospital arrival, he or she would be referred to the ICF. For the relatively new specialty of Emergency Medicine who had been brought up with the old 1985 law and protocols, this sudden paradigm shift, has been quite a shock.

Following Hurricane Maria's demographic disaster where deaths were grossly undercounted the ICF had to restructure its functions and reassess their true purpose (i.e. criminal investigations) in order to regain and maintain their much needed accreditation status. A new law was written and passed - supervised by Dr. Conté, herself. The new law is very strict in detailing which cases can and cannot be sent to the ICF based on their jurisdiction. So now, all those patients that end up in the ED under our care with little to no known medical history and no primary care physician would have to be certified by an "in house" physician. For the many patients that arrive DOA or die soon after reaching the ED, this has placed a unilaterally decided, disproportionate, and unexpected burden at the hands of a specialty not particularly trained to do this; who have next to no knowledge of the patient or what could have possibly ended their life.

During the meeting with Dr. Conté we came to understand that past situations had led us here and that the ICF could not receive these patients since it fell outside its jurisdiction. Forensic examiners are there to investigate foul play and unnatural causes of death, not to determine the true cause of death for patients with natural causes. And since more cases will be refused by them it falls unto us.

Take aways from this Discussion
We should try to find a potential diagnosis after declaring a death, whenever possible. All available data (EMS notes, family reports, etc) should be considered to estimate the "most likely" cause of death.

If we cannot exclude intoxication, homicide, trauma, suicide, or encounter a sudden death in a previously healthy individual, we must make the strongest case possible and refer to the ICF.

We can always contact her directly or request an appeal.

**Review §3051 of ICF law 2020 & ICF law 1985.

"Registro Demográfico"
We were also involved in a meeting with personnel from Registro Demográfico to discuss the simultaneous, likely coincidental, and similarly abrupt implementation of

the electronic version of death certifications. Physicians on the island were given an extensive orientation on its use before acquiring a password access to the system. The course is not a requirement for access to the platform but it is encouraged. It is fair to say there were glitches. And although the initial temperature of the meeting was somewhat defensive, we did learn a few things. Out of the meeting we were informed that this implementation has not been fully integrated into even most hospitals. Also, physicians practicing with no associated hospital privileges (such as most primary care and hospice physicians) have not been included in the initial phase of the implementation.

The electronic reporting system was started with the emergency departments and hospitals it will be a while before PCPs are included in the process. Finally, if there are any reporting issues, old mechanisms may still be used (eg paper death certificates) and that communication is open for further discussions in the future if necessary.In the meantime, they did request that all physicians sign up for the course and provide the required paperwork in order to be given access to the electronic platform. We should remember that the death certificate is not an uneditable document and when we do certify we are stating that we are doing so “to the best of my knowledge”.The stated cause of death can be modified if there is new information uncovered like for example, through a privately arranged autopsy.

Hope this has been useful. Do not hesitate to contact us for any further questions. We aim to continue working hard on trying to improve on those issues that affect our EM physicians working in PR.

Welcome Back!

Una bienvenida especial a los nuevos miembros del Capítulo de Puerto Rico ACEP.

Angel L. Rocafort, MD, FACEP
Anibal Pagan Romero, MD
Darielys Mejias Morales, MD
Faviola Nichole Laureano
Guillermo Campos, MD
Guillermo M. Martorell Millan, MD
Jorge L. Gutierrez, MD, FACEP
Maria Uzcategui-Santos, MD
Mariana Rodriguez, MD
Maximiliano Marino Carrera
Michelle I. Surillo-Gonzalez, MD
Ninci L. Llanos Figueroa, MD
Yorlenis Hevia Jimenez, MD

Quizás se pregunte si debería involucrarse con Puerto Rico ACEP o EMRA o a nivel nacional. ¡Te animamos a hacerlo!

FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

ACEP President Dr. Gillian Schmitz issued a statement on the Uvalde tragedy. "We offer support to all emergency physicians, who bear witness to this epidemic as we treat victims of firearms-related violence. We will continue our work to reduce gun violence through research, innovation and evidence-based practice."

ACEP Calls for Stronger Protections for Emergency Physicians Who Raise Workplace Safety Concerns: ACEP spoke directly to the Occupational Safety and Health Administration (OSHA) during a public meeting about whistleblower protections. ACEP Council Speaker Kelly Gray-Eurom, MD, MMM, FACEP, raised the need for due process protections for emergency physicians on the job.

ACEP Clinical Alert: Shortages in Iodinated Contrast Media, Baby Formula

Workforce

- **A new analysis of the EM physician resident workforce in *Annals of Emergency Medicine*** finds that while the number of residency programs is increasing, new programs are disproportionately located in urban areas in states with existing programs, rather than rural communities with limited access to emergency care. Read more
- **Building toward a better future, ACEP is moving forward on EM workforce initiatives**. Watch an update from ACEP President Dr. Gillian Schmitz on ACEP's progress during this April 28 town hall webinar hosted by the EM Workforce Section.

ACEP has launched a **public campaign "Who Takes Care of You in an Emergency?"** that includes a series of videos outlining unique aspects of the job and explaining the significant difference in training and education required for physicians. Here are new scope of practice talking points.

Problem solving: It's what we do. Take a look at the issues we're tackling and how you can join the cause.

More than 100 leaders, members and staff worked together to create **ACEP's new strategic plan! It's an important roadmap for our future.** Together we'll build a better future for emergency physicians everywhere!

It's Mental Health Awareness Month and EM Wellness Week. Check your physical and financial vitals. Did you know ACEP has a page with EM-specific financial planning resources?

The **May issue of ACEP Now features new articles focused on behavioral health**, including The Importance of System-Level Wellness and How to Approach Psychiatric Patients who Wish to Refuse Treatment in the ED.

Advocacy

Help Move the Workplace Violence Prevention Bill Forward! Ask your U.S. Senators to co-sponsor and support the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (S.4182). Take Action!

On May 4, ACEP and the Emergency Nurses Association hosted a press event at Capitol Hill to increase public awareness of workplace violence in the emergency department and to push for swift passage of the "Workplace Violence Prevention for Health Care and Social Service Workers Act." Read the press release with more information about the bill. Watch the Facebook Live recording of the press event.

No Surprises Act

In the latest twist, the government requests Texas court place a "hold" on its surprise billing appeal. What does this mean for ACEP's lawsuit?

Dive deeper and learn more about ACEP's many years of advocacy on this issue that led up to this law.

Prioritize Physician Mental Health
It's Mental Health Month and a good time to look at the recently-passed Dr. Lorna Breen Act. This vital legislation, named after an ACEP member who struggled and was tragically lost during the first surge of the pandemic, went from an idea to a law that will help protect the emotional health and wellbeing of emergency physicians. See ACEP's Role.
Regulatory Updates

- Surgeon General Issues Advisory Addressing Health Worker Burnout: Gamechanger? (5/26/22)
- NEW BLOG SERIES: Value based Care in Emergency Medicine-- an Overview (5/19/22)
- CMS Finalizes New Network Adequacy Requirements for Certain Private Health Plans (5/12/22)

Upcoming ACEP Events and Deadlines

- **June 16:** Breaking Down Barriers to ED Care for People with Sickle Cell Disease - Webinar hosted by the CDC
- **June 16**: EM Clinical Support Tool for Sickle Cell Disease
- **June 17**: Last day to apply for the new EMF health policy scholar grant
- **June 20:** Caring for our Heroes: Special Considerations for Treating Veterans in Emergency Departments - Webinar hosted by ACEP
- **Aug. 23-25:** Independent EM Group Master Class
- **Nov. 11**: Last day to submit ACEP23 course proposals

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