

## Final Objectives 2023-24

### Clinical Policies Committee

Chair: Deborah B. Diercks, MD, MSc, FACEP

Board Liaison: John T. Finnell, MD, FACEP

Staff Liaisons: Travis Schulz, MLS, AHIP and Kaeli Vandertulip, MSLS, MBA, AHIP

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.
2. Review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.
3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.
4. Serve as a resource and continue working with the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.
5. Continue updating, modifying, and disseminating current clinical policies as necessary:

#### Clinical policies in development or revision:

- a. Airway management
- b. Pediatric fever
- c. Seizures
- d. Asymptomatic elevated blood pressure
- e. Thrombolytics
- f. Carbon monoxide poisoning
- g. Thoracic aortic dissection
- h. Transient ischemic attack
- i. Early pregnancy
- j. Venous thromboembolism
- k. Headache
- l. Non-ST-elevation acute coronary syndromes

#### Clinical policies being prepared for revision pending committee capacity:

- m. Reversal of Non-Vitamin K Antagonist Oral Anticoagulants
- n. Psychiatric patient
- o. Reperfusion therapy for STEMI
- p. Opioids
- q. Community-acquired pneumonia
- r. Acute heart failure syndromes

#### Clinical policies in which literature is being monitored for substantial changes:

- s. Mild traumatic brain injury
  - t. Appendicitis
  - u. Acute ischemic stroke
  - v. Sedation
  - w. Blunt trauma
6. Continue clinical policy development process strategic review and redesign through single question clinical policies.
  7. Review the following policies per the Policy Sunset Review Process:
    - Opposition to Routine Culturing of Skin and Soft Tissue Abscesses
    - Rapid-Sequence Intubation

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- **Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline**

*Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted.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

8. Develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations as directed in Amended Resolution 50(21) Complications of Marijuana Use (first resolved).
9. Develop a process that outlines recommended actions for clinical policies referred to the Board of Directors for review.
10. Ensure that ACEP's clinical policies do not utilize race-based calculators as directed in Amended Resolution 56(21) Race-Based Science and Detrimental Impact on Black, Indigenous, and People of Color Communities (second resolved).
11. Serve as a resource to the American Board of Emergency Medicine (ABEM) by developing processes to identify knowledge gaps in the current Key Advance Categories and submit content to be considered for inclusion as a Key Advance learning resource.
12. Review Referred Amended Resolution 44(23) Clinical Policy – Emergency Physicians' Role in the Medication & Procedural Management of Early Pregnancy Loss and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is medication management initiated in the emergency department by an emergency physician safe and effective compared to expectant management?; and be it further

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is procedural management in the emergency department by an emergency physician safe and effective compared to expectant management?