# Board of Directors Meeting
# Information Agenda Materials

# June 24-25, 2020

# ACEP Headquarters Virtual Meeting
# Irving, TX

Board of Directors Conference Call Meeting
June 24-25, 2020

INFORMATION AGENDA
(Items will not be discussed.)

I. Schedule for October Board of Directors Meetings (1)

II. Reports
  A. *Annals of Emergency Medicine* Reports (2)
  B. *JACEP Open* Report (3)
  C. Chapter Leader Visit Report (4)
  D. Chapter Updates (5)
  E. Clinical Ultrasound Accreditation Annual Report (6)
  F. Emergency Medicine Policy Institute (formerly EM Action Fund) Annual Report (7)
  G. Emergency Medicine Foundation Report (8)
  H. Emergency Medicine Residents' Association Report (9)
  I. Membership Statistics (10)
  J. National Emergency Medicine Political Action Committee Report (11)

III. Conflict of Interest Disclosure Statement (12)

IV. Staff Information
  A. Staff Benefits Information for 2020 Plan Year (13)

V. Information Papers and Resources
  1. Ethical Issues in Access to Emergency Care for Undocumented Immigrants (14)
  2. Patterns and Trends of Scholarly Activity in EM Residency Training Programs (15)
  3. Smart Phrases (16)
  4. Stigma in the ED (17)

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Sonja R. Montgomery, CAE
Governance Operations Director

**Date:** June 8, 2020

**Subj:** October 23 and October 29, 2020 Board of Directors Meetings

Please notify me by September 4, 2020, if you would like to place an item on the agenda for the October 23 and 30 Board of Directors meeting. Written background information on each item should be submitted to me by October 2 to be included in the Board meeting materials.


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Dean Wilkerson, JD, MBA, CAE

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Michael L. Callaham, MD, FACEP

**Date:** May 18, 2020

**Subject:** Editor in Chief's Report on *Annals*' Activities

*Annals of Emergency Medicine's* submissions continue to be robust. Details of the journal's success are provided below and in Attachment A.

**Manuscript/Peer Review Update**
Manuscript submission numbers continue to be strong. The influx of COVID19 manuscripts has more than doubled our monthly submission rate (in April 2020 we received 401 manuscripts; normal average is 175-200/month). To date, *Annals* has processed 1,320 new manuscripts, with a time to decision turnaround of 9.2 days. The staff and editors have borne up well under this strain. We also successfully trialed a new very fast track, to be used only very sparingly for important COVID papers; the most notable example was published on the Elsevier preprint server 3 days after we received it and within less than 2 weeks had hundreds of full text downloads. However, we are not promoting this because so few of the COVID submissions were sufficiently important to qualify.

**Social Emergency Medicine and Sickle Cell Supplements**
The supplement on social emergency medicine was published with the November 2019 issue. The sickle cell supplement sponsored by the CDC will publish with the September 2020 issue, to coincide with Sickle Cell Awareness Month.

**Editor Contracts and Reappointment Letters**
Editor contracts for 2020-2021 will be mailed to all editors; reappointment letters will be sent in June.

**Article Responsive Design**
The articles on the Elsevier-maintained site, www.annemergmed.com, will soon be converted to a responsive design format. Articles will look uniform across all devices and article and journal pages will be more easily found by search engines.

**Publisher's Report**
The year-to-date report from the publisher is provided (Attachment A).

The journal continues to thrive on all fronts. We appreciate ACEP's ongoing support and look forward to continued success in 2020.

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# Annals of Emergency Medicine

Publisher's Report May 2020

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## Executive Summary

This *Annals of Emergency Medicine* Publisher's Report serves to provide an overview of 2020 individual and institutional subscriptions, online usage metrics for January through April 2020 for annemergmed.com, ScienceDirect, ClinicalKey, the *Annals* iOS and Android Apps, as well as an overview of commercial markets, and citation and PlumX reporting.

Online metrics for *Annals* to date in 2020 show growth in Full Text Access on www.annemergmed.com (129%), and a slight decline ScienceDirect (1.4%) and a decline in ClinicalKey usage (17%) compared to the same period in 2019. Print subscriptions (individual, institutional, and ACEP members) have decreased slightly in 2020 versus 2019, primarily due to moving international and student ACEP members to online only.

The Emergency Medicine category has taken an even steeper decline advertising spending, with Kantar Media reports (March 2020) showing a 31.1% decline in print advertising spend in the Emergency Medicine market overall compared to the same time period in 2019.

## Publishing Overview

### Print Circulation

Through December 2019, total print circulation decreased by 14.5.% compared to 2018. This is primarily due to planned decreases in ACEP member print deliveries, driven by a decision to move international and student members to online-only access.

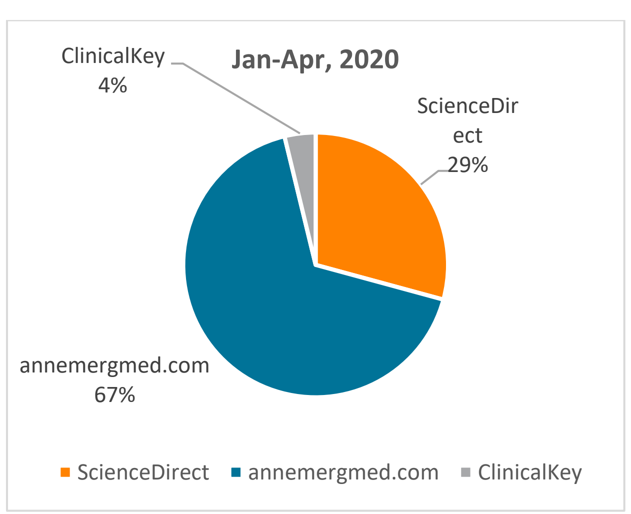
| Category | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 |
|---|---|---|---|---|---|---|---|---|---|---|
| ***North America*** | | | | | | | | | | |
| Individuals | 150 | 146 | 180 | 185 | 200 | 260 | 315 | 342 | 389 | 465 |
| Institutions | 64 | 81 | 102 | 128 | 163 | 218 | 286 | 369 | 490 | 576 |
| Residents | 2 | 4 | 7 | 15 | 13 | 15 | 28 | 31 | 35 | 40 |
| Members | 31,895 | 36,410 | 35,686 | 33,969 | 32,272 | 30,958 | 30,698 | 29,742 | 28,855 | 27,652 |
| ***Subtotal*** | ***32,110*** | ***36,641*** | ***35,975*** | ***33,997*** | ***32,681*** | ***31,378*** | ***31,327*** | ***30,484*** | ***29,769*** | ***28,733*** |
| ***International*** | | | | | | | | | | |
| Individuals | 37 | 42 | 44 | 38 | 49 | 40 | 36 | 46 | 57 | 79 |
| Institutions | 57 | 8 | 86 | 99 | 130 | 177 | 207 | 295 | 314 | 423 |
| Residents | 2 | 1 | 3 | 6 | 3 | 3 | 5 | 4 | 7 | 6 |
| Members | 27 | 996 | 1,015 | 999 | 887 | 920 | 859 | 831 | 717 | 688 |
| ***Subtotal*** | ***123*** | ***1,047*** | ***1,148*** | ***1,142*** | ***1,069*** | ***1,140*** | ***1,107*** | ***1,176*** | ***1,095*** | ***1,196*** |
| **Grand Total** | **32,233** | **37,688** | **37,123** | **35,166** | **34,126** | **33,011** | **32,434** | **31,660** | **30,864** | **29,929** |

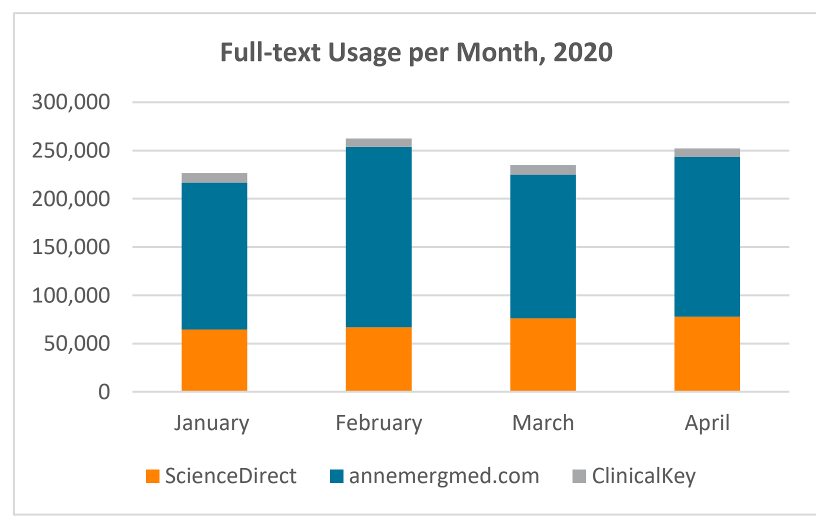
## Online Subscription and Usage

### Usage by Platform (full-text access)

*Annals* is available online on three different platforms, at www.annemergmed.com on Health Advance (JBS) for ACEP Members and individual subscribers; on ScienceDirect for online institutional subscribers in research institutions; and on ClinicalKey for clinicians in hospital settings. Since 2016, ScienceDirect subscribers can now also access articles on annemergmed.com if they are IP authenticated, which has driven the usage growth on annemergmed.com.

Following is a breakdown of 2020 YTD Full Text Access (FTA) usage by platform. To date in 2020, 67% of Annals articles were accessed and read on www.annemergmed.com, 29% on ScienceDirect, and 4% on ClinicalKey.



A glossary of metrics terminology is included in Appendix F.

## Usage on www.annemergmed.com

*Annals* online usage as measured by full text accesses (FTAs) on www.annemergmed.com for January – Apr 2020 grew by 129%, with a total 835,312 FTAs compared to 365,483 for the same period in 2019.

During this same time period the other indicators have increased/decreased as follows:
Page views: 7.8% decrease; Authenticated Page Views: 10% decrease; Visits: 8.6% decrease, and Authenticated Visits: 4.3% increase.

**2020 Jan - Mar Website Metrics for www.annemergmed.com**

| Month | Page Views | Authent. Page Views | Visits | Authent. Visits | Unique Visitors | Full-text Articles Requested | | |
|---|---|---|---|---|---|---|---|---|
| **January** | 158,113 | 12,688 | 88,283 | 2,730 | 66,529 | 263,886 | | |
| **February** | 157,090 | 11,141 | 86,507 | 2,403 | 65,442 | 321,725 | | |
| **March** | 144,251 | 8,527 | 79,781 | 2,098 | 62,131 | 249,701 | | |
| **2020 YTD Total** | 459,454 | 32,356 | 254,571 | 7,231 | 194,102 | 835,312 | | |
| **2019 YTD Total** | 498,313 | 35,954 | 278,491 | 6,932 | 223,648 | 365,483 | 365,483 | 624,460 |

**2019 Website Metrics for www.annemergmed.com**

| Month | Page Views | Authent. Page Views | Visits | Authent. Visits | Unique Visitors | Full-text Articles Requested |
|---|---|---|---|---|---|---|
| **January** | 160,496 | 11,731 | 85,987 | 1,946 | 71,888 | 114,446 |
| **February** | 166,335 | 11,108 | 96,214 | 2,116 | 77,653 | 127,663 |
| **March** | 171,482 | 13,115 | 96,290 | 2,870 | 74,107 | 123,374 |
| **April** | 169,717 | 14,307 | 95,699 | 2,623 | 76,173 | 139,836 |
| **May** | 162,135 | 13,048 | 88,852 | 2,644 | 66,691 | 130,286 |
| **June** | 130,047 | 9,697 | 68,261 | 2,041 | 55,437 | 103,246 |
| **July** | 141,311 | 12,011 | 76,636 | 2,534 | 61,389 | 133,520 |
| **August** | 151,379 | 13,106 | 82,655 | 2,601 | 65,328 | 113,465 |
| **September** | 180,790 | 13,528 | 105,819 | 2,983 | 79,846 | 206,302 |
| **October** | 154,372 | 12,196 | 86,973 | 2,533 | 67,987 | 206,409 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **November** | 165,634 | 14,207 | 93,583 | 2,969 | 74,155 | 168,035 |
| **December** | 149,080 | 12,580 | 84,324 | 2,636 | 65,430 | 172,173 |
| Total | **1,902,778** | **150,634** | **1,061,293** | **30,496** | **836,084** | **1,738,755** |

**2018 Website Metrics for www.annemergmed.com**

| Month | Page Views | Authent. Page Views | Visits | Authent. Visits | Unique Visitors | Full-text Articles Requested |
|---|---|---|---|---|---|---|
| **January** | 141,534 | 12,694 | 66,848 | 2,484 | 55,746 | 70,275 |
| **February** | 153,960 | 13,413 | 71,653 | 2,443 | 60,597 | 80,436 |
| **March** | 170,669 | 12,596 | 82,937 | 2,478 | 70,749 | 86,725 |
| **April** | 161,048 | 12,354 | 79,503 | 2,367 | 67,797 | 84,680 |
| **May** | 142,203 | 9,685 | 71,969 | 1,975 | 61,224 | 94,792 |
| **June** | 148,432 | 10,465 | 74,881 | 1,970 | 63,165 | 82,189 |
| **July** | 140,010 | 10,992 | 69,465 | 2,000 | 58,798 | 91,247 |
| **August** | 186,542 | 11,823 | 107,204 | 2,283 | 91,615 | 147,992 |
| **September** | 161,166 | 10,735 | 90,096 | 1,987 | 75,736 | 123,830 |
| **October** | 170,272 | 11,255 | 92,291 | 1,989 | 75,927 | 130,124 |
| **November** | 167,244 | 11,936 | 92,825 | 2,164 | 75,732 | 122,219 |
| **December** | 147,252 | 10,379 | 80,554 | 1,953 | 62,271 | 115,592 |
| **Total** | **1,890,332** | **138,327** | **980,226** | **26,093** | **819,357** | **1,230,101** |

**2017 Website Metrics for www.annemergmed.com**

| Month | Page Views | Authent. Page Views | Visits | Authent. Visits | Unique Visitors | Full-text Articles Requested |
|---|---|---|---|---|---|---|
| **January** | 128,488 | 15,243 | 57,013 | 2,788 | 46,952 | 48,050 |
| **February** | 130,287 | 12,463 | 54,465 | 2,302 | 44,798 | 52,851 |
| **March** | 141,624 | 16,895 | 61,523 | 3,006 | 51,199 | 50,652 |
| **April** | 120,635 | 13,537 | 53,063 | 2,537 | 44,174 | 46,739 |
| **May** | 126,352 | 13,997 | 57,040 | 2,809 | 46,851 | 79,382 |
| **June** | 123,073 | 14,512 | 56,055 | 2,673 | 46,626 | 72,344 |
| **July** | 130,696 | 14,873 | 63,643 | 2,843 | 54,294 | 91,127 |
| **August** | 131,639 | 15,259 | 64,049 | 2,844 | 54,237 | 77,659 |
| **September** | 131,665 | 15,700 | 61,963 | 3,057 | 52,040 | 71,498 |
| **October** | 138,098 | 13,768 | 64,773 | 2,743 | 53,194 | 100,592 |
| **November** | 134,868 | 14,837 | 60,628 | 2,594 | 49,971 | 66,233 |
| **December** | 107,324 | 11,601 | 48,776 | 2,227 | 40,256 | 54,254 |
| **Totals** | **1,437,425** | **172,685** | **624,215** | **30,196** | **544,336** | **730,127** |

## Online Institutional Subscriptions

As of December 2019, there is a 2.9% increase in total institutional online subscriptions versus 2018. It is important to note that these subscriptions are just a small percentage of institutional subscriptions on ScienceDirect, as most institutional subscribers access *Annals* as part of the Freedom Collection on ScienceDirect.

| | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| **North America** | 274 | 273 | 309 | 288 | 291 | 285 | 331 | 278 | 273 |
| **International** | 226 | 213 | 419 | 379 | 269 | 398 | 363 | 246 | 241 |
| **TOTAL** | **500** | **486** | **725** | **667** | **560** | **683** | **694** | **524** | **514** |

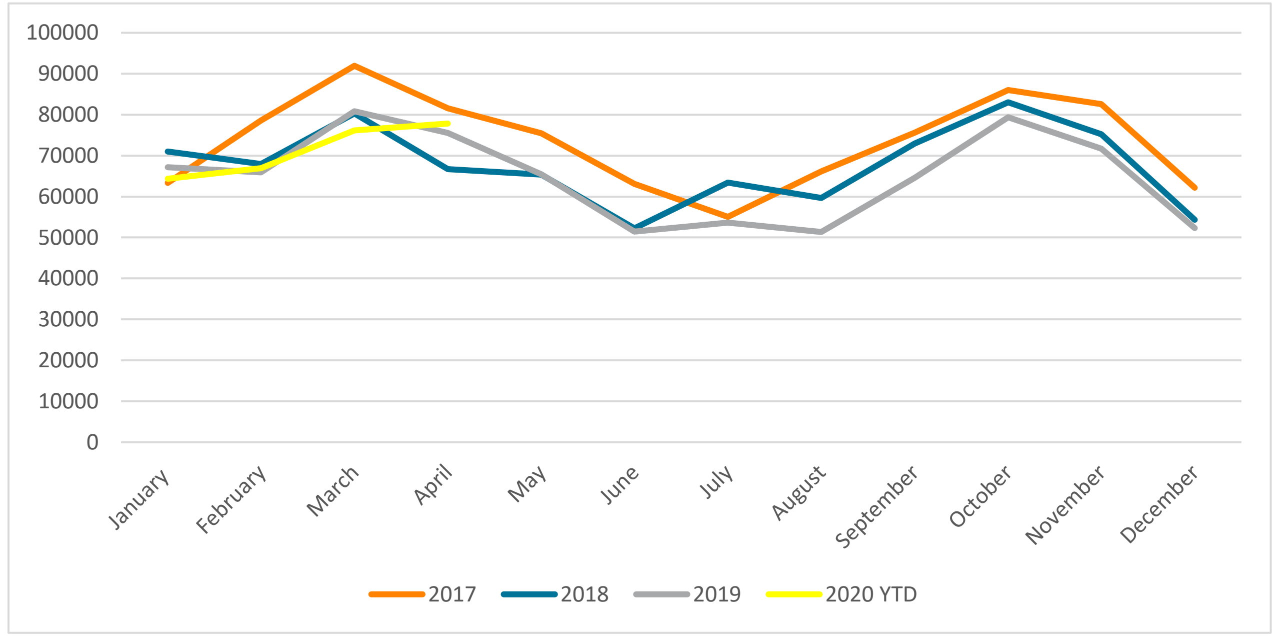
## Institutional: ScienceDirect Usage

Full-text article downloads on ScienceDirect from January to April in 2020 decreased 1.4% compared to the same period in 2019. This could be due to the migration from ScienceDirect customers to the www.annemergmed.com site, which they now can access if IP authenticated, as can be witnessed by the usage increase on www.annermergmed.com.

**January 2011–April 2020 2019 Full-text *Annals* Requests on ScienceDirect**

| | 2020 YTD | 2019 YTD | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 |
|---|---|---|---|---|---|---|---|---|---|
| **Full-text Usage** | **285,285** | **289,386** | 779,159 | 812,252 | 856,313 | 900,466 | 929,146 | 841,376 | 735,522 |
| **Growth** | **-1.42%** | | -4.1% | -9.0% | -5.0% | -3.0% | 10.4% | 14.3% | 19.7% |

**Full-text *Annals* Requests on ScienceDirect per Month, January 2017 – April 2020**



## Institutional: ClinicalKey Usage

*Annals* full-text views on ClinicalKey have decreased 17% January to April 2020 compared to the same period in 2019.

### 2020 YTD Usage on ClinicalKey per Month

| 2020 | JAN | FEB | MAR | APR | Total |
|---|---|---|---|---|---|
| **Full Text Views** | 9,998 | 8,638 | 9,993 | 8,371 | 37,000 |
| **PDF Downloads** | 4,431 | 3,412 | 4,825 | 3,177 | 15,845 |
| **Views** | 5,567 | 5,226 | 5,168 | 5,194 | 21,155 |
| **Print** | 143 | 117 | 84 | 4 | 405 |
| **E-mail a List/Citation** | 19 | 22 | 22 | 59 | 122 |
| **Add to Reading List** | 13 | 18 | 9 | 15 | 55 |
| **Export in Power Point** | 6 | 2 | 2 | 0 | 10 |

### 2019 Usage on ClinicalKey per Month

| 2019 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Full Text Views** | 10,642 | 10,610 | 11,809 | 11,619 | 8,942 | 8,257 | 7,689 | 9,684 | 10,750 | 11,595 | 9,271 | 7,715 | **118,583** |
| **PDF Downloads** | 4,503 | 4,302 | 4,937 | 4,463 | 1987 | 3156 | 3148 | 3710 | 4,468 | 4,443 | 3,727 | 2,961 | **45,805** |
| **Views** | 6,139 | 6,308 | 6,872 | 7,156 | 6,955 | 5,101 | 4,514 | 5,974 | 6,282 | 7,152 | 5,544 | 4,754 | **72,778** |
| **Print** | 135 | 139 | 137 | 163 | 145 | 113 | 117 | 134 | 147 | 143 | 138 | 98 | **1,609** |
| **E-mail a List/Citation** | 17 | 39 | 58 | 39 | 35 | 13 | 27 | 21 | 28 | 37 | 22 | 18 | **354** |
| **Add to Reading List** | 18 | 16 | 13 | 43 | 40 | 5 | 23 | 11 | 33 | 12 | 13 | 35 | **262** |
| **Export in Power Point** | 0 | 6 | 20 | 6 | 6 | 4 | 3 | 4 | 5 | 3 | 1 | 0 | **58** |

### 2018 Usage on ClinicalKey per Month

| 2018 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Full Text Views** | 10,358 | 10,507 | 13,397 | 12,303 | 14,825 | 9,703 | 10,197 | 11,292 | 11,477 | 13,432 | 11,516 | 9,397 | **138,404** |
| **PDF Downloads** | 4,942 | 4,485 | 6,219 | 5,293 | 5,621 | 4,168 | 4,609 | 4,744 | 4,693 | 5,998 | 4,724 | 4,234 | **59,730** |
| **Views** | 5,416 | 6,022 | 7,178 | 7,010 | 9,204 | 5,535 | 5,588 | 6,548 | 6,784 | 7,434 | 6,792 | 5,163 | **78,674** |
| **Print** | 97 | 95 | 138 | 134 | 174 | 100 | 136 | 130 | 126 | 131 | 146 | 123 | **1,530** |
| **E-mail a List/Citation** | 28 | 36 | 121 | 35 | 31 | 34 | 50 | 36 | 67 | 67 | 55 | 53 | **613** |
| **Add to Reading List** | 16 | 30 | 13 | 46 | 13 | 15 | 46 | 15 | 9 | 21 | 18 | 83 | **325** |
| **Export in Power Point** | 0 | 4 | 5 | 1 | 5 | 7 | 1 | 2 | 17 | 15 | 6 | 0 | **63** |

### 2017 Usage on ClinicalKey per Month

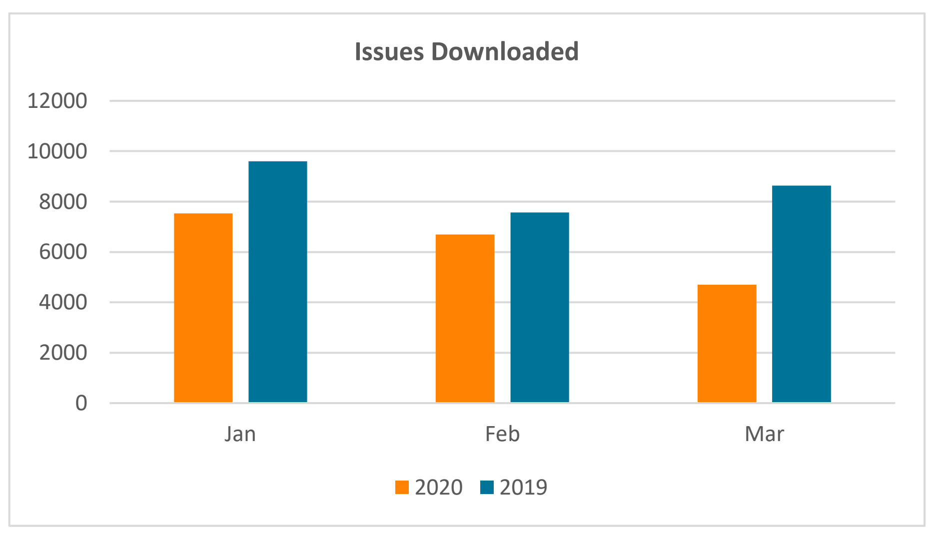
| 2017 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Text Views | 11,188 | 9,492 | 11,298 | 9,738 | 9,554 | 7,188 | 9,595 | 11,639 | 8,716 | 9,592 | 10,107 | 7,896 | **116,003** |
| PDF Downloads | 6,334 | 4,270 | 4,636 | 3,890 | 3,983 | 3,202 | 4,626 | 5,991 | 3,773 | 4,015 | 4,950 | 3,736 | **53,406** |
| Views | 4,854 | 5,222 | 6,662 | 5,848 | 5,571 | 3,986 | 4,969 | 5,648 | 4,943 | 5,577 | 5,157 | 4,160 | **62,597** |
| Print | 99 | 144 | 171 | 121 | 82 | 66 | 108 | 109 | 98 | 99 | 121 | 79 | **1,297** |
| E-mail a List/Citation | 51 | 47 | 81 | 83 | 46 | 62 | 18 | 29 | 40 | 42 | 21 | 35 | **555** |
| Add to Reading List | 9 | 24 | 110 | 17 | 22 | 7 | 24 | 32 | 10 | 42 | 13 | 16 | **326** |
| Export in Power Point | 0 | 8 | 17 | 7 | 0 | 2 | 6 | 15 | 6 | 4 | 12 | 7 | **84** |

### ClinicalKey Usage January-August, 2013-2020

| | Full-text Views | Print | E-mail a List/Citation | Add to Reading List | Export in PowerPoint |
|---|---|---|---|---|---|
| 2020 | 37,000 | 405 | 122 | 55 | 10 |
| 2019 | 118,583 | 1,609 | 354 | 262 | 58 |
| 2018 | 92,582 | 1,004 | 371 | 194 | 25 |
| 2017 | 79,692 | 900 | 417 | 245 | 55 |
| 2016 | 73,329 | 871 | 343 | 229 | 31 |
| 2015 | 59,142 | 841 | 377 | 141 | 52 |
| 2014 | 34,217 | 641 | 113 | 182 | 142 |
| 2013 | 14,904 | 343 | 58 | 158 | 113 |

## *Annals* Mobile App Usage

In 2020 January through March, there were 4,196 authenticated page views, and 18,917 issues downloaded.



**2019 Mobile App usage:**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Unique Visitors | 1,457 | 1,307 | 1,340 | 1,036 | 1,143 | 1,127 | 1,176 | 1,204 | 1,305 | 1,228 | 1,194 | 1,143 | **14,660** |
| Visits | 2,330 | 1,980 | 2,068 | 1,601 | 1,751 | 1,664 | 1,746 | 1,799 | 1,973 | 2,614 | 1,884 | 1,751 | **23,161** |
| Visits from USA | 1,197 | 1,013 | 1,060 | 827 | 887 | 864 | 875 | 923 | 1,042 | 1,423 | 1,012 | 916 | **12,039** |
| Page Views | 12,554 | 10,580 | 11,958 | 9,916 | 9,430 | 8,693 | 9,640 | 10,797 | 11,559 | 11,547 | 11,042 | 10,144 | **127,860** |
| Authenticated Page Views | 1,666 | 1,604 | 1,826 | 1,730 | 1,082 | 1,265 | 1,196 | 1,731 | 1,900 | 1,100 | 2,461 | 1,943 | **19,504** |
| Abstracts Viewed | 0 | 9 | 0 | 3 | 0 | 3 | 1 | 11 | 7 | 2 | 8 | 0 | **44** |
| Full Text Articles Viewed | 1,976 | 1,583 | 1,809 | 1,550 | 1,121 | 927 | 1,065 | 1,285 | 1,698 | 1,071 | 1,878 | 1,489 | **17,452** |
| Issues Downloaded | 9,605 | 7,570 | 8,633 | 6,164 | 6,482 | 6,416 | 3,887 | 9,271 | 8,189 | 10,510 | 9,565 | 8,027 | **94,319** |

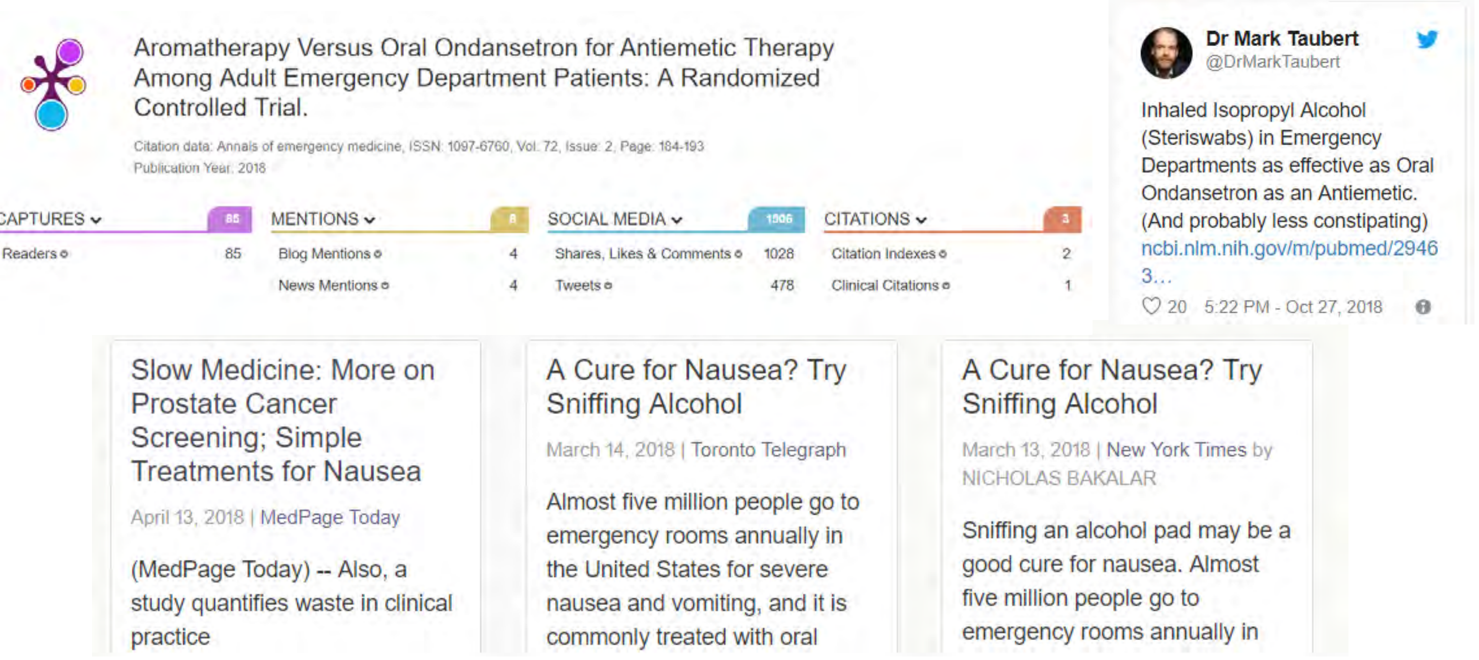
## PlumX

PlumX Metrics provide insights into the ways people interact with individual pieces of research output (articles, conference proceedings, book chapters, and many more) in the online environment. To support like-with-like analysis and help make sense of the huge amounts of data involved (check out the metrics sources here), they are divided into five categories:

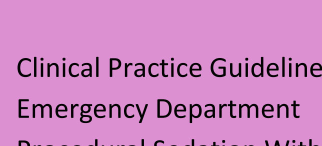
- Usage – A way to signal if anyone is reading the articles or otherwise using the research. Usage is the number one statistic researchers want to know after citations.
- Captures – Indicates that someone wants to come back to the work. Captures can be an early indicator of citations.
- Mentions – Measurement of activities such as news articles or blog posts about research. Mentions is a way to tell that people are truly engaging with the research.
- Social media – This category includes the tweets, Facebook likes, etc. that reference the research. Social Media can help measure "buzz" and attention. Social media can also be a good measure of how well a particular piece of research has been promoted.
- Citations – This is a category contains traditional citation indexes such as Scopus, as well as citations that help indicate societal impact such as Clinical or Policy Citations. This is a way to understand the societal impact of the research.

The five categories of metrics are displayed for quick and easy understanding in a data visualization known as the **Plum Print**. When users rollover the Plum Print, more detail for each of the categories is visible. They can also click on the Plum Print to see all the detail of the metrics.

Each circle in the Plum Print represents the metrics in the associated category by color. The larger the circle, the more metrics in that category. There is a variety of ways to represent the Plum Print on article pages or in result lists.




**Top Articles Published in 2019 and 2020 YTD per Plum category:**



**Captures: 199**

Clinical Practice Guideline for Emergency Department Procedural Sedation With Propofol: 2018 Update. (2019)

**Social Media: 11,385**
Pneumothorax and Hemothorax in the Era of Frequent Chest Computed Tomography for the Evaluation of Adult Patients With Blunt Trauma (2019)

**Usage: 729**

Trauma-Informed Care for Violently Injured Patients in the Emergency Department. (2019)

**Citations: 31**

The 2018 Surviving Sepsis Campaign's Treatment Bundle: When Guidelines Outpace the Evidence Supporting Their Use. (2019)

**Mentions: 25**
Circumferential Partial-Thickness Burn Caused by Mobile Telephone Charger: A Case Report. (2020)

**Top Social Media Articles among Recent Issues** (published 2019-2020 YTD):

| Article Title | Social Media Score | Plum Print |
|---|---|---|
| Pneumothorax and Hemothorax in the Era of Frequent Chest Computed Tomography for the Evaluation of Adult Patients With Blunt Trauma | **11,385** | |
| Hypothermic Cardiac Arrest With Full Neurologic Recovery After Approximately Nine Hours of Cardiopulmonary Resuscitation: Management and Possible Complications | **2,985** | |
| My Job: A Courtroom Victim Impact Statement | **1,798** | |
| Comparison of Oral Ibuprofen at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | **1,305** | |
| Is Use of Warning Lights and Sirens Associated With Increased Risk of Ambulance Crashes? A Contemporary Analysis Using National EMS Information System (NEMSIS) Data | **825** | |

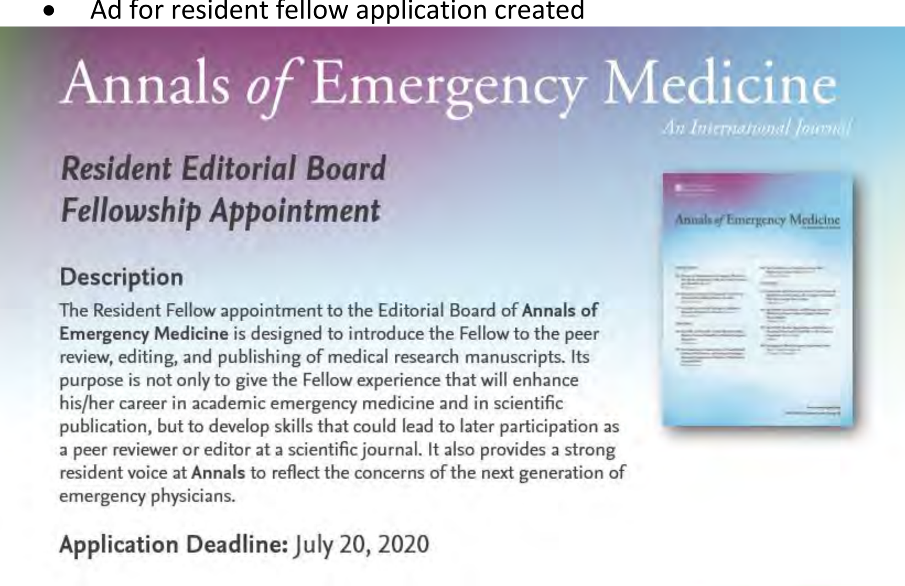
## *Annals of Emergency Medicine* 2020 Year to Date Marketing

### Ongoing Activities

- Monthly emails featuring the journal's Table of Contents (e-ToCs)
- Automatic subscription renewal campaigns
- CiteAlert notifications to authors when their paper has been cited by another journal
- Posting *Annals* content and re-Tweeting from *Annals*'s Twitter account on our Emergency Twitter page: @ELS_Emerg_Med. Below are several examples:

### Other Marketing Activities

- Ad for resident fellow application created



## Email Campaigns:

- **AEM Top Cited Multistep Campaign.**
  - **Step 1:** OR: 23.98% CTR: 2.19% CTOR: 9.14%
  - **Step 2 (To Non-Openers):** Awaiting Results
  - **Step 3 (To openers of steps 1 & 2):** Awaiting Results

- **Oncology Campaign**
  - Awaiting Results

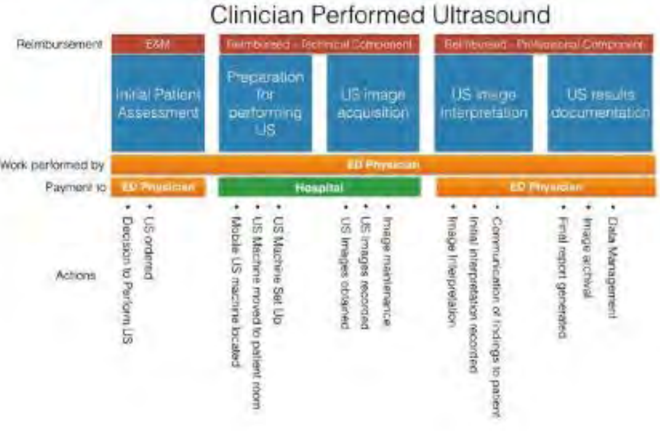
## Twitter Highlights

**ELS_Emerg_Med** @ELS_Emerg_Med • Apr 27

Inhaled Methoxyflurane Provides Greater Analgesia and Faster Onset of Action Versus Standard Analgesia in Patients With Trauma Pain: InMEDIATE: A Randomized Controlled Trial in Emergency Departments short.url/aBcXyZ

**ELS_Emerg_Med** @ELS_Emerg_Med • Mar 9

#EmergencyMedicineGuidelines...Ultrasound Guidelines: Emergency, Point-of-Care and Clinical Ultrasound Guidelines in Medicine short.url/aBcXyZ



**ELS_Emerg_Med** @ELS_Emerg_Med • Jan 13

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose - short.url/aBcXyZ

**ELS_Emerg_Med** @ELS_Emerg_Med • Feb 26
Risk Factors for Misuse of Prescribed Opioids: A Systematic Review and Meta-Analysis short.url/aBcXyZ

Editor's Capsule Summary

*What is already known on this topic*

Injudicious opioid prescribing is linked to misuse and adverse outcomes.

*What question this study addressed*

What risk factors in opioid-naive patients are associated with subsequent opioid misuse?

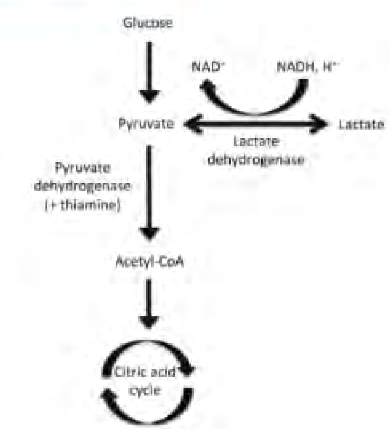
*What this study adds to our knowledge*

This systematic review of 67 studies found that current or previous substance use, mental health diagnoses, and younger age are associated with greater risk of developing problematic opioid use after an initial prescription.

*How this is relevant to clinical practice*

There may be a group of patients needing an even more cautious approach to opioid prescribing.

**ELS_Emerg_Med** @ELS_Emerg_Med • Jan 27
Demystifying Lactate in the Emergency Department
short.url/aBcXyZ



**ELS_Emerg_Med** @ELS_Emerg_Med • Jan 6
Top Downloaded and #OpenAccess article from @AnnalsofEM - Imaging in Suspected Renal Colic: Systematic Review of the Literature and Multispecialty Consensus short.url/aBcXyZ

Editor's Capsule Summary

*What is already known on this topic*

Computed tomography (CT) scanning is commonly used for patients with suspected renal colic, and ultrasonography may be underused.

*What question this study addressed*

This literature review and multispecialty expert panel sought to reach consensus on imaging strategies in different clinical scenarios and to specify when CT was not necessary in the emergency department (ED).

*What this study adds to our knowledge*

Urologists, radiologists, and emergency physicians agreed that in many scenarios, CT is not necessary.

*How this is relevant to clinical practice*

CT is not necessary in the ED evaluation of many patients with suspected renal colic, and the decision should be influenced by factors including age, clinical suspicion, history of kidney stone, pregnancy, and relief of pain.

## Commercial Sales

### Advertising

Kantar Media reports (March 2020) show a 31.1% decline in print advertising spend in the Emergency Medicine market compared to the same time period in 2019; *Annals* is down 64.2% in this period, and is now in the fourth position (out of the eight publications surveyed in this monthly report) in advertising dollars for the Emergency Medicine category, and is the top academic journal in the category. Details of the March 2020 Kantar report are below.

In 2020, *Annals* display ad revenue has been driven by ads from Xarelto and Paratek. Eliquis is the third major advertiser in Emergency Medicine at this time, but did not budget for *Annals* ads.

DOLLARS (000) — Publication Summary: Med/Surg by Publication Group — Mar, 2020

| JAR Group Publications | Coded | YTD Rank | | | YTD Total | | | YTD % Share | | | YTD % Change | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mar '20 | 2020 | 2019 | 2018 | 2020 | 2019 | 2018 | 2020 | 2019 | 2018 | '20 > '19 | '19 > '18 |
| EMERGENCY MEDICINE | | | | | 526 | 763 | 813 | 0.6 | 0.7 | 0.7 | -31.1 | -6.1 |
| EMERGENCY MEDICINE NEWS | 1 | 1 | 2 | 1 | 221 | 207 | 304 | 42.1 | 27.2 | 37.4 | 6.6 | -31.8 |
| ACEP NOW | 1 | 2 | 1 | 2 | 163 | 319 | 253 | 31.0 | 41.8 | 31.1 | -48.9 | 26.3 |
| EMERGENCY PHYSICIANS MONTHLY | 1 | 3 | 4 | 4 | 94 | 95 | 91 | 17.9 | 12.5 | 11.1 | -1.1 | 5.2 |
| ANNALS OF EMERGENCY MEDICINE | 1 | 4 | 3 | 3 | 44 | 124 | 95 | 8.4 | 16.2 | 11.7 | -64.2 | 30.6 |
| AIR MEDICAL JOURNAL | --- | 5 | 6 | 7 | 3 | 5 | 11 | 0.6 | 0.7 | 1.3 | -40.0 | -52.4 |
| AMERICAN JRL OF EMERGENCY MEDICINE | --- | --- | 7 | --- | --- | 2 | --- | --- | 0.3 | --- | -100.0 | NA |
| EMERGENCY MEDICINE | --- | --- | --- | 5 | --- | --- | 49 | --- | --- | 6.0 | NA | -100.0 |
| JOURNAL OF EMERGENCY MEDICINE | --- | --- | 5 | 6 | --- | 10 | 11 | --- | 1.3 | 1.3 | -100.0 | -10.3 |

Source: Kantar Media, March 2020 JAR Report

### Reprints

There has been one reprint order in 2020 to date, shown in the table below.

| Client Name | Issue Date | Article Name | Author |
|---|---|---|---|
| Chiesi USA Inc. | Mar 1, 2009 | Clevidipine, an Intravenous Dihydropyridine Calcium Channel Blocker, Is Safe and Effective for the T | Pollack |

## Appendix A: *Annals* on annemergmed.com

### Top Accessed Articles, 2020 Jan - Mar

| Accesses in 2020 | Article Title | Author(s) | Vol/Iss | Cover Date |
|---|---|---|---|---|
| 19,039 | In reply | Li, G.; Baker, S. | 48/5 | November 2006 |
| 3,600 | Man With Cyanosis and Altered Mental Status | Runkle, A.; Block, J.; Haydar, S. | 75/1 | January 2020 |
| 3,480 | A Woman's Secret | Wang, Y.; Wang, C.; Liu, K. | 62/3 | September 2013 |
| 3,016 | Man With Thigh Pain | Miyagami, T.; Suyama, Y.; Takahashi, Y.; Yang, K.; Naito, T. | 75/2 | February 2020 |
| 2,747 | Man With Pigmentation on Left Flank | Barbara, P.; Seo, C.; Murphy-Hockett, C.; Hahn, B. | 67/6 | June 2016 |
| 2,738 | Female With Asymmetrically Dilated Right Pupil | Chin, J. | 64/6 | December 2014 |
| 2,511 | Teenager With Scalp Mass | Thomas, V.; Patel, B. | 69/3 | March 2017 |
| 2,496 | Infant With Rash | Miller, J.; Higgins, G. | 64/ | November 2014 |
| 2,360 | Young Girl With Nasal Congestion and Pain | Chasm, R.; Dezman, Z. | 66/5 | October2015 |
| 2,324 | Pregnant Woman With Rash | Mohamed, M.; Long, R.; Krichevskiy, O.; Hughes, M. | 75/4 | February 2020 |
| 2,317 | Images in Emergency Medicine | Nelson, B.; Meyers, C.; Hermann, L. | 49/2 | June 2007 |
| 2,256 | Abdominal Pain in an Adolescent Female | Yanger, S.; Tanaka, K.; Ho, C.; Zia, S. | 66/6 | August 2015 |
| 2,248 | Child After Choking Episode | Cummins, B. | 75/2 | February 2020 |
| 2,232 | Woman With Bleeding Lesion on Her Back | LaBelle, N.; Menchine, M. | 64/1 | July 2014 |

| | | | | |
|---|---|---|---|---|
| 2,218 | Girl With Chest Pain | Scarpa, M.; Rabach, I.; Canuto, A.; Sanabor, D.; Barbi, E.; Schleef, J. | 72/2 | August 2018 |
| 2,168 | Young Boy With Roughening in the Inner Eyelids | de Oliveira Alves, A.; Ferreira, V.; Bernardes Filho, F. | 71/3 | March 2018 |
| 2,096 | An Unusual Cause of Limp in a Toddler | Savage, J.; Attia, M.; Kruse, R. | 67/2 | February 2016 |
| 2,024 | Eleven-Year-Old Male With Weakness | Schlechter, A.; Gorn, M. | 72/2 | August 2018 |
| 1,984 | An Adolescent Male With a Large Palatal Mass | Staple, L.; Saidinejad, M. | 61/6 | June 2013 |
| 1,935 | Woman With Finger Pain | Grugan, B.; Palter, J.; Weber, J. | 75/1 | January 2020 |
| 1,898 | Man With Necrotizing Ulcers on the Leg | Mevius, H.; Quax, R.; Alsma, J. | 68/2 | August 2016 |
| 1,895 | Baby With a Rash | Sanders, J.; Tay, E. | 64/2 | August 2014 |
| 1,807 | Man With Chest Pain | Arthurs, L.; Ahn, J.; Kim, D. | 75/3 | March 2020 |
| 1,803 | Infant With Episodes of Bilious Vomiting | Friedman, N.; Tessaro, M. | 71/5 | May 2018 |
| 1,747 | Elderly Man in Respiratory Arrest | Mackle, T.; Rhine, D. | 70/4 | October 2017 |

### Top Accessed Articles, 2019

| Accesses in 2019 | Article Title | Author(s) | Vol/Iss | Cover Date |
|---|---|---|---|---|
| **12,133** | Young Woman With Paraplegia Following a Motor Vehicle Crash | de Agustin, J.; Gomez de Diego, J.; Olivares Morello, D.; Perez de Isla, L. | 68/6 | December 2016 |
| **10,128** | Managing Suicidal Patients in the Emergency Department | Betz, M.; Boudreaux, E. | 67/2 | February 2016 |
| **9,648** | Teenager With Scalp Mass | Thomas, V.; Patel, B. | 69/3 | March 2017 |
| **8,352** | Verification of Endotracheal Tube Placement | | 68/1 | July 2016 |
| **7,933** | An Infant With Fever and Rash | Wei, C.; Tsai, J. | 69/2 | February 2017 |
| **7,307** | Woman With Supposed Anaphylactic Reaction | Elangovan, A.; Chacko, J.; Chatterjee, S.; Kuntoji, B. | 59/2 | February 2012 |
| **7,093** | Adolescent Female With Headache and Nausea | Yanger, S.; Vezzetti, R. | 69/5 | May 2017 |
| **6,587** | Male Infant With Rapidly Progressive Skin Lesions | Lin, C.; Lee, S.; Duh, Y.; Lien, C.; Sung, Y.; Lin, C. | 70/1 | July 2017 |
| **6,538** | Postpartum Woman With Seizures | James, J.; Jose, J. | 69/1 | January 2017 |
| **6,475** | Prehospital Analgesia With Intranasal Ketamine (PAIN-K): A Randomized Double-Blind Trial in AdultsEditor’s Capsule Summary | Andolfatto, G.; Innes, K.; Dick, W.; Jenneson, S.; Willman, E.; et al | 74/2 | August 2019 |
| **6,263** | Newborn With a Rash | Cully, M.; Jackson, B. | 70/5 | November 2017 |
| **6,024** | Infant With a Diffuse Rash and a Fever | Lipe, D. | 71/2 | February 2018 |
| **5,998** | Man With Altered Mental Status and Rash | Mlodzinski, S.; Holstege, C. | 68/2 | September2016 |
| **5,918** | Baby With a Rash | Sanders, J.; Tay, E. | 64/5 | August 2014 |
| **5,874** | Postural Headache? It’s Not a Tumor! | Grock, A.; Mason, J.; Swadron, S. | 69/6 | May 2017 |
| **5,829** | Woman With Red Eyes | Bernardes Filho, F.; Towersey, L.; Hay, R. | 73/5 | June 2019 |
| **5,709** | Man With Dizziness and Vomiting | Sherman, S.; Bellinger, M. | 62/4 | November 2013 |

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|---|---|---|---|---|
| **5,319** | The 2018 Surviving Sepsis Campaign's Treatment Bundle: When Guidelines Outpace the Evidence Supporting Their Use | Spiegel, R.; Farkas, J.; Rola, P.; Kenny, J.; Olusanya, S.; Marik, P.; Weingart, S. | 73/4 | April 2019 |
| **5,305** | Elderly Woman With Tongue Swelling | Vaghasia, P.; Bansal, R.; Grosu, H. | 64/1 | July 2014 |
| **5,298** | Man With Sore Throat and Dyspnea | An, Y.; Yang, C.; Chen, C.; Kuo, C.; Tsai, Y. | 73/5 | May 2019 |
| **5,288** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 | March 2012 |
| **5,155** | Woman With Pain in Left Leg | Bernardes Filho, F.; de Oliveira Alves, A. | 68/4 | October 2016 |
| **5,111** | Adolescent With a Non-Healing Thigh Injury | Lee, J.; DeLaroche, A. | 71/4 | February 2018 |
| **5,012** | Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Acute Headache | Wolf, S.; Byyny, R.; Carpenter, C.; et al | 74/2 | October 2019 |
| **4,959** | Young Child With Strabismus | Fischer, J.; Finkelstein, Y. | 64/4 | August 2014 |

Top 25 Accessed Articles, 2018

| Accesses in 2018 | Article Title | Author(s) | Vol/Iss | Section |
|---|---|---|---|---|
| **35,829** | Young Woman With Paraplegia Following a Motor Vehicle Crash | Jose Alberto de Agustin, Jose Juan Gomez de Diego, et al. | 68/6 | Images in emergency medicine |
| **12,533** | The 2018 Surviving Sepsis Campaign's Treatment Bundle: When Guidelines Outpace the Evidence Supporting Their Use | Rory Spiegel, Joshua D. Farkas, Philippe Rola, Jon-Emile Kenny, et al. | AiP | |
| **10,261** | Managing Suicidal Patients in the Emergency Department | Marian E. Betz, Edwin D. Boudreaux | 67/2 | Injury prevention/expert clinical management |
| **9,887** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Ryan D. Aycock, Lauren M. Westafer, Jennifer L. Boxen, et al. | 71/1 | Imaging/Systematic review/Meta-analysis |
| **9,683** | The Newest Threat to Emergency Department Procedural Sedation | Steven M. Green, Mark G. Roback, Baruch S. Krauss | 72/2 | Pain management and sedation/editorial |
| **9,647** | Child With Diffuse Bullous Rash | Tricia B. Swan, D. Alexander Kranc | 71/3 | Images in emergency medicine |
| **8,834** | Young Boy With Roughening in the Inner Eyelids | Andreia de Oliveira Alves, Valria S. Ferreira, Fred Bernardes Filho | 71/3 | Images in emergency medicine |
| **8,505** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Jeremiah S. Hinson, Michael R. Ehmann, Derek M. Fine, et al. | 69/5 | Imaging/original research |
| **7,944** | Adolescent Male With Abdominal Pain | Simon Craig, Peter Ferguson, et al. | 70/5 | Images in emergency medicine |
| **6,711** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Scott D. Weingart, Richard M. Levitan | 59/3 | Airway/review article |
| **6,562** | Opportunities for Prevention and Intervention of Opioid Overdose in the Emergency Department | Debra E. Houry, Tamara M. Haegerich, Alana Vivolo-Kantor | 71/6 | Health policy/editorial |
| **6,545** | Clinical Policy for Well-Appearing Infants and Children Younger Than 2 Years of Age Presenting to the Emergency Department With Fever | Sharon E. Mace, Seth R. Gemme, Jonathan H. Valente, et al. | 67/5 | Pediatrics/clinical policy |
| **6,414** | Systemic Antibiotics for the Treatment of Skin and Soft Tissue Abscesses: A Systematic Review and Meta-Analysis | Michael Gottlieb, Joshua M. DeMott, Marilyn Hallock, Gary D. Peksa | 73/1 | Infectious disease/systematic review/meta-analysis |
| **5,846** | Young Man With Scratches on His Back | Yu-Guang Chen, Ching-Fu Huang, Ming-Shen Dai | 61/2 | Images in emergency medicine |
| **5,529** | Influence of Shift Duration on Cognitive Performance of Emergency Physicians: A Prospective Cross-Sectional Study | Nicolas Persico, et al. | 72/2 | Physician wellness/original research |

| | | | | |
|---|---|---|---|---|
| **5,311** | Are Corticosteroids Beneficial in the Treatment of Community-Acquired Pneumonia? | Michael Gottlieb, Thomas Seagraves | AiP | |
| **5,002** | Ultrasound Guidelines: Emergency, Point-of-Care and Clinical Ultrasound Guidelines in Medicine | | 69/5 | Policy statement |
| **4,746** | Verification of Endotracheal Tube Placement | | 68/1 | Policy statement |
| **4,657** | Intraosseous Vascular Access Is Associated With Lower Survival and Neurologic Recovery Among Patients With Out-of-Hospital Cardiac Arrest | Takahisa Kawano, Brian Grunau, Frank X. Scheuermeyer, et al. | 71/5 | Emergency medical services/original research |
| **4,269** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department | Lauren R. Klein, Brian E. Driver, James R. Miner, Marc L. Martel, et al. | 72/4 | |
| **4,258** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | | 57/5 | Pain management and sedation/concept |
| **3,941** | Managing Peripheral Facial Palsy | Aris Garro, Lise E. Nigrovic | 71/5 | Neurology/expert clinical management |
| **3,928** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Sergey Motov, Matthew Yasavolian, Antonios Likourezos, Illya Pushkar, Rukhsana Hossain, et al. | 70/2 | Pain management and sedation/original research |
| **3,891** | Modern Epidemiology, 3rd Edition | | 52/4 | Book and media review |
| **3,801** | Postural Headache? It's Not a Tumor! | Andrew Grock, Jessica Mason, Stuart Swadron | 69/5 | |

Top 25 Accessed articles, 2017

| Full-Text Accesses | Article | Author(s) | Vol/Iss | Section |
|---|---|---|---|---|
| **31,499** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Jeremiah S. Hinson, et al. | 69/5 | Imaging/original research |
| **16,069** | Child With Sore Throat | Michael Wawrzyniak, Wesley Eilbert | 68/5 | Images in emergency medicine |
| **13,594** | Infant With Rash | Jonathan D. Miller, George L. Higgins | 64/5 | Images in emergency medicine |
| **13,344** | Woman With Progressively Worsening Retiform Purpura | Nicholls W. Nelson, Brian Hassani, Charles A. Khoury | 69/2 | Images in emergency medicine |
| **9,810** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | | 59/3 | Airway/review article |
| **8,641** | Man With Altered Mental Status and Rash | Sean R. Mlodzinski, Christopher P. Holstege | 68/3 | Images in emergency medicine |
| **7,074** | Man With Pain in Left Eye | Sody A. Naimer | 65/6 | Images in emergency medicine |
| **5,860** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | | 57/5 | Pain management and sedation/concept |
| **5,791** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Sergey Motov, Matthew Yasavolian, , et al. | 70/2 | Pain management and sedation/original research |
| **5,768** | Effectiveness of Apneic Oxygenation During Intubation: A Systematic Review and Meta-Analysis | Lucas Oliveira J. e Silva, Daniel Cabrera, Patricia Barrionuevo, Rebecca L. Johnson, et al. | 70/4 | Airway/systematic review/meta-analysis |
| **4,934** | Comparing Utilization and Costs of Care in Freestanding Emergency Departments, Hospital Emergency Departments, and Urgent Care Centers | Vivian Ho, Leanne Metcalfe, Cedric Dark, Lan Vu, et al. | 70/6 | Health policy/original research |
| **4,405** | Diagnosis of ST-Elevation Myocardial Infarction in the Presence of Left Bundle Branch Block With the ST-Elevation to S-Wave Ratio in a Modified Sgarbossa Rule | Stephen W. Smith, Kenneth W. Dodd, Timothy D. Henry, David M. Dvorak, Lesly A. Pearce | 60/6 | Cardiology/original research |
| **4,246** | Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients With Suspected Acute Nontraumatic Thoracic Aortic Dissection | Deborah B. Diercks, Susan B. Promes, et al. | 65/1 | Cardiology/clinical policy |

| | | | | |
|---|---|---|---|---|
| **4,203** | Ultrasound Guidelines: Emergency, Point-of-Care and Clinical Ultrasound Guidelines in Medicine | | 69/5 | Policy statement |
| **4,189** | Lean Thinking in Emergency Departments: A Critical Review | Holden, R.J. | 57/3 | The practice of emergency medicine/review article |
| **3,865** | Managing Peripheral Facial Palsy | Aris Garro, Lise E. Nigrovic | 71/5 | Neurology/expert clinical management |
| **3,856** | Patient Satisfaction Surveys and Quality of Care: An Information Paper | Heather Farley, Enrique R. Enguidanos, et al. | 64/4 | The practice of emergency medicine/review article |
| **3,545** | Levocetirizine and Prednisone Are Not Superior to Levocetirizine Alone for the Treatment of Acute Urticaria: A Randomized Double-Blind Clinical Trial | Caroline Barniol, Emilie Dehours, et al. | 71/1 | General medicine/Original research |
| **3,332** | Isopropyl Alcohol Nasal Inhalation for Nausea in the Emergency Department: A Randomized Controlled Trial | Kenneth Lee Beadle, Antonia R. Helbling, et al. | 68/1 | General medicine/original research |
| **3,140** | Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care | Richard C. Dart, Lewis R. Goldfrank, et al. | 71/3 | Toxicology/concepts |
| **2,889** | Electrocardiographic Differentiation of Early Repolarization From Subtle Anterior ST-Segment Elevation Myocardial Infarction | | 60/1 | Cardiology/original research |
| **2,841** | Emergency Department Escalation in Theory and Practice: A Mixed-Methods Study Using a Model of Organizational Resilience | Janet E. Anderson, Katherine Henderson, Peter Jaye, et al. | 70/5 | The practice of emergency medicine/original research |
| **2,762** | Opioid Prescribing for Opioid-Naive Patients in Emergency Departments and Other Settings: Characteristics of Prescriptions and Association With Long-Term Use | Molly Moore Jeffery, W. Michael Hooten, Erik P. Hess, et al. | 71/3 | Pain management and sedation/original research |
| **2,709** | The Efficacy of Crotalidae Polyvalent Immune Fab (Ovine) Antivenom Versus Placebo Plus Optional Rescue Therapy on Recovery From Copperhead Snake Envenomation: A Randomized, Double-Blind, Placebo-Controlled, Clinical Trial | Charles J. Gerardo, Eugenia Quackenbush, Brandon Lewis, et al. | 70/2 | Toxicology/original research |
| **2,648** | Effect of the Affordable Care Act Medicaid Expansion on Emergency Department Visits: Evidence From State-Level Emergency Department Databases | Sayeh Nikpay, Seth Freedman, Helen Levy, Tom Buchmueller | 70/2 | |

### Top 25 Accessed articles, 2016

| Accesses in 2016 | Article Title | Author | Vol/Iss | Section |
|---|---|---|---|---|
| **13,472** | Loperamide Abuse Associated With Cardiac Dysrhythmia and Death | William Eggleston, Kenneth H. Clark, Jeanna M. Marraffa | 69/1 | Toxicology/case report |
| **11,048** | Interrogation of Patient Smartphone Activity Tracker to Assist Arrhythmia Management | Joshua Rudner, Carol McDougall, et al. | 68/3 | Cardiology/case report |
| **10,473** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.D., Levitan, R.M. | 59/3 | Airway/review article |
| **6,251** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | | 63/2 | Pain management and sedation/clinical policy |
| **5,825** | Lacerations and Embedded Needles Caused by Epinephrine Autoinjector Use in Children | Julie C. Brown, Rachel E. Tuuri, et al. | 67/3 | Pediatrics/original research |
| **5,757** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin T | Christian Mueller, Evangelos Giannitsis, et al. | 68/1 | Cardiology/original research |
| **5,625** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | | 57/5 | Pain management and sedation/concept |
| **5,280** | Diagnosis of ST-Elevation Myocardial Infarction in the Presence of Left Bundle Branch Block With the ST-Elevation to S-Wave Ratio in a Modified Sgarbossa Rule | Stephen W. Smith, Kenneth W. Dodd, et al. | 60/6 | Cardiology/original research |
| **5,014** | Managing Initial Mechanical Ventilation in the Emergency Department | Scott D. Weingart | 68/5 | Pulmonary/expert clinical management |
| **4,649** | No SIRS; Quick SOFA Instead | Jeremy Samuel Faust | 67/5 | News and perspective |
| **4,502** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Sergey Motov, Matthew Yasavolian, et al. | 70/2 | Pain management and sedation/original research |
| **4,460** | Lean Thinking in Emergency Departments: A Critical Review | | 57/3 | The practice of emergency medicine/review article |
| **3,401** | The Effect of Abdominal Pain Duration on the Accuracy of Diagnostic Imaging for Pediatric Appendicitis | Richard G. Bachur, Peter S. Dayan, et al. | 60/5 | Pediatrics/original research |
| **3,156** | Why I Chose Emergency Medicine | Bruce Campana | 67/5 | Change of shift |
| **2,907** | Electrocardiographic Differentiation of Early Repolarization From Subtle | | 60/1 | Cardiology/original research |

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|---|---|---|---|---|
| | Anterior ST-Segment Elevation Myocardial Infarction | | | |
| **2,504** | Managing Urolithiasis | Ralph C. Wang | 67/4 | General medicine/expert clinical management |
| **2,131** | Patient Perceptions of Computed Tomographic Imaging and Their Understanding of Radiation Risk and Exposure | | 58/1 | Imaging/original research |
| **2,109** | Patient Satisfaction Surveys and Quality of Care: An Information Paper | Heather Farley, Enrique R. Enguidanos, et al. | 64/4 | The practice of emergency medicine/review article |
| **1,859** | A Randomized Controlled Noninferiority Trial of Single Dose of Oral Dexamethasone Versus 5 Days of Oral Prednisone in Acute Adult Asthma | Matthew W. Rehrer, Bella Liu, Marcela Rodriguez, Joseph Lam, Harrison J. Alter | 68/5 | Pulmonary/original research |
| **1,756** | Clinical Policy: Critical Issues in the Evaluation of Adult Patients Presenting to the Emergency Department With Acute Blunt Abdominal Trauma | | 57/4 | Trauma/clinical policy |
| **1,709** | Ketamine as Rescue Treatment for Difficult-to-Sedate Severe Acute Behavioral Disturbance in the Emergency Department | Geoffrey Kennedy Isbister, Leonie A. Calver, Michael A. Downes, Colin B. Page | 67/5 | Pain management and sedation/brief research report |
| **1,675** | Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients in the Emergency Department With Asymptomatic Elevated Blood Pressure | | 62/1 | Cardiology/clinical policy |
| **1,643** | Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Suspected Pulmonary Embolism | | 57/6 | Pulmonary\|Clinical policy |
| **1,636** | Older Patients in the Emergency Department: A Review | | 56/3 | Geriatrics/review article |
| **1,633** | A Population-Based Analysis of Outcomes in Patients With a Primary Diagnosis of Hypertension in the Emergency Department | Sameer Masood, Peter C. Austin, Clare L. Atzema | 68/3 | Cardiology/original research |

### Top 10 referral Sites to www.annemergmed.com, 2020 Jan - Mar

| Rank | Referrer | Visits | Bounce Rate | Page Views per Visit |
|---|---|---|---|---|
| **1** | google.com* | 93,675 | 77.01% | 1.73 |
| **2** | Typed/Bookmarked | 57,955 | 67.78% | 2.03 |
| **3** | facebook.com | 51,097 | 88.53% | 1.15 |
| **4** | elsevier.com | 37,611 | 51.85% | 1.97 |
| **5** | twitter.com | 5,697 | 87.7% | 1.24 |
| **6** | acep.org | 807 | 32.23% | 4.6 |
| **7** | emcrit.org | 572 | 80.93% | 1.32 |
| **8** | reddit.com | 258 | 82.19% | 1.36 |
| **9** | multiview.com | 213 | 85.28% | 1.30 |
| **10** | myway.com | 148 | 72.31% | 2.17 |

**includes all renditions of google.com, ie. google.uk, google.it*

### Top 10 referral Sites to www.annemergmed.com, 2019

| Rank | Referrer | Visits | Bounce Rate | Page Views per Visit |
|---|---|---|---|---|
| **1** | google.com* | 427,908 | 77.02% | 1.74 |
| **2** | Typed/Bookmarked | 301,615 | 73.02% | 1.84 |
| **3** | facebook.com | 290,968 | 88.76% | 1.17 |
| **4** | elsevier.com | 110,108 | 45.17% | 2.01 |
| **5** | twitter.com | 17,653 | 82.12% | 1.25 |
| **6** | multiview.com | 3,420 | 89.16% | 1.23 |
| **7** | acep.org | 2,734 | 35.66% | 4.74 |
| **8** | doximity.com | 1,703 | 89.27% | 1.20 |
| **9** | sci-hub.tw | 1,229 | -381.18% | 2.15 |
| **10** | medscape.com | 572 | 75.68% | 1.44 |

**includes all renditions of google.com, ie. google.uk, google.it*


### Top 10 referral Sites to www.annemergmed.com, 2019

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| **5** | twitter.com | 17,653 | 82.12% | 1.25 |
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| **7** | acep.org | 2,734 | 35.66% | 4.74 |
| **8** | doximity.com | 1,703 | 89.27% | 1.20 |
| **9** | sci-hub.tw | 1,229 | -381.18% | 2.15 |
| **10** | medscape.com | 572 | 75.68% | 1.44 |

*includes all renditions of google.com, ie. google.uk, google.it*

### Top 10 referral Sites to www.annemergmed.com, 2018

| Rank | Referrer | Visits | Bounce Rate | Page Views per Visit |
|---|---|---|---|---|
| 1 | Typed/Bookmarked | 399,304 | 51.33% | 1.85 |
| 2 | google.com* | 595,906 | 50.21% | 1.83 |
| 3 | elsevier.com | 70,763 | 39.13% | 2.10 |
| 4 | facebook.com | 101,862 | 84.59% | 1.24 |
| 5 | bing.com | 18,370 | 60.58% | 2.29 |
| 6 | google.co.uk | 19,499 | 64.41% | 1.56 |
| 7 | t.co | 16,980 | 81.85% | 1.28 |
| 8 | yahoo.com | 8,073 | 67.02% | 1.73 |
| 9 | acep.org | 2,320 | 43.97% | 3.79 |
| 10 | editorialmanager.com | 1,464 | 26.41% | 4.57 |

*includes all renditions of google.com, ie. google.uk, google.it*

### Top 10 referral Sites to www.annemergmed.com, 2017

| Rank | Referrer | Visits | Bounce Rate | Page Views per Visit |
|---|---|---|---|---|
| 1 | Typed/Bookmarked | 386,588 | 57.65% | 2.21 |
| 2 | google.com* | 294,134 | 53.22% | 2.31 |
| 3 | nih.gov | 26,967 | 36.40% | 2.51 |
| 4 | Elsevier.com | 18,993 | 51.48% | 2.24 |
| 5 | facebook.com | 18,205 | 77.62% | 1.42 |
| 6 | t.co | 13,533 | 78.62% | 1.38 |
| 7 | bing.com | 12,887 | 60.52% | 2.33 |
| 8 | yahoo.com | 4,044 | 60.56% | 2.03 |
| 9 | acep.org | 2,903 | 69.36% | 1.71 |
| 10 | sciencedirect.com | 2,087 | 44.43% | 2.45 |

### Top 10 referral Sites to www.annemergmed.com, 2016

| Rank | Referrer | Visits | Bounce Rate | Page Views per Visit |
|---|---|---|---|---|
| 1 | Typed/Bookmarked | 265,535 | 48.26% | 2.32 |
| 2 | google.com* | 258,537 | 50.01% | 2.47 |
| 3 | nih.gov | 37,649 | 32.24% | 2.26 |
| 4 | annemergmed.com | 22,153 | 43.56% | 2.98 |
| 5 | facebook.com | 12,858 | 74.08% | 1.33 |
| 6 | t.co | 7,010 | 71.81% | 1.45 |
| 7 | bing.com | 6,772 | 53.37% | 2.57 |
| 8 | yahoo.com | 4,342 | 61.84% | 2.01 |
| 9 | elsevier.com | 3,155 | 28.01% | 3.26 |
| 10 | acep.org | 1,973 | 26.66% | 4.72 |

**google.com* is representative of all Google search engine domains (ie. google.ca, google.uk., etc.)

Appendix B: *Annals* on ScienceDirect

## Top 25 Accessed articles in 2012 Jan - Mar

| Total Full-text Accesses | Article title | Author(s) | Vol/Iss |
|---|---|---|---|
| **922** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 |
| **857** | A Randomized Controlled Trial on the Effect of a Double Check on the Detection of Medication ErrorsEditor's Capsule Summary | Douglass, A.; Elder, J.; Watson, R.; Kallay, T.; Kirsh, D.; Robb, W.; Kaji, A.; Coil, C. | 71/1 |
| **842** | Ultralong Versus Standard Long Peripheral Intravenous Catheters: A Randomized Controlled Trial of Ultrasonographically Guided Catheter SurvivalEditor's Capsule Summary | Bahl, A.; Hijazi, M.; Chen, N.; Lachapelle-Clavette, L.; Price, J. | |
| **827** | Paramedic Assessment of Older Adults After Falls, Including Community Care Referral Pathway: Cluster Randomized TrialEditor's Capsule Summary | Snooks, H.; Anthony, R.; Chatters, R.; Dale, J.; FL.et al | 70/4 |
| **777** | Inhaled Methoxyflurane Provides Greater Analgesia and Faster Onset of Action Versus Standard Analgesia in Patients With Trauma Pain: InMEDIATE: A Randomized Controlled Trial in Emergency DepartmentsEditor's Capsule Summary | Borobia, A.; Collado, S.; Cardona, C.; Pueyo, R.; Alonso, C.; Torres, I.; González, M.; et al | 75/3 |
| **762** | Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care | Dart, R.; Goldfrank, L.; Erstad, B.; Huang, D.; Todd, K.; et al | 71/3 |
| **656** | Risk Factors for Misuse of Prescribed Opioids: A Systematic Review and Meta-AnalysisEditor's Capsule Summary | Cragg, A.; Hau, J.; Woo, S.; Kitchen, S.; Liu, C.; Doyle-Waters, M.; Hohl, C. | 74/5 |
| **650** | Demystifying Lactate in the Emergency Department | Wardi, G.; Brice, J.; Correia, M.; Liu, D.; Self, M.; Tainter, C. | 75/2 |
| **577** | Managing Delirium and Agitation in the Older Emergency Department Patient: The ADEPT Tool | Shenvi, C.; Kennedy, M.; Austin, C.; Wilson, M.; Gerardi, M.; Schneider, S. | 75/2 |
| **549** | Risk Stratification of Older Adults Who Present to the Emergency Department With Syncope: The FAINT ScoreEditor's Capsule Summary | Probst, M.; Gibson, T.; Weiss, R.; Yagapen, A.; et al | 75/2 |
| **524** | The Utility of Midline Intravenous Catheters in Critically Ill Emergency Department PatientsEditor's Capsule Summary | Spiegel, R.; Eraso, D.; Leibner, E.; Thode, H.; Morley, E.; Weingart, S. | 75/4 |
| **514** | One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid OverdoseEditor's Capsule Summary | Weiner, S.; Baker, O.; Bernson, D.; Schuur, J. | 75/1 |
| **512** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled TrialEditor's Capsule Summary | April, M.; Oliver, J.; Davis, W.; Ong, D.; Simon, E.; Ng, P.; Hunter, C. | 72/2 |

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|---|---|---|---|
| **480** | Comparing Utilization and Costs of Care in Freestanding Emergency Departments, Hospital Emergency Departments, and Urgent Care CentersEditor's Capsule Summary | Ho, V.; Metcalfe, L.; Dark, C.; Vu, L.; Weber, E.; Shelton, G.; Underwood, H. | 70/6 |
| **477** | Managing the Frightened Child | Krauss, B.; Krauss, B. | 74/1 |
| **468** | Adverse Events of Novel Therapies for Hematologic Malignancies: What Emergency Physicians Should Know | Shah, M.; Rajha, E.; DiNardo, C.; Muckey, E.; Wierda, W.; | 75/2 |
| **450** | High-Flow Nasal Cannula Versus Conventional Oxygen Therapy in Emergency Department Patients With Cardiogenic Pulmonary Edema: A Randomized Controlled TrialEditor's Capsule Summary | Makdee, O.; Monsomboon, A.; Surabenjawong, U; et al | 70/4 |
| **449** | High-Flow Nasal Cannula Versus Conventional Oxygen Therapy in Relieving Dyspnea in Emergency Palliative Patients With Do-Not-Intubate Status: A Randomized Crossover StudyEditor's Capsule Summary | Ruangsomboon, O.; Dorongthom, T.; et al | 75/5 |
| **444** | The Reality of Pain Scoring in the Emergency Department: Findings From a Multiple Case Study DesignEditor's Capsule Summary | Sampson, F.; Goodacre, S.; O'Cathain, A. | 74/4 |
| **441** | Prevalence of Intracranial Injury in Adult Patients With Blunt Head Trauma With and Without Anticoagulant or Antiplatelet UseEditor's Capsule Summary | Probst, M.; Gupta, M.; Hendey, G.; Rodriguez, R.; Winkel, G.; Loo, G.; Mower, W. | 75/3 |
| **435** | Concepts in Practice: Geriatric Emergency Departments | Southerland, L.; Lo, A.; Biese, K.; Arendts, G.; et al Shenvi, C.; Carpenter, C. | 75/2 |
| **415** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin TEditor's Capsule Summary | Mueller, C.; Giannitsis, E.; Christ, M.; et al | 68/1 |
| **405** | Emergency Department Escalation in Theory and Practice: A Mixed-Methods Study Using a Model of Organizational ResilienceEditor's Capsule Summary | Back, J.; Ross, A.; Duncan, M.; Jaye, P.; Henderson, K.; Anderson, J. | 70/5 |
| **398** | Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions | Hoot, N.; Aronsky, D. | 52/4 |
| **390** | Prehospital Analgesia With Intranasal Ketamine (PAIN-K): A Randomized Double-Blind Trial in AdultsEditor's Capsule Summary | Andolfatto, G.; Innes, K.; Dick, W.; Jenneson, S.; Willman, E.; Stenstrom, R.; Zed, P.; Benoit, G. | 74/4 |

### Top 25 Accessed articles in 2019

| Total Full-text Accesses | Article title | Author(s) | Vol/Iss |
|---|---|---|---|
| **6,277** | Managing the Frightened Child | Krauss, B.; Krauss, B. | 74/1 |
| **3,738** | My Job: A Courtroom Victim Impact Statement | Costigan, A. | 73/2 |
| **3,248** | Prehospital Analgesia With Intranasal Ketamine (PAIN-K): A Randomized Double-Blind Trial in AdultsEditor's Capsule Summary | Andolfatto, G.; Innes, K.; Dick, W.; Jenneson, S.; Willman, E.; Stenstrom, R.; Zed, P.; Benoit, G. | 74/2 |
| **3,235** | Human Trafficking | | 68/3 |
| **3,030** | Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care | Dart, R.; Goldfrank, L.; Erstad, B.; Huang, D.; Todd, K.; Weitz, J.; et al | 71/3 |
| **2,602** | A Randomized Controlled Trial on the Effect of a Double Check on the Detection of Medication ErrorsEditor's Capsule Summary | Douglass, A.; Elder, J.; Watson, R.; Kallay, T.; Kirsh, D.; Robb, W.; Kaji, A.; Coil, C. | 71/1 |
| **2,393** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled TrialEditor's Capsule Summary | April, M.; Oliver, J.; Davis, W.; Ong, D.; Simon, E.; Ng, P.; Hunter, C. | 72/2 |
| **2,258** | Comparing Utilization and Costs of Care in Freestanding Emergency Departments, Hospital Emergency Departments, and Urgent Care CentersEditor's Capsule Summary | Ho, V.; Metcalfe, L.; Dark, C.; Vu, L.; Weber, E.; Shelton, G.; Underwood, H. | 70/6 |
| **2,211** | Paramedic Assessment of Older Adults After Falls, Including Community Care Referral Pathway: Cluster Randomized TrialEditor's Capsule Summary | Snooks, H.; Anthony, R.; Chatters, R.; Dale, J.; Fothergill, R.; Gaze, S.; et al | 70/4 |
| **2,159** | Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions | Hoot, N.; Aronsky, D. | 52/2 |
| **1,959** | High-Flow Nasal Cannula Versus Conventional Oxygen Therapy in Emergency Department Patients With Cardiogenic Pulmonary Edema: A Randomized Controlled TrialEditor's Capsule Summary | Makdee, O.; Monsomboon, A.; Surabenjawong, U.; Praphruetkit, N.; Chaisirin, W.; Chakorn, T.; Permpikul, C.; Thiravit, P.; Nakornchai, T. | 70/4 |
| **1,932** | Clinical Practice Guideline for Emergency Department Procedural Sedation With Propofol: 2018 Update | Miller, K.; Andolfatto, G.; Miner, J.; Burton, J.; Krauss, B. | 73/5 |
| **1,918** | Development and Evaluation of a Machine Learning Model for the Early Identification of Patients at Risk for SepsisEditor's Capsule Summary | Delahanty, R.; Alvarez, J.; Flynn, L.; Sherwin, R.; Jones, S. | 73/4 |

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| **1,914** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin TEditor's Capsule Summary | Mueller, C.; Giannitsis, E.; Christ, M.; Ordóñez-Llanos, J.; deFilippi, C.; McCord, J.; et alB.; Twerenbold, R.; Ka... | 68/1 |
| **1,906** | Evaluation of US Federal Guidelines (Primary Response Incident Scene Management [PRISM]) for Mass Decontamination of Casualties During the Initial Operational Response to a Chemical IncidentEditor's Capsule Summary | Chilcott, R.; Larner, J.; Durrant, A.; Hughes, P.; Mahalingam, D.; Rivers, S.; et al | 73/6 |
| **1,869** | Effectiveness of Apneic Oxygenation During Intubation: A Systematic Review and Meta-AnalysisEditor's Capsule Summary | Oliveira J. e Silva, L.; Cabrera, D.; Barrionuevo, P.; Johnson, R.; Erwin, P.; Murad, M.; Bellolio, M. | 70/4 |
| **1,802** | Debriefing in the Emergency Department After Clinical Events: A Practical Guide | Kessler, D.; Cheng, A.; Mullan, P. | 65/6 |
| **1,771** | Snapchat Toxicology: Social Media and Suicide | Chhabra, N.; Bryant, S. | 68/4 |
| **1,726** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 |
| **1,698** | Systemic Antibiotics for the Treatment of Skin and Soft Tissue Abscesses: A Systematic Review and Meta-AnalysisEditor's Capsule Summary | Gottlieb, M.; DeMott, J.; Hallock, M.; Peksa, G. | 73/1 |
| **1,684** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency DepartmentEditor's Capsule Summary | Klein, L.; Driver, B.; Miner, J.; Martel, M.; Hessel, M.; Collins, J.; Horton, G.; Fagerstrom, E.; Satpathy, R.; Cole, J. | 72/4 |
| **1,640** | Fast Protocol for Treating Acute Ischemic Stroke by Emergency PhysiciansEditor's Capsule Summary | Heikkilä, I.; Kuusisto, H.; Holmberg, M.; Palomäki, A. | 73/2 |
| **1,639** | Emergency Department Escalation in Theory and Practice: A Mixed-Methods Study Using a Model of Organizational ResilienceEditor's Capsule Summary | Back, J.; Ross, A.; Duncan, M.; Jaye, P.; Henderson, K.; Anderson, J. | 70/5 |
| **1,624** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled TrialEditor's Capsule Summary | Motov, S.; Yasavolian, M.; Likourezos, A.; et al | 70/2 |
| **1,621** | Guideline-Based Clinical Assessment Versus Procalcitonin-Guided Antibiotic Use in Pneumonia: A Pragmatic Randomized TrialEditor's Capsule Summary | Montassier, E.; Javaudin, F.; Moustafa, F.; Nandjou, D.; Maignan, M.; et al | 74/4 |

Top 25 Accessed articles in 2018

| Total Full-text Accesses | Article title | Author(s) | Vol/Iss |
|---|---|---|---|
| **4,785** | Effectiveness of Apneic Oxygenation During Intubation: A Systematic Review and Meta-Analysis: Editor's Capsule Summary | Oliveira J. e Silva, L.; Cabrera, D.; Barrionuevo, P.; Johnson, R.; Erwin, P.; Murad, M.; Bellolio, M. | 70/4 |
| **4,096** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial: Editor's Capsule Summary | April, M.; Oliver, J.; Davis, W.; Ong, D.; Simon, E.; Ng, P.; Hunter, C. | 72/2 |
| **3,375** | Comparing Utilization and Costs of Care in Freestanding Emergency Departments, Hospital Emergency Departments, and Urgent Care Centers: Editor's Capsule Summary | Ho, V.; Metcalfe, L.; Dark, C.; Vu, L.; Weber, E.; Shelton, G.; Underwood, H. | 70/6 |
| **3,329** | Quick SOFA Scores Predict Mortality in Adult Emergency Department Patients With and Without Suspected Infection: Editor's Capsule Summary | Singer, A.; Ng, J.; Thode, H.; Spiegel, R.; Weingart, S. | 69/4 |
| **3,111** | Human Trafficking | ACEP | 68/3 |
| **2,979** | Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care | Dart, R.; Goldfrank, L.; Erstad, B.; Huang, D.; Todd, K.; Weitz, J.; Bebarta, V.; et al. | 71/3 |
| **2,859** | Paramedic Assessment of Older Adults After Falls, Including Community Care Referral Pathway: Cluster Randomized Trial: Editor's Capsule Summary | Snooks, H.; Anthony, R.; Chatters, R.; Dale, J.; Fothergill, R.; Gaze, S.; et al. | 70/4 |
| **2,671** | Introduction to biostatistics: Part 1, basic concepts | Gaddis, M.; Gaddis, G. | 19/1 |
| **2,573** | Emergency Department Escalation in Theory and Practice: A Mixed-Methods Study Using a Model of Organizational Resilience: Editor's Capsule Summary | Back, J.; Ross, A.; Duncan, M.; Jaye, P.; Henderson, K.; Anderson, J. | 70/5 |
| **2,481** | The Newest Threat to Emergency Department Procedural Sedation | Green, S.; Roback, M.; Krauss, B. | 72/2 |
| **2,418** | Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions | Hoot, N.; Aronsky, D. | 52/2 |
| **2,383** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin T: Editor's Capsule Summary | Mueller, C.; Giannitsis, E.; Christ, M.; Ordóñez-Llanos, J.; deFilippi, C.; McCord, J.; Body, R.; Panteghini, M.; et al. | 68/1 |
| **2,368** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration: Editor's Capsule Summary | Hinson, J.; Ehmann, M.; Fine, D.; Fishman, E.; Toerper, M.; Rothman, R.; Klein, E. | 69/5 |
| **2,348** | High-Flow Nasal Cannula Versus Conventional Oxygen Therapy in Emergency Department Patients With Cardiogenic Pulmonary Edema: A Randomized Controlled Trial: Editor's Capsule Summary | Makdee, O.; Monsomboon, A.; Surabenjawong, U.; Praphruetkit, N.; Chaisirin, W.; Chakorn, T.; Permpikul, C.; Thiravit, P.; Nakornchai, T. | 70/4 |

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| **2,227** | Evaluation of an Emergency Department Lean Process Improvement Program to Reduce Length of Stay: Editor's Capsule Summary | Vermeulen, M.; Stukel, T.; Guttmann, A.; Rowe, B.; Zwarenstein, M.; et al. | 64/5 |
| **2,212** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department: Editor's Capsule Summary | Klein, L.; Driver, B.; Miner, J.; Martel, M.; Hessel, M.; Collins, J.; Horton, G.; Fagerstrom, E.; Satpathy, R.; Cole, J. | 72/4 |
| **2,142** | Acute Kidney Injury After Computed Tomography: A Meta-analysis: Editor's Capsule Summary | Aycock, R.; Westafer, L.; Boxen, J.; Majlesi, N.; Schoenfeld, E.; Bannuru, R. | 71/1 |
| **2,081** | Opioid Prescribing for Opioid-Naive Patients in Emergency Departments and Other Settings: Characteristics of Prescriptions and Association With Long-Term Use: Editor's Capsule Summary | Jeffery, M.; Hooten, W.; Hess, E.; Meara, E.; Ross, J.; Henk, H.; Borgundvaag, B.; Shah, N.; Bellolio, M. | 71/3 |
| **1,839** | Snapchat Toxicology: Social Media and Suicide | Chhabra, N.; Bryant, S. | 68/4 |
| **1,811** | A Randomized Controlled Trial on the Effect of a Double Check on the Detection of Medication Errors: Editor's Capsule Summary | Douglass, A.; Elder, J.; Watson, R.; Kallay, T.; Kirsh, D.; Robb, W.; Kaji, A.; Coil, C. | 71/1 |
| **1,739** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 |
| **1,657** | Decisions and Delays Within Stroke Patients' Route to the Hospital: A Qualitative Study: Editor's Capsule Summary | Mellor, R.; Bailey, S.; Sheppard, J.; Carr, P.; Quinn, T.; Boyal, A.; Sandler, D.; Sims, D.; Mant, J.; Greenfield, S.; McManus, R. | 65/3 |
| **1,626** | Lean Thinking in Emergency Departments: A Critical Review | Holden, R. | 57/3 |
| **1,574** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial: Editor's Capsule Summary | Motov, S.; Yasavolian, M.; Likourezos, A.; Pushkar, I.; Hossain, R.; Drapkin, J.; Cohen, V.; Filk, N.; Smith, A.; Huang, F.; Rockoff, B.; Homel, P.; Fromm, C. | 70/2 |
| **1,506** | Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review: Editor's Capsule Summary | e Silva, L.; Scherber, K.; Cabrera, D.; Motov, S.; Erwin, P.; West, C.; Murad, M.; Bellolio, M. | 72/2 |

Top 25 Accessed articles in 2017

| Total Full-text Accesses | Article title | Author(s) | Vol/Iss |
|---|---|---|---|
| **5,766** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson, J.; Ehmann, M.; et al. | 69/5 |
| **3,597** | Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions | Hoot, N.; Aronsky, D. | 52/2 |
| **3,468** | Skin Glue Reduces the Failure Rate of Emergency Department–Inserted Peripheral Intravenous Catheters: A Randomized Controlled Trial | Bugden, S.; Shean, K.; et al. | 68/2 |
| **3,367** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Motov, S.; Yasavolian, M.; Likourezos, A.; et al. | 70/2 |
| **2,631** | Lean Thinking in Emergency Departments: A Critical Review | Holden, R. | 57/3 |
| **2,339** | Human Trafficking | | 68/3 |
| **2,274** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Aycock, R.; Westafer, L.; et al. | 71/1 |
| **2,141** | When to Pick the Nose: Out-of-Hospital and Emergency Department Intranasal Administration of Medications | Rech, M.; Barbas, B.; Chaney, W.; Greenhalgh, E.; Turck, C. | 70/2 |
| **2,139** | Effectiveness of Apneic Oxygenation During Intubation: A Systematic Review and Meta-Analysis | Oliveira J. e Silva, L.; Cabrera, D.; Barrionuevo, P.; et al. | 70/4 |
| **2,124** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin T | Mueller, C.; Giannitsis, E.; Christ, M.; et al. | 68/1 |
| **2,112** | Snapchat Toxicology: Social Media and Suicide | Chhabra, N.; Bryant, S. | 68/4 |
| **2,086** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 |
| **2,075** | Distal Ureteric Stones and Tamsulosin: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Trial | Furyk, J.; Chu, K.; Banks, C.; Greenslade, J.; et al. | 67/1 |
| **2,069** | Antibiotics-First Versus Surgery for Appendicitis: A US Pilot Randomized Controlled Trial Allowing Outpatient Antibiotic Management | Talan, D.; Saltzman, D.; Mower, W.; Krishnadasan, A.; et al. | 70/1 |
| **2,044** | Severe Sepsis and Septic Shock: Review of the Literature and Emergency Department Management Guidelines | Nguyen, H.; Rivers, E.; Abrahamian, F.; et al. | 48/1 |
| **2,020** | Evaluation of an Emergency Department Lean Process Improvement Program to Reduce Length of Stay | Vermeulen, M.; Stukel, T.; Guttmann, A.; et al. | 64/5 |
| **2,001** | Comparison of Etomidate and Ketamine for Induction During Rapid Sequence Intubation of Adult Trauma Patients | Upchurch, C.; Grijalva, C.; et al. | 69/1 |
| **1,771** | A Randomized Controlled Noninferiority Trial of Single Dose of Oral Dexamethasone Versus 5 Days of Oral Prednisone in Acute Adult Asthma | Rehrer, M.; Liu, B.; Rodriguez, M.; Lam, J.; Alter, H. | 68/5 |
| **1,722** | Empowerment | Van Gelder, C. | 68/4 |
| **1,696** | Overcrowding in the nation's emergency departments: Complex causes and disturbing effects | Derlet, R.; Richards, J. | 35/1 |
| **1,693** | Diazepam Is No Better Than Placebo When Added to Naproxen for Acute Low Back Pain | Friedman, B.; Irizarry, E.; Solorzano, C.; et al. | 70/2 |

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| **1,684** | A Randomized Trial of Single-Dose Oral Dexamethasone Versus Multidose Prednisolone for Acute Exacerbations of Asthma in Children Who Attend the Emergency Department | Cronin, J.; McCoy, S.; Kennedy, U.; an Fhailí, S.; et al. | 67/5 |
| **1,670** | Quick SOFA Scores Predict Mortality in Adult Emergency Department Patients With and Without Suspected Infection | Singer, A.; Ng, J.; Thode, H.; Spiegel, R.; Weingart, S. | 69/4 |
| **1,660** | Effect of Emergency Department Crowding on Outcomes of Admitted Patients | Sun, B.; Hsia, R.; Weiss, R.; Zingmond, D.; et al. | 61/6 |
| **1,609** | How to Measure the Glasgow Coma Scale | Green, S.; Haukoos, J.; Schriger, D. | 70/2 |

## Top 25 Accessed articles, 2016

| Total Full-text Accesses | Article title | Author(s) | Vol/Iss |
|---|---|---|---|
| **4,039** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction With High-Sensitivity Cardiac Troponin T | Mueller, C.; Giannitsis, E.; Christ, M.; et al. | 68/1 |
| **3,761** | Lean Thinking in Emergency Departments: A Critical Review | Holden, R. | 57/3 |
| **3,731** | Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions | Hoot, N.; Aronsky, D. | 52/2 |
| **2,616** | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, S.; Levitan, R. | 59/3 |
| **2,605** | Severe Sepsis and Septic Shock: Review of the Literature and Emergency Department Management Guidelines | Nguyen, H.; Rivers, E.; et al. | 48/1 |
| **2,360** | Managing Urolithiasis | Wang, R. | 67/4 |
| **2,358** | A Randomized Trial of Single-Dose Oral Dexamethasone Versus Multidose Prednisolone for Acute Exacerbations of Asthma in Children Who Attend the Emergency Department | Cronin, J.; McCoy, S.; Kennedy, U.; et al. | 67/5 |
| **2,161** | Distal Ureteric Stones and Tamsulosin: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Trial | Furyk, J.; Chu, K.; Banks, C.; et al. | 67/1 |
| **2,080** | Intravenous Subdissociative-Dose Ketamine Versus Morphine for Analgesia in the Emergency Department: A Randomized Controlled Trial | Motov, S.; Rockoff, B.; Cohen, V.; et al. | 66/3 |
| **1,932** | Association of Fluid Resuscitation Initiation Within 30 Minutes of Severe Sepsis and Septic Shock Recognition With Reduced Mortality and Length of StayEditor's Capsule Summary | Leisman, D.; Wie, B.; Doerfler, M.; et al. | 68/3 |
| **1,891** | Effects of Actual Waiting Time, Perceived Waiting Time, Information Delivery, and Expressive Quality on Patient Satisfaction in the Emergency Department | Thompson, D.; Yarnold, P.; Williams, D.; Adams, S. | 28/6 |
| **1,867** | Managing Initial Mechanical Ventilation in the Emergency Department | Weingart, S. | 68/5 |

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| **1,843** | Overcrowding in the nation's emergency departments: Complex causes and disturbing effects | Derlet, R.; Richards, J. | 35/1 |
| **1,790** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | Godwin, S.; Burton, J.; Gerardo, C.; et al. | 63/2 |
| **1,724** | Manual Cardiopulmonary Resuscitation Versus CPR Including a Mechanical Chest Compression Device in Out-of-Hospital Cardiac Arrest: A Comprehensive Meta-analysis From Randomized and Observational Studies | Bonnes, J.; Brouwer, M.; et al. | 67/3 |
| **1,680** | Delayed Sequence Intubation: A Prospective Observational Study | Weingart, S.; Trueger, N.; Wong, N.; Scofi, J.; et al. | 65/4 |
| **1,643** | A Randomized Controlled Noninferiority Trial of Single Dose of Oral Dexamethasone Versus 5 Days of Oral Prednisone in Acute Adult Asthma | Rehrer, M.; Liu, B.; Rodriguez, M.; Lam, J.; Alter, H. | 68/5 |
| **1,600** | Emergency Department Management of Sepsis Patients: A Randomized, Goal-Oriented, Noninvasive Sepsis Trial | Kuan, W.; Ibrahim, I.; Leong, B.; Jain, S.; Lu, Q.; et al. | 67/3 |
| **1,584** | Ketamine as Rescue Treatment for Difficult-to-Sedate Severe Acute Behavioral Disturbance in the Emergency Department | Isbister, G.; Calver, L.; Downes, M.; Page, C. | 67/5 |
| **1,581** | Second Symposium on the Definition and Management of Anaphylaxis: Summary Report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium | Sampson, H.; Muñoz-Furlong, A.; et al. | 47/4 |
| **1,574** | Exploring the Potential of Predictive Analytics and Big Data in Emergency Care | Janke, A.; Overbeek, D.; Kocher, K.; Levy, P. | 67/2 |
| **1,572** | Evaluation of an Emergency Department Lean Process Improvement Program to Reduce Length of Stay | Vermeulen, M.; Stukel, T.; Guttmann, A.; Rowe, B.; et al. | 64/5 |
| **1,547** | Optimizing Emergency Department Front-End Operations | Wiler, J.; Gentle, C.; et al. | 55/2 |
| **1,546** | A conceptual model of emergency department crowding | Asplin, B.; Magid, D.; et al. | 42/2 |
| **1,499** | Older Patients in the Emergency Department: A Review | Samaras, N.; Chevalley, T.; Samaras, D.; Gold, G. | 65/3 |
| **1,491** | Effectiveness of Interventions Targeting Frequent Users of Emergency Departments: A Systematic Review | Althaus, F.; Paroz, S.; Hugli, O.; Ghali, W.; et al. | 58/1 |

## Appendix C: *Annals* on ClinicalKey

### Top 25 Accessed articles, 2020 Jan-Mar

| Full-text Accesses | Article Title | Authors | Vol/Iss | Cover Date |
|---|---|---|---|---|
| **397** | β2-Agonists (albuterol, epinephrine) | Wardi, Gabriel, MD, MPH, et al | Volume 75, Issue 2 | Feb-20 |
| **257** | Treat | Shenvi, Christina, MD, PhD, et al | Volume 75, Issue 2 | Feb-20 |
| **222** | The Utility of Midline Intravenous Catheters in Critically Ill Emergency Department Patients | Spiegel, Rory J., MD, et al | Volume 75, Issue 4 | Apr-20 |
| **165** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Motov, Sergey, MD, et al | Volume 70, Issue 2 | Aug-17 |
| **154** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial: Methods of Measurement | April, Michael D., MD, et al | Volume 72, Issue 2 | Aug-18 |
| **134** | The Effect of a Rapid Assessment Zone on Emergency Department Operations and Throughput | Anderson, Jared S., MD, et al | Volume 75, Issue 2 | Feb-20 |
| **130** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson, Jeremiah S., MD, PhD, et al | Volume 69, Issue 5 | May-17 |
| **125** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | Green, Steven M., MD, et al | Volume 57, Issue 5 | May-11 |
| **121** | Study Design, Setting, and Selection of Participants | Filbin, Michael R., MD, MSc, et al | Volume 75, Issue 1 | Jan-20 |
| **111** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Aycock, Ryan D., MD, MS, et al | Volume 71, Issue 1 | Jan-18 |
| **104** | Regulatory and Legal Issues | Herring, Andrew A., MD, et al | Volume 73, Issue 5 | May-19 |
| **102** | The Association of the Average Epinephrine Dosing Interval and Survival With Favorable Neurologic Status at Hospital Discharge in Out-of-Hospital Cardiac Arrest | Grunau, Brian, MD, MHSc, et al | Volume 74, Issue 6 | Dec-19 |
| **101** | Man With Cyanosis and Altered Mental Status | Runkle, Anne, MD, et al | Volume 75, Issue 1 | Jan-20 |

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| **98** | Systemic Antibiotics for the Treatment of Skin and Soft Tissue Abscesses: A Systematic Review and Meta-Analysis | Gottlieb, Michael, MD, et al | Volume 73, Issue 1 | Jan-19 |
| **98** | Use of Tandem Perimortem Cesarean Section and Open-Chest Cardiac Massage in the Resuscitation of Peripartum Cardiomyopathy Cardiac Arrest | Adan, Andrew J., MD, et al | Volume 74, Issue 6 | Dec-19 |
| **97** | Becoming Less Wrong (and More Rational) in Clinical Decisionmaking | Croskerry, Pat, MD, PhD | Volume 75, Issue 2 | Feb-20 |
| **90** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department: Study Design and Setting | Klein, Lauren R., MD, MS, et al | Volume 72, Issue 4 | Oct-18 |
| **84** | Managing Initial Mechanical Ventilation in the Emergency Department | Weingart, Scott D., MD | Volume 68, Issue 5 | Nov-16 |
| **81** | Feeling FAINT? Watch Out for the Grizzlies | Jones, Christopher W., MD, et al | Volume 75, Issue 2 | Feb-20 |
| **72** | Nebulized Tranexamic Acid Use for Pediatric Secondary Post-Tonsillectomy Hemorrhage: Case Report | Schwarz, Whitney, MD, et al | Volume 73, Issue 3 | Mar-19 |
| **72** | Screening for Elder Abuse | Mercier, Éric, MD, MSc, et al | Volume 75, Issue 2 | Feb-20 |
| **71** | Man With Chest Pain | Arthurs, Lauren, MD, et al | Volume 75, Issue 3 | Mar-20 |
| **70** | Treating Opioid Withdrawal With Buprenorphine in a Community Hospital Emergency Department: An Outreach Program | Edwards, Frank J., MD, et al | Volume 75, Issue 1 | Jan-20 |
| **68** | Man With Thigh Pain | Miyagami, Taiju, MD, PhD, et al | Volume 75, Issue 2 | Feb-20 |
| **66** | Safety Considerations and Guideline-Based Safe Use Recommendations for “Bolus-Dose” Vasopressors in the Emergency Department | Holden, Devin, PharmD, BCPS, et al | Volume 71, Issue 1 | Jan-18 |

### Top 25 Accessed articles, 2019

| Full-text Accesses | Article Title | Authors | Vol/Iss | Cover Date |
|---|---|---|---|---|
| **1104** | Skin Glue Reduces the Failure Rate of Emergency Department–Inserted Peripheral Intravenous Catheters: A Randomized Controlled Trial | Bugden, Simon, MBChB, FACEM, et al | Volume 68, Issue 2 | Aug-16 |
| **919** | Propofol Infusion Syndrome | Miller, Kelsey A., MDet al | Volume 73, Issue 5 | May-19 |

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| **695** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial: Methods of Measurement | April, Michael D., MD, et al | Volume 72, Issue 2 | Aug-18 |
| **674** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Motov, Sergey, MD, et al | Volume 70, Issue 2 | Aug-17 |
| **606** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Aycock, Ryan D., MD, et al | Volume 71, Issue 1 | Jan-18 |
| **560** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson, Jeremiah S., MD, et al | Volume 69, Issue 5 | May-17 |
| **508** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department: Study Design and Setting | Klein, Lauren R., MD, et al | Volume 72, Issue 4 | Oct-18 |
| **488** | Nebulized Tranexamic Acid Use for Pediatric Secondary Post-Tonsillectomy Hemorrhage: Case Report | Schwarz, Whitney, MD, et al | Volume 73, Issue 3 | Mar-19 |
| **467** | Trauma, Burns, and Inhalational Injuries | Wardi, Gabriel, MD, et al | Volume 75, Issue 2 | Feb-20 |
| **431** | Systemic Antibiotics for the Treatment of Skin and Soft Tissue Abscesses: A Systematic Review and Meta-Analysis | Gottlieb, Michael, MD, et al | Volume 73, Issue 1 | Jan-19 |
| **430** | Managing Initial Mechanical Ventilation in the Emergency Department | Weingart, Scott D., MD | Volume 68, Issue 5 | Nov-16 |
| **430** | Outcome Measures | Akhlaghi, Narjes, MD, et al | Volume 73, Issue 5 | May-19 |
| **382** | Imaging Foreign Bodies: Ingested, Aspirated, and Inserted | Tseng, Hsiang-Jer, MD, et al | Volume 66, Issue 6 | Dec-15 |
| **381** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | Green, Steven M., MD, et al | Volume 57, Issue 5 | May-11 |
| **378** | Study Design | Akkan, Sedat, MD, et al | Volume 74, Issue 1 | Jul-19 |
| **377** | Triage Performance in Emergency Medicine: A Systematic Review | Hinson, Jeremiah S., MD, PhD, et al | Volume 74, Issue 1 | Jul-19 |
| **374** | Development and Evaluation of a Machine Learning Model for the Early Identification of Patients at Risk for Sepsis: Materials and Methods | Delahanty, Ryan J., PhD, et al | Volume 73, Issue 4 | Apr-19 |

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| **356** | Regulatory and Legal Issues | Herring, Andrew A., MD, et al, | Volume 73, Issue 5 | May-19 |
| **354** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | | Volume 63, Issue 2 | Feb-14 |
| **337** | Delayed Sequence Intubation: A Prospective Observational Study | Weingart, Scott D., MDm et al | Volume 65, Issue 4 | Apr-15 |
| **335** | Fast Protocol for Treating Acute Ischemic Stroke by Emergency Physicians: Results | Heikkilä, Iiro, MD, et al | Volume 73, Issue 2 | Feb-19 |
| **328** | The 2018 Surviving Sepsis Campaign's Treatment Bundle: When Guidelines Outpace the Evidence Supporting Their Use | Spiegel, Rory, MD, et al | Volume 73, Issue 4 | Apr-19 |
| **326** | Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline | Green, Steven M., MD, et al | Volume 73, Issue 5 | May-19 |
| **307** | Randomized Controlled Trial of Intravenous Acetaminophen Versus Intravenous Hydromorphone for the Treatment of Acute Pain in the Emergency Department: Outcome Measures | Barnaby, Douglas P., MD, et al | Volume 73, Issue 2 | Feb-19 |
| **304** | Study Design and Setting | Andolfatto, Gary, MD, et al | Volume 74, Issue 2 | Aug-19 |

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| Total Full-text Accesses | Article Title | Author(s) | Cover Date | Vol/Iss |
|---|---|---|---|---|
| **3,051** | Skin Glue Reduces the Failure Rate of Emergency Department–Inserted Peripheral Intravenous Catheters: A Randomized Controlled Trial | Bugden, Simon, et al. | August 1, 2016 | 68/2 |
| **1,375** | Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial | April, Michael D., et al. | August 1, 2018 | 72/2 |
| **1,002** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Aycock, Ryan D., et al. | January 1, 2018 | 71/1 |
| **837** | Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department: Selection of Participants | Klein, Lauren R., et al. | October 1, 2018 | 72/4 |
| **735** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Motov, Sergey, et al. | August 1, 2017 | 70/2 |
| **709** | Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review | e Silva, Lucas Oliveira J., et al. | August 1, 2018 | 72/2 |
| **645** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson, Jeremiah S., et al. | May 1, 2017 | 69/5 |

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|---|---|---|---|---|
| **551** | Imaging Foreign Bodies: Ingested, Aspirated, and Inserted | Tseng, Hsiang-Jer, et al. | December 1, 2015 | 66/6 |
| **550** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | ACEP | February 1, 2014 | 63/2 |
| **544** | High-Velocity Nasal Insufflation in the Treatment of Respiratory Failure: A Randomized Clinical Trial | Doshi, Pratik, et al. | July 1, 2018 | 72/1 |
| **522** | Does Point-of-Care Ultrasonography Improve Clinical Outcomes in Emergency Department Patients With Undifferentiated Hypotension? An International Randomized Controlled Trial From the SHoC-ED Investigators: Study Design and Setting | Atkinson, Paul R., et al. | October 1, 2018 | 72/4 |
| **480** | Can You Multitask? Evidence and Limitations of Task Switching and Multitasking in Emergency Medicine | Skaugset, L. Melissa, et al. | August 1, 2016 | 68/2 |
| **457** | Liberal Versus Restrictive Intravenous Fluid Therapy for Early Septic Shock: Rationale for a Randomized Trial: Simplified Severe Sepsis Protocol Trial | Self, Wesley H., et al. | October 1, 2018 | 72/4 |
| **439** | ECG Predictors of Cardiac Arrhythmias in Older Adults With Syncope | Nishijima, Daniel K., et al. | April 1, 2018 | 71/4 |
| **420** | Diagnosing Patients With Acute-Onset Persistent Dizziness | Edlow, Jonathan A., MD | May 1, 2018 | 71/5 |
| **418** | Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care | Dart, Richard C., et al. | March 1, 2018 | 71/3 |
| **404** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | Green, Steven M., et al. | May 1, 2011 | 57/5 |
| **399** | Accuracy of Clinician Practice Compared With Three Head Injury Decision Rules in Children: A Prospective Cohort Study | Babl, Franz E., et al. | June 1, 2018 | 71/6 |
| **392** | Is Low-Dose Ketamine an Effective Alternative to Opioids for the Treatment of Acute Pain in the Emergency Department? | Gottlieb, Michael, et al. | August 1, 2018 | 72/2 |
| **385** | Emergency Department Intubation Success With Succinylcholine Versus Rocuronium: A National Emergency Airway Registry Study | April, Michael D., et al. | December 1, 2018 | 72/6 |
| **385** | Systemic Antibiotics for the Treatment of Skin and Soft Tissue Abscesses: A Systematic Review and Meta-Analysis | Gottlieb, Michael, et al. | January 1, 2019 | 73/1 |
| **365** | Improving Recognition of Pediatric Severe Sepsis in the Emergency Department: Contributions of a Vital Sign–Based Electronic Alert and Bedside Clinician Identification | Balamuth, Fran, et al. | December 1, 2017 | 70/6 |
| **363** | Delayed Sequence Intubation: A Prospective Observational Study | Weingart, Scott D., et al. | April 1, 2015 | 65/4 |
| **361** | The Newest Threat to Emergency Department Procedural Sedation | Green, Steven M., et al. | August 1, 2018 | 72/2 |
| **352** | A Randomized Controlled Trial on the Effect of a Double Check on the Detection of Medication Errors | Douglass, Amy M., et al. | January 1, 2018 | 71/1 |

**Top 25 Accessed articles, 2017**

| Total Full-Text Accesses | Article Title | Author(s) | Cover Date | Vol/Iss |
|---|---|---|---|---|
| **1,530** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson, Jeremiah S., et al. | April 2017 | 69/5 |
| **991** | Comparison of Intravenous Ketorolac at Three Single-Dose Regimens for Treating Acute Pain in the Emergency Department: A Randomized Controlled Trial | Motov, Sergey, et al. | July 2017 | 70/2 |
| **745** | Antibiotics-First Versus Surgery for Appendicitis: A US Pilot Randomized Controlled Trial Allowing Outpatient Antibiotic Management | Talan, David A., et al. | June 2017 | 70/1 |
| **625** | Comparison of Etomidate and Ketamine for Induction During Rapid Sequence Intubation of Adult Trauma Patients | Upchurch, Cameron P., et al. | December 2016 | 69/1 |
| **611** | Acute Kidney Injury After Computed Tomography: A Meta-analysis | Aycock, Ryan D., et al. | December 2017 | 71/1 |
| **510** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | ACEP | February 2014 | 63/2 |
| **443** | When to Pick the Nose: Out-of-Hospital and Emergency Department Intranasal Administration of Medications | Rech, Megan A., et al. | July 2017 | 70/2 |
| **393** | A Randomized Controlled Noninferiority Trial of Single Dose of Oral Dexamethasone Versus 5 Days of Oral Prednisone in Acute Adult Asthma | Rehrer, Matthew W., et al. | October 2016 | 68/5 |
| **389** | Delayed Sequence Intubation: A Prospective Observational Study | Weingart, Scott D., et al. | April 2015 | 65/4 |
| **382** | Managing Migraine | Friedman, Benjamin W. | January 2017 | 69/2 |
| **381** | Midazolam-Droperidol, Droperidol, or Olanzapine for Acute Agitation: A Randomized Clinical Trial | Taylor, David McD., et al. | February 2017 | 69/3 |
| **370** | Infection Prevention in the Emergency Department | Liang, Stephen Y., et al. | September 2014 | 64/3 |
| **367** | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | Green, Steven M., et al. | May 2011 | 57/5 |
| **367** | Improving the Safety of Rapid Sequence Intubation in the Emergency Department | Sakles, John C., MD | December 2016 | 69/1 |
| **361** | Propofol or Ketofol for Procedural Sedation and Analgesia in Emergency Medicine—The POKER Study: A Randomized Double-Blind Clinical Trial | Ferguson, Ian, et al. | October 2016 | 68/5 |
| **356** | Quick SOFA Scores Predict Mortality in Adult Emergency Department Patients With and Without Suspected Infection | Singer, Adam J., et al. | March 2017 | 69/4 |
| **348** | Diazepam Is No Better Than Placebo When Added to Naproxen for Acute Low Back Pain | Friedman, Benjamin W., et al. | July 2017 | 70/2 |

| | | | | |
|---|---|---|---|---|
| **341** | Outcomes for Emergency Department Patients With Recent-Onset Atrial Fibrillation and Flutter Treated in Canadian Hospitals | Stiell, Ian G., et al. | April 2017 | 69/5 |
| **331** | Clinical Review: Loperamide Toxicity | Wu, Peter E., et al. | July 2017 | 70/2 |
| **331** | The Bougie and First-Pass Success in the Emergency Department | Driver, Brian, et al. | September 2017 | 70/4 |
| **323** | Safety Considerations and Guideline-Based Safe Use Recommendations for "Bolus-Dose" Vasopressors in the Emergency Department | Holden, Devin, et al. | December 2017 | 71/1 |
| **317** | A Randomized Trial of Single-Dose Oral Dexamethasone Versus Multidose Prednisolone for Acute Exacerbations of Asthma in Children Who Attend the Emergency Department | Cronin, John J., et al. | April 2016 | 67/5 |
| **315** | Effectiveness of Apneic Oxygenation During Intubation: A Systematic Review and Meta-Analysis | Oliveira J. e Silva, Lucas, et al. | September 2017 | 70/4 |
| **306** | Improving Survival From Cardiac Arrest: A Review of Contemporary Practice and Challenges | Jentzer, Jacob C., et al. | November 2016 | 68/6 |
| **305** | Intranasal Lidocaine in Acute Treatment of Migraine: A Randomized Controlled Trial | Avcu, Nazire, et al. | May 2017 | 69/6 |

## Top 25 Accessed articles, 2016

| Total Full-text Accesses | Article Title | Author(s) | Cover Date | Vol/Iss |
|---|---|---|---|---|
| **705** | A Randomized Trial of Single-Dose Oral Dexamethasone Versus Multidose Prednisolone for Acute Exacerbations of Asthma in Children Who Attend the Emergency Department | Cronin, John J., et al. | April 2016 | 67/5 |
| **589** | A Randomized Controlled Noninferiority Trial of Single Dose of Oral Dexamethasone Versus 5 Days of Oral Prednisone in Acute Adult Asthma | Rehrer, Matthew W., et al. | October 2016 | 68/5 |
| **544** | Rapid Reversal of Warfarin-Associated Hemorrhage in the Emergency Department by Prothrombin Complex Concentrates | Frumkin, Kenneth | December 2013 | 62/6 |
| **537** | Managing Initial Mechanical Ventilation in the Emergency Department | Weingart, Scott D | October 2016 | 68/5 |
| **535** | Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department | ACEP | February 2014 | 63/2 |
| **505** | Intravenous Subdissociative-Dose Ketamine Versus Morphine for Analgesia in the Emergency Department: A Randomized Controlled Trial | Motov, Sergey, et al. | August 2015 | 66/3 |
| **491** | Managing Urolithiasis | Wang, Ralph C. | March 2016 | 67/4 |
| **459** | Physician Orders for Life-Sustaining Treatment and??Emergency Medicine: Ethical Considerations, Legal Issues, and??Emerging Trends | Jesus, John E., et al. | August 2014 | 64/2 |

| 444 | Ketamine as Rescue Treatment for Difficult-to-Sedate Severe Acute Behavioral Disturbance in the Emergency Department | Isbister, Geoffrey Kennedy, et al. | April 2016 | 67/5 |
|---|---|---|---|---|
| 439 | Propofol or Ketofol for Procedural Sedation and Analgesia in Emergency Medicine—The POKER Study: A Randomized Double-Blind Clinical Trial | Ferguson, Ian, et al. | October 2016 | 68/5 |
| 436 | Association of Fluid Resuscitation Initiation Within 30 Minutes of Severe Sepsis and Septic Shock Recognition With Reduced Mortality and Length of Stay | Leisman, Daniel, et al. | August 2016 | 68/3 |
| 436 | Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update | Green, Steven M.,et al. | May 2011 | 57/5 |
| 399 | Isopropyl Alcohol Nasal Inhalation for Nausea in the Emergency Department: A Randomized Controlled Trial | Beadle, Kenneth Lee, et al. | June 2016 | 68/1 |
| 395 | An Age-Adjusted D-dimer Threshold for Emergency Department Patients With Suspected Pulmonary Embolus: Accuracy and Clinical Implications | Sharp, Adam L., et al. | January 2016 | 67/2 |
| 395 | Diphenhydramine as Adjuvant Therapy for Acute Migraine: An??Emergency Department???Based Randomized Clinical Trial | Friedman, Benjamin W., et al. | December 2015 | 67/1 |
| 352 | No SIRS; Quick SOFA Instead | Faust, Jeremy Samuel | April 2016 | 67/5 |
| 348 | Ventilator Strategies and Rescue Therapies for Management of Acute Respiratory Failure in the Emergency Department | Mosier, Jarrod M., et al. | October 2015 | 66/5 |
| 345 | Imaging Foreign Bodies: Ingested, Aspirated, and Inserted | Tseng, Hsiang-Jer, et al. | November 2015 | 66/6 |
| 344 | Preoxygenation and Prevention of Desaturation During Emergency Airway Management | Weingart, Scott D., et al. | March 2012 | 59/3 |
| 339 | Emergency Department Management of Sepsis Patients: A Randomized, Goal-Oriented, Noninvasive Sepsis Trial | Kuan, Win Sen, et al. | February 2016 | 67/3 |
| 322 | For Adults With Nausea and Vomiting in the Emergency Department, What Medications Provide Rapid Relief? | Meltzer, Andrew C., et al. | November 2016 | 68/6 |
| 311 | Delayed Sequence Intubation: A Prospective Observational Study | Weingart, Scott D., et al. | April 2015 | 65/4 |
| 300 | Hemodynamic Response After Rapid Sequence Induction With Ketamine in Out-of-Hospital Patients at Risk of Shock as Defined by the Shock Index | Miller, Matthew, et al. | July 2016 | 68/2 |
| 295 | Let's "Take 'Em Down" With a Ketamine Blow Dart | Green, Steven M., et al. | April 2016 | 67/5 |
| 295 | Managing Anterior Shoulder Dislocation | Hendey, Gregory W. | December 2015 | 67/1 |

## Appendix D: Top Countries by Platforms

### Top 20 countries ranked by Page Views, 2020 Jan - Mar: www.annemergmed.com

| Rank | Country | Page Views |
|---|---|---|
| 1 | United States | 272,265 |
| 2 | Ireland | 18,467 |
| 3 | Canada | 17,816 |
| 4 | United Kingdom | 16,325 |
| 5 | India | 12,535 |
| 6 | Australia | 11,308 |
| 7 | Japan | 8,451 |
| 8 | Taiwan region | 6,702 |
| 9 | Turkey | 5,930 |
| 10 | Italy | 5,573 |

| Rank | Country | Page Views |
|---|---|---|
| 11 | Spain | 4,799 |
| 12 | Netherlands | 4,581 |
| 13 | Brazil | 4,532 |
| 14 | China | 4438 |
| 15 | France | 4,264 |
| 16 | Germany | 3,980 |
| 17 | Saudi Arabia | 3,724 |
| 18 | Mexico | 3,478 |
| 19 | Thailand | 3,309 |
| 20 | South Korea | 3,209 |

### Top 20 countries ranked by Page Views, 2019: www.annemergmed.com

| Rank | Country | Page Views |
|---|---|---|
| 1 | United States | 1,168,739 |
| 2 | Canada | 75,894 |
| 3 | United Kingdom | 62,527 |
| 4 | Australia | 57,424 |
| 5 | India | 56,436 |
| 6 | Japan | 37,220 |
| 7 | Taiwan region | 27,936 |
| 8 | Italy | 23,157 |
| 9 | Turkey | 22,664 |
| 10 | Brazil | 22,509 |

| Rank | Country | Page Views |
|---|---|---|
| 11 | Spain | 21,882 |
| 12 | France | 18,345 |
| 13 | Germany | 16,309 |
| 14 | Mexico | 15,200 |
| 15 | Netherlands | 14,558 |
| 16 | Saudi Arabia | 14,432 |
| 17 | South Korea | 13,439 |
| 18 | Thailand | 12,876 |
| 19 | Malaysia | 12,216 |
| 20 | Philippines | 11,932 |

### Top 20 countries ranked by Page Views, 2018: www.annemergmed.com

| Rank | Country | Page Views |
|---|---|---|
| 1 | United States | 1,084,659 |
| 2 | United Kingdom | 79,067 |
| 3 | Canada | 76,029 |
| 4 | Australia | 59,681 |
| 5 | India | 55,588 |
| 6 | Japan | 38,260 |
| 7 | Italy | 23,010 |
| 8 | Taiwan | 22,208 |
| 9 | Brazil | 21,527 |
| 10 | Turkey | 20,785 |

| Rank | Country | Page Views |
|---|---|---|
| 11 | Spain | 19,618 |
| 12 | South Korea | 18,748 |
| 13 | France | 18,302 |
| 14 | Mexico | 17,233 |
| 15 | Netherlands | 15,262 |
| 16 | China | 15,164 |
| 17 | Germany | 15,128 |
| 18 | Saudi Arabia | 13,445 |
| 19 | Philippines | 12,538 |
| 20 | Thailand | 12,193 |

### Top 20 countries ranked by Page Views, 2017: www.annemergmed.com

| Rank | Country | Page Views |
|---|---|---|
| 1 | United States | 917,282 |
| 2 | United Kingdom | 62,440 |
| 3 | Canada | 61,505 |
| 4 | India | 50,790 |
| 5 | Australia | 48,459 |
| 6 | Japan | 36,629 |
| 7 | Brazil | 20,909 |
| 8 | Taiwan | 20,250 |
| 9 | Italy | 20,090 |
| 10 | Spain | 17,360 |

| Rank | Country | Page Views |
|---|---|---|
| 11 | France | 15,884 |
| 12 | Turkey | 15,823 |
| 13 | Mexico | 15,069 |
| 14 | Netherlands | 13,402 |
| 15 | Germany | 13,330 |
| 16 | China | 12,396 |
| 17 | South Korea | 11,735 |
| 18 | Iran | 10,592 |
| 19 | Saudi Arabia | 10,123 |
| 20 | Thailand | 9,879 |

## Top 20 countries ranked by Page Views, 2016: www.annemergmed.com

| Rank | Country | Page Views |
|---|---|---|
| 1 | United States | 754,224 |
| 2 | Canada | 60,768 |
| 3 | United Kingdom | 57,012 |
| 4 | Australia | 40,424 |
| 5 | India | 29,891 |
| 6 | Japan | 29,672 |
| 7 | Italy | 18,590 |
| 8 | Spain | 17,116 |
| 9 | Turkey | 17,078 |
| 10 | Taiwan | 17,051 |

| Rank | Country | Page Views |
|---|---|---|
| 11 | France | 15,543 |
| 12 | Brazil | 15,303 |
| 13 | Germany | 12,847 |
| 14 | Netherlands | 12,698 |
| 15 | Mexico | 12,297 |
| 16 | South Korea | 9,900 |
| 17 | Iran | 9,735 |
| 18 | China | 8,724 |
| 19 | Thailand | 8,414 |
| 20 | Saudi Arabia | 7,988 |

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## Top 20 countries ranked by Visits, 2020 Jan - Mar: www.annemergmed.com

| Rank | Country | Visits |
|---|---|---|
| 1 | United States | 675,845 |
| 2 | Canada | 44,998 |
| 3 | United Kingdom | 38,744 |
| 4 | Australia | 36,116 |
| 5 | India | 25,113 |
| 6 | Japan | 13,947 |
| 7 | Italy | 10,346 |
| 8 | Brazil | 10,344 |
| 9 | Spain | 10,100 |
| 10 | Taiwan region | 9,672 |

| Rank | Country | Visits |
|---|---|---|
| 11 | Saudi Arabia | 2,300 |
| 12 | Brazil | 2,275 |
| 13 | Germany | 2,256 |
| 14 | France | 2,099 |
| 15 | Malaysia | 2,016 |
| 16 | Philippines | 1,957 |
| 17 | Mexico | 1,875 |
| 18 | Netherlands | 1,869 |
| 19 | Turkey | 1,849 |
| 20 | China | 1,588 |

### Top 20 countries ranked by Visits, 2019: www.annemergmed.com

| Rank | Country | Visits |
|---|---|---|
| **1** | United States | 675,845 |
| **2** | Canada | 44,998 |
| **3** | United Kingdom | 38,744 |
| **4** | Australia | 36,116 |
| **5** | India | 25,113 |
| **6** | Japan | 13,947 |
| **7** | Italy | 10,346 |
| **8** | Brazil | 10,344 |
| **9** | Spain | 10,100 |
| **10** | Taiwan region | 9,672 |

| Rank | Country | Visits |
|---|---|---|
| **11** | Germany | 9,141 |
| **12** | Saudi Arabia | 8,404 |
| **13** | France | 8,370 |
| **14** | Mexico | 8,267 |
| **15** | Malaysia | 8,098 |
| **16** | Philippines | 7,517 |
| **17** | Turkey | 7,309 |
| **18** | Netherlands | 6,878 |
| **19** | Thailand | 6,502 |
| **20** | Indonesia | 5,603 |

### Top 20 countries ranked by Visits, 2018: www.annemergmed.com

| Rank | Country | Visits |
|---|---|---|
| **1** | United States | 579,834 |
| **2** | United Kingdom | 46,340 |
| **3** | Canada | 41,635 |
| **4** | Australia | 33,855 |
| **5** | India | 24,623 |
| **6** | Japan | 13,536 |
| **7** | Italy | 10,052 |
| **8** | Brazil | 9,815 |
| **9** | Spain | 9,469 |
| **10** | Mexico | 8,697 |

| Rank | Country | Visits |
|---|---|---|
| **11** | Germany | 8,190 |
| **12** | France | 7,941 |
| **13** | Taiwan | 7,850 |
| **14** | Philippines | 7,799 |
| **15** | Saudi Arabia | 7,523 |
| **16** | Turkey | 7,106 |
| **17** | Netherlands | 7,068 |
| **18** | Thailand | 6,177 |
| **19** | China | 6,033 |
| **20** | South Korea | 5,073 |

### Top 20 countries ranked by Visits, 2017: www.annemergmed.com

| Rank | Country | Visits |
|---|---|---|
| **1** | United States | 426,060 |
| **2** | United Kingdom | 33,115 |
| **3** | Canada | 29,821 |
| **4** | Australia | 24,073 |
| **5** | India | 16,848 |

| Rank | Country | Visits |
|---|---|---|
| **11** | Taiwan | 6,524 |
| **12** | Germany | 6,360 |
| **13** | France | 5,995 |
| **14** | Netherlands | 5,520 |
| **15** | Turkey | 5,373 |

| 6 | Japan | 12,500 | | 16 | Saudi Arabia | 4,895 |
|---|---|---|---|---|---|---|
| 7 | Brazil | 8,204 | | 17 | Philippines | 4,611 |
| 8 | Italy | 7,875 | | 18 | China | 4,364 |
| 9 | Spain | 7,701 | | 19 | Thailand | 4,289 |
| 10 | Mexico | 6,734 | | 20 | Malaysia | 4,062 |

### Top 20 countries ranked by Visits, 2016: www.annemergmed.com

| Rank | Country | Visits | | Rank | Country | Visits |
|---|---|---|---|---|---|---|
| 1 | United States | 320,487 | | 11 | Netherlands | 5,659 |
| 2 | United Kingdom | 29,420 | | 12 | Germany | 5,590 |
| 3 | Canada | 28,316 | | 13 | Turkey | 5,310 |
| 4 | Australia | 20,240 | | 14 | Mexico | 5,237 |
| 5 | India | 12,321 | | 15 | Taiwan | 5,124 |
| 6 | Japan | 9,826 | | 16 | Saudi Arabia | 3,678 |
| 7 | Spain | 6,858 | | 17 | Philippines | 3,391 |
| 8 | Italy | 6,778 | | 18 | Malaysia | 3,339 |
| 9 | Brazil | 6,168 | | 19 | Thailand | 3,325 |
| 10 | France | 5,781 | | 20 | China | 3,290 |

### Top 20 countries ranked by full-text accesses, 2020 Jan-Mar: ScienceDirect

| Rank | Country | Full-text Accesses | | Rank | Country | Full-text Accesses |
|---|---|---|---|---|---|---|
| 1 | United States | **83,037** | | 11 | Italy | **2,440** |
| 2 | United Kingdom | **18,945** | | 12 | Korea, Republic of | **2,035** |
| 3 | unknown | **14,196** | | 13 | Spain | **1,955** |
| 4 | Canada | **13,055** | | 14 | Germany | **1,827** |
| 5 | Australia | **12,923** | | 15 | Turkey | **1,814** |
| 6 | China | **5,789** | | 16 | Switzerland | **1,705** |
| 7 | Netherlands | **4,292** | | 17 | Taiwan | **1,634** |
| 8 | Japan | **2,716** | | 18 | Belgium | **1,535** |
| 9 | Sweden | **2,582** | | 19 | Brazil | **1,451** |
| 10 | France | **2,517** | | 20 | Hong Kong | **1,394** |

### Top 20 countries ranked by full-text accesses, 2019: ScienceDirect

| Rank | Country | Full-text Accesses |
|---|---|---|

| | | |
|---|---|---|
| **1** | United States | **342,156** |
| **2** | United Kingdom | **66,077** |
| **3** | Australia | **64,710** |
| **4** | Canada | **49,431** |
| **5** | unknown | **42,990** |
| **6** | China | **20,688** |
| **7** | Netherlands | **12,701** |
| **8** | Japan | **10,824** |
| **9** | Italy | **9,975** |
| **10** | Korea, Republic of | **9,677** |

| Rank | Country | Full-text Accesses |
|---|---|---|
| **11** | France | **9,271** |
| **12** | Switzerland | **8,538** |
| **13** | Germany | **8,075** |
| **14** | Taiwan | **7,723** |
| **15** | Sweden | **7,624** |
| **16** | Turkey | **7,563** |
| **17** | New Zealand | **6,563** |
| **18** | Brazil | **6,369** |
| **19** | Spain | **6,068** |
| **20** | Mexico | **5,718** |

### Top 20 countries ranked by full-text accesses, 2018: ScienceDirect

| Rank | Country | Full-text Accesses |
|---|---|---|
| **1** | United States | 333,887 |
| **2** | Australia | 70,319 |
| **3** | United Kingdom | 62,916 |
| **4** | Canada | 43,886 |
| **5** | unknown | 37,984 |
| **6** | China | 20,546 |
| **7** | Netherlands | 12,740 |
| **8** | Iran | 10,060 |
| **9** | Japan | 9,922 |
| **10** | Germany | 9,839 |

| Rank | Country | Full-text Accesses |
|---|---|---|
| **11** | France | 9,620 |
| **12** | Italy | 9,606 |
| **13** | Korea, Republic of | 9,279 |
| **14** | New Zealand | 8,500 |
| **15** | Taiwan | 8,428 |
| **16** | Sweden | 8,221 |
| **17** | Thailand | 7,892 |
| **18** | Turkey | 7,559 |
| **19** | Switzerland | 7,025 |
| **20** | Mexico | 6,679 |

### Top 20 countries ranked by full-text accesses, 2017: ScienceDirect

| Rank | Country | Full-text Accesses |
|---|---|---|
| **1** | United States | 376,690 |
| **2** | Australia | 78,749 |
| **3** | United Kingdom | 66,269 |
| **4** | Canada | 44,838 |
| **5** | China | 34,481 |
| **6** | unknown | 22,940 |
| **7** | Netherlands | 14,650 |
| **8** | Taiwan | 12,737 |
| **9** | Japan | 12,446 |
| **10** | Korea | 12,365 |

| Rank | Country | Full-text Accesses |
|---|---|---|
| **11** | Germany | 11,393 |
| **12** | Italy | 11,015 |
| **13** | France | 11,010 |
| **14** | New Zealand | 9,473 |
| **15** | Sweden | 8,937 |
| **16** | Thailand | 8,512 |
| **17** | Spain | 8,358 |
| **18** | Turkey | 8,072 |
| **19** | Brazil | 7,913 |
| **20** | Iran | 6,662 |

### Top 20 countries ranked by full-text accesses, 2016: ScienceDirect

| Rank | Country | Full-text Accesses |
|---|---|---|
| 1 | United States | 387,392 |
| 2 | Australia | 69,808 |
| 3 | United Kingdom | 62,444 |
| 4 | Canada | 54,796 |
| 5 | China | 40,708 |
| 6 | Turkey | 15,354 |
| 7 | Germany | 14,878 |
| 8 | France | 14,824 |
| 9 | Netherlands | 14,793 |
| 10 | unknown | 13,880 |

| Rank | Country | Full-text Accesses |
|---|---|---|
| 11 | Italy | 13,278 |
| 12 | Korea, Republic of | 13,213 |
| 13 | Japan | 11,991 |
| 14 | Taiwan | 11,845 |
| 15 | Brazil | 11,457 |
| 16 | Sweden | 9,866 |
| 17 | Spain | 8,685 |
| 18 | Thailand | 8,451 |
| 19 | New Zealand | 7,933 |
| 20 | Iran | 7,653 |

## Top 20 countries ranked by Usage, 2020 Jan-Mar: ClinicalKey

| Rank | Country | Usage |
|---|---|---|
| 1 | United States | 13,750 |
| 2 | India | 2,482 |
| 3 | Australia | 1,741 |
| 4 | Japan | 1,426 |
| 5 | Spain | 730 |
| 6 | United Kingdom | 569 |
| 7 | Colombia | 546 |
| 8 | Mexico | 504 |
| 9 | Taiwan | 471 |
| 10 | Thailand | 429 |

| Rank | Country | Usage |
|---|---|---|
| 11 | Netherlands | 388 |
| 12 | Italy | 325 |
| 13 | Turkey | 322 |
| 14 | Israel | 252 |
| 15 | Sweden | 236 |
| 16 | New Zealand | 235 |
| 17 | Korea, Republic of | 193 |
| 18 | Brazil | 190 |
| 19 | Denmark | 178 |
| 20 | China | 169 |

## Top 20 countries ranked by Usage, 2019: ClinicalKey

| Rank | Country | YTD Usage |
|---|---|---|
| 1 | United States | **61,305** |
| 2 | Australia | **11,847** |
| 3 | Japan | **5,240** |
| 4 | United Kingdom | **2,859** |
| 5 | Spain | **2,836** |
| 6 | Colombia | **2,432** |
| 7 | Taiwan | **2,068** |
| 8 | Costa Rica | **1,656** |
| 9 | Mexico | **1,651** |
| 10 | Thailand | **1,613** |

| Rank | Country | YTD Usage |
|---|---|---|
| 11 | India | **1,385** |
| 12 | New Zealand | **1,377** |
| 13 | Turkey | **1,301** |
| 14 | Italy | **1,283** |
| 15 | Netherlands | **1,219** |
| 16 | Israel | **856** |
| 17 | Denmark | **819** |
| 18 | South Africa | **744** |
| 19 | Korea, Republic of | **708** |
| 20 | Sweden | **679** |

### Top 20 countries ranked by Usage, 2018: ClinicalKey

| Rank | Country | Usage |
|---|---|---|
| 1 | United States | 68,863 |
| 2 | Australia | 13,818 |
| 3 | Japan | 5,374 |
| 4 | India | 4,712 |
| 5 | Canada | 3,588 |
| 6 | Colombia | 3,017 |
| 7 | United Kingdom | 2,940 |
| 8 | Taiwan | 2,912 |
| 9 | Costa Rica | 2,860 |
| 10 | Spain | 2,703 |

| Rank | Country | Usage |
|---|---|---|
| 11 | Mexico | 2,267 |
| 12 | Thailand | 2,190 |
| 13 | Turkey | 2,128 |
| 14 | New Zealand | 1,567 |
| 15 | Chile | 1,431 |
| 16 | Italy | 1,412 |
| 17 | Netherlands | 1,334 |
| 18 | Israel | 1,332 |
| 19 | Denmark | 965 |
| 20 | Korea, Republic of | 878 |

### Top 20 countries ranked by Usage, 2017: ClinicalKey

| Rank | Country | Usage |
|---|---|---|
| 1 | United States | 65,985 |
| 2 | Australia | 8,534 |
| 3 | Japan | 4,161 |
| 4 | Canada | 3,957 |
| 5 | Taiwan | 3,435 |
| 6 | India | 2,734 |
| 7 | United Kingdom | 2,608 |
| 8 | Spain | 2,127 |
| 9 | Colombia | 2,051 |
| 10 | Mexico | 2,026 |

| Rank | Country | Usage |
|---|---|---|
| 11 | Thailand | 1,804 |
| 12 | Turkey | 1,381 |
| 13 | New Zealand | 1,306 |
| 14 | Chile | 1,265 |
| 15 | Israel | 1,080 |
| 16 | Denmark | 865 |
| 17 | South Africa | 817 |
| 18 | Italy | 784 |
| 19 | Korea, Republic of | 718 |
| 20 | Netherlands | 638 |

### Top 20 countries ranked by Usage, 2016: ClinicalKey

| Rank | Country | Usage |
|---|---|---|
| 1 | United States | 59,102 |
| 2 | Australia | 9,563 |
| 3 | India | 9,009 |
| 4 | Bangladesh | 6,626 |
| 5 | Canada | 4,976 |
| 6 | United Kingdom | 3,232 |
| 7 | Japan | 3,159 |
| 8 | Taiwan | 1,978 |
| 9 | Colombia | 1,961 |
| 10 | Spain | 1,900 |

| Rank | Country | Usage |
|---|---|---|
| 11 | Mexico | 1,843 |
| 12 | Netherlands | 1,235 |
| 13 | Turkey | 1,131 |
| 14 | New Zealand | 951 |
| 15 | Israel | 705 |
| 16 | Thailand | 698 |
| 17 | Korea, Republic of | 691 |
| 18 | Denmark | 681 |
| 19 | Chile | 674 |
| 20 | Ireland | 650 |

## Appendix E: Top cited *Annals* articles, 2017 Impact Factor window

(Source: Scopus)

| Cites in 2017 | Article Title | Author(s) | Cover Year | Vol/Iss |
|---|---|---|---|---|
| **42** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction with High-Sensitivity Cardiac Troponin | Mueller C., Giannitsis E., Christ M., Ordonez-Llanos J., Defilippi C., McCord J., Body R., et al. | 2016 | 68/1 |
| **28** | Techniques, success, and adverse events of emergency department adult intubations | Brown C.A., Bair A.E., Pallin D.J., Walls R.M. | 2015 | 65/4 |
| **24** | Apneic oxygenation was associated with decreased desaturation rates during rapid sequence intubation by an australian helicopter emergency medicine service | Wimalasena Y., Burns B., Reid C., Ware S., Habig K. | 2015 | 65/4 |
| **17** | Identifying patients suitable for discharge after a single-presentation high-sensitivity troponin result: A comparison of five established risk scores and two high-sensitivity assays | Carlton E.W., Khattab A., Greaves K. | 2016 | 66/6 |
| **16** | Distal Ureteric Stones and Tamsulosin: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Trial | Furyk J.S., Chu K., Banks C., Greenslade J., Keijzers G., et al. | 2015 | 67/1 |
| **16** | Delayed sequence intubation: A prospective observational study | Weingart S.D., Seth Trueger N., Wong N., Scofi J., Singh N., Rudolph S.S. | 2015 | 65/4 |
| **15** | The altmetric score: A new measure for article-level dissemination and impact | Trueger N.S., Thoma B., Hsu C.H., Sullivan D., Peters L., Lin M. | 2015 | 66/5 |
| **15** | The PICHFORK (Pain in Children Fentanyl or Ketamine) Trial: A randomized controlled trial comparing intranasal ketamine and fentanyl for the relief of moderate to severe pain in children with limb injuries | Graudins A., Meek R., Egerton-Warburton D., Oakley E., Seith R. | 2015 | 65/3 |
| **14** | Effectiveness of EDACS Versus ADAPT Accelerated Diagnostic Pathways for Chest Pain: A Pragmatic Randomized Controlled Trial Embedded Within Practice | Than M.P., Pickering J.W., Aldous S.J., Cullen L., et al. | 2015 | 68/1 |
| **13** | Association of Emergency Department Opioid Initiation with Recurrent Opioid Use | Hoppe J.A., Kim H., Heard K. | 2015 | 65/5 |
| **13** | Mobile Integrated Health Care and Community Paramedicine: An Emerging Emergency Medical Services Concept | Choi B.Y., Blumberg C., Williams K. | 2015 | 67/3 |
| **12** | Opioid Prescribing in a Cross Section of US Emergency Departments | Hoppe J.A., Nelson L.S., Perrone J., Weiner S.G., al. | 2016 | 66/3 |
| **12** | Changes in emergency department use among young adults after the patient protection and affordable care act's dependent coverage provision | Akosa Antwi Y., Moriya A.S., Simon K., Sommers B.D. | 2015 | 65/6 |

| **12** | Lacerations and Embedded Needles Caused by Epinephrine Autoinjector Use in Children | Brown J.C., Tuuri R.E., Akhter S., Guerra L.D., Goodman I.S., Myers S.R., Nozicka C., Manzi S., et al. | 2016 | 67/3 |
|---|---|---|---|---|
| **12** | Emergency Medicine and Critical Care Blogs and Podcasts: Establishing an International Consensus on Quality | Thoma B., Chan T.M., Paterson Q.S., Milne W.K., Sanders J.L., Lin M. | 2016 | 66/4 |
| **12** | Prolonged QT risk assessment in antipsychotic overdose using the QT nomogram | Berling I., Isbister G.K. | 2016 | 66/2 |
| **11** | The effect of ketamine on intracranial and cerebral perfusion pressure and health outcomes: A systematic review | Cohen L., Athaide V., Wickham M.E., Doyle-Waters M.M., Rose N.G.W., Hohl C.M. | 2015 | 65/1 |
| **11** | Emergency Department Prescription Opioids as an Initial Exposure Preceding Addiction | Butler M.M., Ancona R.M., Beauchamp G.A., et al. | 2015 | 68/2 |
| **11** | Extracorporeal treatment for salicylate poisoning: Systematic review and recommendations from the EXTRIP workgroup | Juurlink D.N., Gosselin S., Kielstein J.T., Ghannoum M., Lavergne V., Nolin T.D., Hoffman R.S., et al. | 2015 | 66/2 |
| **11** | Ecallantide for the acute treatment of angiotensin-converting enzyme inhibitor-induced angioedema: A multicenter, randomized, controlled trial | Lewis L.M., Graffeo C., Crosley P., Klausner H.A., Clark C.L., Frank A., Miner J., Iarrobino R., Chyung Y. | 2016 | 65/2 |
| **10** | Factors Associated with Successful Resuscitation after Out-of-Hospital Cardiac Arrest and Temporal Trends in Survival and Comorbidity | Soholm H., Hassager C., Lippert F., Winther-Jensen M., et al. | 2015 | 65/5 |
| **10** | The Safety and Effectiveness of Droperidol for Sedation of Acute Behavioral Disturbance in the Emergency Department | Calver L., Page C.B., Downes M.A., Chan B., Kinnear F., Wheatley L., Spain D., Isbister G.K. | 2015 | 66/3 |
| **10** | Return visits to the emergency department: The patient perspective | Rising K.L., Padrez K.A., O'Brien M., Hollander J.E., Carr B.G., Shea J.A. | 2015 | 65/4 |
| **10** | Incidence and Duration of Continuously Measured Oxygen Desaturation during Emergency Department Intubation Presented at the Society for Academic Emergency Medicine meeting, Atlanta, GA, May 2013. | Bodily J.B., Webb H.R., Weiss S.J., Braude D.A. | 2016 | 67/3 |

## Top cited *Annals* articles, 2018 Impact Factor window

(Source: Scopus)

| Cites in 2018 | Article Title | Authors | Vol/Iss | Publication Year |
|---|---|---|---|---|
| **38** | Multicenter Evaluation of a 0-Hour/1-Hour Algorithm in the Diagnosis of Myocardial Infarction with High-Sensitivity Cardiac Troponin T Presented at the European Society of Cardiology annual meeting, September 2014, Barcelona, Spain. | Mueller C., Giannitsis E., Christ M., Ordonez-Llanos J., Defilippi C., et al. | 68/1 | 2016 |
| **36** | Risk of Acute Kidney Injury After Intravenous Contrast Media Administration | Hinson J.S., Ehmann M.R., Fine D.M., et al. | 69/5 | 2017 |
| **24** | Quick SOFA Scores Predict Mortality in Adult Emergency Department Patients With and Without Suspected Infection | Singer A.J., Ng J., Thode H.C., Spiegel R., Weingart S. | 69/4 | 2017 |
| **22** | Ultrasound Guidelines: Emergency, Point-of-Care and Clinical Ultrasound Guidelines in Medicine | | 69/5 | 2017 |
| **21** | Distal Ureteric Stones and Tamsulosin: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Trial | Furyk J.S., Chu K., Banks C., Greenslade J., et al. | 67/1 | 2016 |
| **20** | Effectiveness of EDACS Versus ADAPT Accelerated Diagnostic Pathways for Chest Pain: A Pragmatic Randomized Controlled Trial Embedded Within Practice | Than M.P., Pickering J.W., Aldous S.J., Cullen L., Frampton C.M.A., et al. | 68/1 | 2016 |
| **19** | Emergency Department Prescription Opioids as an Initial Exposure Preceding Addiction | Butler M.M., Ancona R.M., Beauchamp G.A., Yamin C.K., Winstanley E.L., et al. | 68/2 | 2016 |
| **19** | Manual Cardiopulmonary Resuscitation Versus CPR Including a Mechanical Chest Compression Device in Out-of-Hospital Cardiac Arrest: A Comprehensive Meta-analysis from Randomized and Observational Studies | Bonnes J.L., Brouwer M.A., Navarese E.P., Verhaert D.V.M., et al. | 67/3 | 2016 |
| **18** | Mobile Integrated Health Care and Community Paramedicine: An Emerging Emergency Medical Services Concept | Choi B.Y., Blumberg C., Williams K. | 67/3 | 2016 |
| **17** | Effect of Dispatcher-Assisted Cardiopulmonary Resuscitation Program and Location of Out-of-Hospital Cardiac Arrest on Survival and Neurologic Outcome | Ro Y.S., Shin S.D., Lee Y.J., Lee S.C., Song K.J., et al. | 69/1 | 2017 |
| **16** | The Effect of Combined Out-of-Hospital Hypotension and Hypoxia on Mortality in Major Traumatic Brain Injury | Spaite D.W., Hu C., Bobrow B.J., Chikani V., et al. | 69/1 | 2017 |
| **15** | Fentanyl and a Novel Synthetic Opioid U-47700 Masquerading as Street “Norco” in Central California: A Case Report | Armenian P., Olson A., Anaya A., Kurtz A., Ruegner R., Gerona R.R. | 69/1 | 2017 |
| **15** | An Emergency Department Validation of the SEP-3 Sepsis and Septic Shock Definitions and Comparison With 1992 Consensus Definitions | Henning D.J., Puskarich M.A., Self W.H., et al. | 70/4 | 2017 |
| **14** | Pediatric Readiness and Facility Verification Presented at the Trauma Center Association of America annual meeting, September 2014, San Antonio, TX. | Remick K., Kaji A.H., Olson L., Ely M., et al. | 67/3 | 2016 |

| | | | | |
|---|---|---|---|---|
| **14** | Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in the Emergency Department | Brown M.D., Byyny R., Diercks D.B., et al. | 69/4 | 2017 |
| **13** | Weight Estimation Methods in Children: A Systematic Review | Young K.D., Korotzer N.C. | 68/4 | 2016 |
| **12** | Exploring the Potential of Predictive Analytics and Big Data in Emergency Care | Janke A.T., Overbeek D.L., Kocher K.E., Levy P.D. | 67/2 | 2016 |
| **12** | The Association Between Limited English Proficiency and Unplanned Emergency Department Revisit Within 72 Hours | Ngai K.M., Grudzen C.R., Lee R., Tong V.Y., Richardson L.D., Fernandez A. | 68/2 | 2016 |
| **12** | The Effect of Opioid Prescribing Guidelines on Prescriptions by Emergency Physicians in Ohio | Weiner S.G., Baker O., Poon S.J., et al. | 70/6 | 2017 |

## Appendix F: Glossary

**Abstracts Viewed:** A view of an abstract on a screen or page on a site or an app.

**App Downloads:** The number of times an app has been downloaded by an individual from the iTunes Storefront.

**Citable web publication time:** average time from submission of an article to its appearing online in a citeable and downloadable format.

**Click Through:** Percent of eTOCs with a link clicked by user.

**FTA Views:** The number of Full text article views (app). For the dashboard the time period is measured by month.

**Full-text Access:** Article downloaded in full-text or PDF form (traditional browser).

**Open Rate:** Percent of eTOC e-mails opened.

**Outputs in top citation percentiles:** The number of publications of a selected entity (Emergency Medicine Category) that are highly cited, having reached a particular threshold of citations received.

**Page view:** Page views represent a single request for content initiated by a user. The following are examples of what constitutes a "single Page view:“ Pages that contain multiple pieces of content. Pages that deliver some other content (e.g. request pages that then deliver a PDF without the user clicking again). Entire PDF's. Multiple requests for the same page within 30 seconds of each other.

**Publication (printed issue):** average total time from submission of an article to despatch of the issue containing that article from the warehouse.

**Referring Site:** Site recorded immediately prior to viewing article on annemergmed.com

**ROW:** Rest of world

**Scholarly output:** The number of publications of a selected entity (Emergency Medicine Category).

**Sessions:** The number of times an app has been opened by all users. A single user may have opened the app once or multiple times.

**Submission to acceptance**: Time from submission to acceptance of peer reviewed article

**Typed/Bookmarked:** Put simply it is where we do not capture the referral domain of the site that the user was on before they came to your site. Sometimes the user wasn’t on another site prior to coming to your site. This can also be known as None, Direct, Unknown etc.

**Unique Visitors:** A count of the number of unique web browsers or devices for a particular period of time.

**US:** United States

**Users:** The number of individuals who open the app at least once in a given time period. For the dashboard the time period is measured by month.

**Views:** Equivalent to 'Page Views', the number of screens consumed by the user during a visit / session.

**Visits:** Also known as Sessions. A count of the number of sessions of activity by a visitor that can involve 1 or more pages viewed and 1 or more in page actions.

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Henry E. Wang, MD, MS
Editor in Chief, *JACEP Open*

**Date:** May 18, 2020

**Subj:** Editor in Chief's Report on *JACEP Open's* Activities

It is a privilege to report that *JACEP Open* is off to a strong start. We have made numerous accomplishments since our start on July 1, 2019.

## Manuscript/Peer Review Update

The online submission system, Editorial Manager, was launched on October 2, 2019. To date, we have received 381 manuscripts. This is double our target number of manuscripts. One hundred sixty-eight manuscripts were transferred manuscripts from *Annals of Emergency Medicine*. Sixty-seven of those articles have been accepted for publication. We have accepted one hundred forty-one articles to date; 82 of those were waivered. Per the Wiley contract, we have unlimited waivers until July 1. It is gratifying to see that a healthy number of submissions were paid for by the authors.

## Indexing Milestone

*JACEP Open* has reached its first indexing milestone. It is now listed on the Director of Open Access Journals website (https://doaj.org/). Wiley has submitted an application for Pubmed listing.

## Journal Website

*JACEP Open's* website, jacepopen.com, which is maintained by Wiley, is already quite robust, with accepted articles featured in "Early View." There is also a robust section devoted specifically to COVID19 articles. The first issue published on February 27, 2020; the second published on April 27, 2020. The third issue will publish on June 27, 2020.

## Other Activities

We are establishing a CME system for peer reviewers.

A second podcast is scheduled to coordinate with the June issue.

We have added 7 new editors to the editorial board to respond to the increased number of submissions.

We appreciate ACEP's continued support of this new journal and look forward to continued growth in 2020.

HEADQUARTERS
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# Memorandum

**To:** Board of Directors
Council Officers

**From:** Maude S. Hancock
Chapter Services Manager

Ryan Stanton, MD, FACEP
Board Liaison, National/Chapter Relations Committee

**Date:** June 10, 2020

**Subj:** Chapter Leader Visit Rotation Program

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A summary report about the Chapter Leader Visit Rotation Program is provided periodically to the Board of Directors. The summary report includes the Chapter Leader Visit Rotation Schedule listing both official rotation and non-rotation visits to chapters and copies of the feedback forms from the leaders after their chapter visits. The non-rotation visits are those for which the chapter pays expenses for a leader to visit. The Board Liaison to the National/Chapter Relations Committee receives this information for review and approval before dissemination to the Board of Directors. This review assists the Board in identifying emerging chapter trends, issues or other pertinent information.

Since the last report in June 2019, 22 visits were scheduled, six of which were nonrotation visits. Out of the 22 visits, 12 were completed in person and two (one rotation and one nonrotation) are scheduled for a virtual visit before the end of the fiscal year. The remainder of the visits were cancelled or postponed mainly due to COVID-19. Attachment A is the leader visit schedule along with a summary of their completion status.

This report contains four feedback forms from the leader visits to chapters. The chapters visited are active and aware of the issues in their respective states and appreciate any assistance received from national ACEP. Generally, the issues of concern are:

- Leadership recruitment/development
- Mental health access
- OON billing
- Quality metrics reporting
- Rural facilities closing/limited resources
- Workforce issues

The chapters are engaged in advocacy activities at the state and national level. However, there is some concern that some of the issues noted will not be resolved quickly and appreciate any help that National can provide is welcomed.

Attachment B contains the feedback forms that were submitted.

Chapter Services reminds chapters regularly to schedule their leader visits well in advance since leaders' schedules fill very quickly. Many chapters are exploring pivoting their

summer or fall annual meetings/CME conferences from in-person to virtual. ACEP leaders may be requested to participate in virtual chapter meetings until in-person meetings can be resumed safely.

Please contact Maude S. Hancock, Chapter Services Manager, at extension 3142, or by email at mhancock@acep.org or Harry Monroe, Director, State and Chapter Relations, at extension 3204 or by email at hmonroe@acep.org for any additional information or question regarding the Chapter Leader Visit Rotation Program.

**Leader Visits**
**6/14/19 - 6/10/2020**

| | Completed | Chapter | R/NR | Meeting Date | Leader Requested | 2nd Choice | Presentation Topics | Mtg. Location | Meeting Type |
|---|---|---|---|---|---|---|---|---|---|
| **1** | Y | SC | R | 6/14/19-6/16/19 | Aisha Terry | Chris Kang | 1) Unconscious Bias: Protect Yourself and Your Patients (30 mins) & 2) ACEP Update (30 mins) | Kiawah Island Golf Resort 1 Sanctuary Beach Dr Kiawah Island, SC 29455 | Annual Meeting and CME Conference |
| **2** | Y | RI | R | 6/19/19 | Gillian Schmitz | Stephen Anderson | Advocacy & National ACEP Update | Ocean Cliff, 65 Ridge Rd, Newport, RI 02840 | Annual Meeting |
| **3** | Y | MI | R | 7/28/19 - 7/31/19 | William Jaquis | Paul Kivela | 7/29/19, 8:30-9am: National Update<br>7/30/19, 10:15-11:15am: Emergency Medicine in a Value-based World | Mackinac Island, MI | Annual Meeting |
| **4** | Y | FL | NR | 8/4/19 | William Jaquis | | National ACEP Update on 8/1/19 during FCEP Board Meeting from 3pm-5:30pm. | Boca Raton Resort & Club, 501 East Camino Real, Boca Raton, FL 33432 | Annual Meeting, Symposium by the Sea |
| **5** | Y | OH | NR | 8/7/2019 - 8/8/2019 | Aisha Liferidge | | | | |
| **6** | *Cxled* | *NV* | *R* | *9/14/19* | *Paul Kivela* | *S. Anderson* | *Mental Health Boarding, Suicidal pt in ED and/or Opiates (30 mins including Q&A) in addition to a National ACEP Update (duration TBC).* | *Reno, NV* | *Annual Meeting* |
| **7** | Y | AK | R | 11/7/19 | Stephen Anderson | C. Kang | 1) Panel on opioids; 2) presentation on "Best Practices and Washington's Response to the Opioid Crisis"; 3) Brief ACEP update. | BP Energy Center, 1014 Energy Court, Anchorage, AK 99508 | Leadership Summit |
| **8** | Y | GA | R | 12/5/19-12/6/19 | Paul Kivela (This meeting conflicted with the ACEP Board Retreat. Sonja approved an outgoing Board member to represent ACEP) | Perina | 1) EM Advocacy/ACEP Update. What Your College is Doing at the National Level<br>2) EM of the Future: What Will EM Look Like in 30 Years? | Lake Oconee, GA | EM Leadership and Advocacy Conference |
| **9** | Y | CO | R | 1/22/19 | Vidor Friedman | | Advocacy + ACEP Update | Denver Chop House, Denver, CO | Annual Meeting |
| **10** | Y | VA | NR | 2/7/20 - 2/9/20 | Aisha Terry | | Keynote speaker at VACEP's 50th Anniversary celebration/kick off our Annual CME Conference on Saturday, February 8, 2020 from 8am to 9am. | Omni Homestead Resort, Hot Springs VA | Annual CME Conference |
| **11** | Y | ME | NR | 3/6/20 | Gillian Schmitz | | We expect one of the themes to be the challenges of rural EM which we heard from our Vermont and New Hampshire chapters would be a big draw for their members. | Sugarloaf Mountain Hotel, Carrabassett Room, 5092 Access Rd, Carrabassett Valley, ME 04947 | EM Leadership Summit |
| **12** | *Y - Non-ACEP Leader* | *SD* | *R* | *3/6/20 - 3/7/20* | *Several - No ACEP Leader could attend.* | *John Misdary, MD, FACEP* | *John Saratial Misdary, MD, FACEP, Peds specialist from FL attended and presented on "Pediatric Emergencies"* | *Lodge in Deadwood, 100 Pinecrest Lane, Deadwood, SD 57732* | *Annual CME Conference* |
| **13** | Y | LA | R | 3/11/20 | ~~Rosenberg~~ | Stanton | National ACEP Update + Event Medicine | Ochsner LSU Shreveport Academic Medical Center, 1501 Kings Highway Room 1-400, Medical School Building | Annual Meeting |

**Leader Visits**
**6/14/19 - 6/10/2020**

| | Completed | Chapter | R/NR | Meeting Date | Leader Requested | 2nd Choice | Presentation Topics | Mtg. Location | Meeting Type |
|---|---|---|---|---|---|---|---|---|---|
| 14 | *Cxled due to COVID-19* | *GS* | *R* | *3/21/20 - 3/23/20* | *Christopher Kang* | | *1) What I Didn't Learn In Residency How To Get Involved In Organized Medicine What Every Emergency Physician Should Know About the Changing Economics of Healthcare?<br>2) National ACEP Update* | *Lake Buena Vista Embassy Suites, Orlando, FL* | *Annual Symposium* |
| 15 | *Cxled due to COVID-19* | *IN* | *R* | *4/22/20-4/23/20* | *William Jaquis* | *Hirshon* | *1) "EM in a Value-Based World"; 2) "Advanced Practice Providers and the ED Team."; 3) ACEP Update over lunch.* | *Carmel, IN* | *Annual Meeting* |
| 16 | *Cxled due to COVID-19* | *NM* | *R* | *5/2/20* | *Gillian Schmitz* | *Jeff Goodloe* | *Potential Topics in addition to ACEP Update:<br>1) Workforce future/distribution of residents after graduation (urban v. rural v. academic); 2) Future of teleED in rural hospitals - current landscape and future predictions and ACEP's current efforts/goals; 3) FSEDs (we now have several in ABQ) and CMS standards re: coverage and designations; 4) Ways to bolster rural rotations for ED residents via ACGME and new CMS rules around CAH and residents* | *Savoy Bar and Grill, 10601 Montgomery Blvd NE, Albuquerque, NM 87111* | *Annual Meeting* |
| 17 | *Postponed to Nov 6 due to COVID-19* | *MO* | *R* | *5/20/20* | *Gillian Schmitz* | *Alison Haddock* | *Post Traumatic Litigation Stress + ACEP Update* | *Courtyard By Marriott, 3301 Lemone Industrial Blvd, Columbia, MO 65201* | *Membership* |
| 18 | *Cxled due to COVID-19* | *WA* | *NR* | *May 28-29, 2020* | *Mark Rosenberg* | *Kelly Gray-Eurom* | *1) (60 mins including Q&A) Making the ED Geriatric Friendly<br>2) (60 mins including Q&A)Understanding & Implementing Quality Metrics for Patient Care ..... it would be interesting to see a great ED quality dashboard that is easy to replicate and have discussion on OPPE related to ED* | *Edgewater, 411 Alaskan Way, Seattle,WA 98121* | *Annual Meeting* |
| 19 | *Cxled due to COVID-19* | *TN* | *R* | *6/1/20 - 6/4/20* | *Jeffrey Goodloe* | | *ACEP Update + TBD* | *Sandestin Golf and Beach Resort<br>9300 Emerald Coast Parkway<br>Miramar Beach, FL 32550* | *Annual Meeting and CME Conference* |
| 20 | *Cxled due to COVID-19* | *NC* | *R* | *June 12-14, 2020* | *Christopher Kang* | *Gillian Schmitz* | *1) ACEP Update<br>2) Topic TBA* | *West Beach Conference Center<br>Kiawah Island, SC 29455* | *Annual Meeting* |
| 21 | Upcoming: Virtual | IA | R | 6/16/20 | JT Finnell | | Social hour from 5:30pm to 6:30pm. Meeting starts at 6:30pm with Naiontal ACEP Update and presetation. After the presentation, business will be conducted. | TBD - Cedar Ridge Winery & Distillery or Black Sheep Social Club | Annual Meeting |
| 22 | Upcoming: Virtual | RI | NR | 6/17/20 | Aisha Terry | | 6pm-9:30pm, meet with leader for lunch on 17th. | Ocean Cliff, 65 Ridge Rd, Newport, RI 02840 | Annual Meeting |

| **Summary of Visit Status** | **Rotation** | **Non-Rotation** |
|---|---|---|
| Scheduled | 16 | 6 |
| **Completed In-person** | **8** | **4** |
| To Be Completed Virtually | 1 | 1 |
| Cancelled | 1 | 0 |
| Cancelled or Postponed due to COVID-19 | 6 | 1 |

# #15

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Saturday, June 08, 2019 11:28:45 AM
**Last Modified:** Saturday, June 08, 2019 11:56:59 AM
**Time Spent:** 00:28:14
**IP Address:** 67.168.137.53

## Page 1

### Q1

Chapter Visited

Alabama, Tennessee

### Q2

Your Name

Christopher Kang

### Q3

Date of Meeting

June 2-4

### Q4

How valuable was the Chapter Visit Summary provided to you ahead of the meeting by ACEP staff?

**A great deal**

## Page 2

**Q5**

What were your observations about this chapter, its members, and staff?

Alabama
- Chapter Staff
  - Dedicated and effective
  - Chapter Executive - Experienced, knowledgeable - Suggest consideration to invite to lead more chapter executive-related events and initiatives
  - Supportive of the chapter executive meetings
  - Inquired about the CME accreditation process (staff POC is wonderful, but is staff support sufficient and/or could process be more efficient)
  - Growing collaboration with Tennessee Chapter
- Board of Directors
  - Strong, established core
  - Engaged with local/community issues - from rural facilities to EMS to academics/GME
  - Several members are involved with higher National College positions - committees and Council Steering Committee - anticipate candidates for National College leadership in the near future
- Conference
  - Led to Alabama Chapter
  - Strong collaboration with conference partners, including exhibitors and Tennessee chapter
  - Very good curriculum, faculty, hospitality, and member/family-related events

Tennessee
- Chapter Staff
  - Engaged and dedicated
  - Chapter Executive - Modestly new to chapter and organization, but possesses experience, insight, and enthusiasm - Would encourage facilitating scheduling and completion of chapter executive visit/orientation at ACEP HQ with national staff
  - Inquired about the CME accreditation process (staff POC is wonderful, but is staff support sufficient and/or could process be more efficient)
  - Inquired about maintaining/access/updating chapter website - access, process, and support
  - Growing collaboration with Alabama Chapter
- Board of Directors
  - Exceptional, experienced core
  - Engaged with local/community issues - from rural facilities to mental health to law enforcement to academics/GME
  - Several members are involved with higher National College positions - committees (education) and Council (reference and Steering committees) - their involvement and leadership will be important to the continued work and success by the Council and College
- Conference
  - Strong collaboration with conference partners, including exhibitors and Alabama chapter
  - Very good curriculum, faculty, hospitality, and member/family-related events

---

**Q6**

Do you feel this chapter is active, inactive, generally active, or somewhat active?

Alabama - Active
Tennessee - Active

Page 3

**Q7**

How do you feel ACEP can best assist this chapter?

Alabama
- Consider inviting Chapter Executive to lead more chapter executive related events and initiatives
- CME accreditation process
- Explore and support rural facilities
- Monitor and encourage more chapter leadership to consider and pursue national College level opportunities and leadership positions (committees, Council, task forces, Corporate Council, and national BoD)

Tennessee
- Facilitate invitation and completion of chapter executive orientation/visit to ACEP HQ and meeting with national staff
- CME accreditation process
- Access to and maintenance of chapter website
- Some chapter leadership has been involved with a very promising, quality initiative with state hospital association for mental health - should be reviewed and, likely, shared with other chapters, COPE, and national College leadership
- Subject matter expertise for creating and sharing resources for ED staff to mitigate violence in the ED
- Rural facilities
- Monitor and encourage more chapter leadership to consider and pursue national College level opportunities and leadership positions (committees, Council, task forces, Corporate Council, and national BoD)

**Q8**

Were there any significant membership or legislative issues identified that may require follow-up? Please be specific.

Membership:
- CME accreditation
- Chapter website - access, resources, and maintenance
- Facilitating and supporting cultivation of chapter leadership from community-based membership
- Facilitating and supporting cultivation of national leadership from current and future chapter leadership

Legislative Issues:
- Mental health - access, resources, boarding, and disposition
- Rural facilities - staffing, resources, and opening/closing
- Violence in the ED
- Pediatrics
- PA/NP and GME - staffing, utilization, and growth/employment

# #16

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, June 21, 2019 8:13:45 AM
**Last Modified:** Friday, June 21, 2019 8:17:47 AM
**Time Spent:** 00:04:01
**IP Address:** 70.121.222.145

## Page 1

### Q1

Chapter Visited

Rhode Island

### Q2

Your Name

Gillian Schmitz

### Q3

Date of Meeting

6/19/19

### Q4

How valuable was the Chapter Visit Summary provided to you ahead of the meeting by ACEP staff?

**A great deal**

## Page 2

### Q5

What were your observations about this chapter, its members, and staff?

Small chapter but a lot of success in their state this year. They have very motivated leadership - heavily academic focused but branching out to include community docs as well. The Chapter is very supportive of its 2 residency programs and includes the residents in their state chapter meetings and encourages ACEP membership and advocacy.

### Q6

Do you feel this chapter is active, inactive, generally active, or somewhat active?

I would say very active - they have their own PAC and have been very involved with state advocacy issues

Page 3

**Q7**

How do you feel ACEP can best assist this chapter?

Find a national solution to balanced billing

**Q8**

Were there any significant membership or legislative issues identified that may require follow-up? Please be specific.

They have some concerns about state legislation passed in NY that the state is now requiring reporting quality metrics. There are some concerns this will also occur in RI. They don't want to the state legislature to dictate how medical care is provided and feels this is a slippery slope...

# #17

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Sunday, August 11, 2019 3:55:37 PM
**Last Modified:** Sunday, August 11, 2019 3:59:34 PM
**Time Spent:** 00:03:56
**IP Address:** 98.203.38.184

## Page 1

### Q1

Chapter Visited

Michigan

### Q2

Your Name

William Jaquis

### Q3

Date of Meeting

7/28-30/2019

### Q4

How valuable was the Chapter Visit Summary provided to you ahead of the meeting by ACEP staff?

**A great deal**

## Page 2

### Q5

What were your observations about this chapter, its members, and staff?

This continues to be a very well organized and effective chapter. Specifically for the visit they were very collaborative, making the trip easy

### Q6

Do you feel this chapter is active, inactive, generally active, or somewhat active?

active

Page 3

**Q7**

How do you feel ACEP can best assist this chapter?

Continue to find opportunities to involve their members at a National level. I am working on one of the members to join Wellness

**Q8**

Were there any significant membership or legislative issues identified that may require follow-up? Please be specific.

Continued follow up on out of network, workforce. Connect their President with the small group leaders (done through Bobby and Vidor)

# #18

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, January 31, 2020 2:07:55 PM
**Last Modified:** Friday, January 31, 2020 2:13:18 PM
**Time Spent:** 00:05:22
**IP Address:** 97.102.130.53

## Page 1

### Q1

Chapter Visited

Colorado

### Q2

Your Name

Vidor Friedman MD

### Q3

Date of Meeting

1/22/2020

### Q4

How valuable was the Chapter Visit Summary provided to you ahead of the meeting by ACEP staff?

**A lot**

## Page 2

### Q5

What were your observations about this chapter, its members, and staff?

The chapter is getting young physicians involved, they are transitioning to a new Exec. Dir this year and seem to have that well in hand.

### Q6

Do you feel this chapter is active, inactive, generally active, or somewhat active?

Active, very active politically

Page 3

**Q7**

How do you feel ACEP can best assist this chapter?

Continue to provide assistance via the SLRC, perhaps work with them to set up regional conferences?(There are a number of small states around CO that could use the help)

**Q8**

Were there any significant membership or legislative issues identified that may require follow-up? Please be specific.

Balance Billing is their #1 issue

# JUNE 2020

# UPDATES FROM 37 OF ACEP'S 53 CHAPTERS

## ALABAMA

**President**: Bryan L. Balentine, MD, FACEP (effective June 11, 2020)
**Immediate Past President:** Michael Bindon, MD, FACEP
**Executive Director:** Denise Louthain

- Had to cancel our annual EMerald Coast Conference scheduled for June. Next year's conference will be June 7-10, 2021.
- Our annual business meeting will be held on June 11, 2020.

## ARIZONA

**President:** Steven Maher, MD, FACEP
**Executive Director**: Stephanie Butler

- Held our Annual Meeting and held elections virtually on April 1.
- Summer retreat being held in person, Aug 5-6 in Flagstaff, AZ, (with members being allowed to attend virtually also); Talks will now include one from Flagstaff Emergency Physicians talking about their COVID-19 experience since they saw many from the Navajo Reservation. Two sponsor talks to be held virtually.

## ARKANSAS

**President:** Charles Scott, MD, FACEP
**Executive Director:** Adriana Alvarez

- To meet the chapter's goal of supporting, training and engaging medical students at the chapter level, the creation of a Medical Student Council will be proposed at the next chapter annual meeting in December 2020.
- To increase resident engagement at the chapter level, the elected Resident Representative presented his first article for the chapter newsletter and will be organizing chapter events with resident members. The chapter would like to hold in person events but will consider virtual events for now for the safety of all involved.

- Another chapter goal is to reach out to members in the Northwest Arkansas area. An in-person networking/social event in Northwest Arkansas is being considered. Depending on the status of the pandemic, the chapter would like to hold this event in person but will consider virtual events.
- The annual meeting is planned for December in Little Rock. The chapter would like to hold this event in person, but will pivot to virtual if needed.
- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

## COLORADO

**President:** Nathaniel T Hibbs, DO, FACEP
**Executive Director:** Suzanne Hamilton

- During this COVID-19 epidemic Colorado ACEP has undertaken two major projects:
    - First, we created a Task Force that had weekly communications with ED medical directors across the State. We have shared information, best practices, hospital status, physician morale, etc. The Task Force has communicated on behalf of Colorado ACEP members with our Congressional delegation, state legislative leaders as well as the Governor. We have received very positive from those participating and have been able to get our message and benefits of membership to the membership at large.
    - Secondly, we undertook a series of "virtual ED tours." We invited key legislators, reaching several dozen of our health care leaders, to follow one of our prominent physicians through triage areas, the emergency department, up through the ICU and through non-ICU COVID units. It provided us the opportunity to educate legislators as to what being an emergency physician in a pandemic. We used this platform to discuss other issues facing emergency medicine as well. The tours were highly impactful.
- Prior to getting into the specifics of the state of our State, Colorado wants to inform you that we have been part of a coalition that has introduced SB10-212 into this legislative session addressing telehealth. The bill allows for telehealth in all forms (including telephonic,) mandates reimbursement and prohibits the health plans (including Medicaid) from mandating use of a proprietary platform. This will be a big win for Colorado emergency physicians.

- The Colorado General Assembly reconvened on Tuesday after more than 10 weeks of unscheduled recess. Much of the week was devoted to clearing committee and floor calendars of nonessential bills (postponing indefinitely in committee and laying over to Christmas Day or New Year's Eve on the floors – the latter a wee bit of amusement/levity for legislators). Lobbyists and the public were discouraged from attending and reports from the Capitol were that the halls were empty and eerily quiet like never before. Members were required to sit in socially distant fashion, including many on the rock-hard church pew perimeter benches in the Senate as well as in the House gallery.
- Nearly 50 new bills were introduced (44 House, 5 Senate) and more are expected next week, including potentially controversial measures on expansion of worker compensation eligibility, price gouging during declared disaster emergencies, partial repeal of the Gallagher Amendment, and a 3% TABOR emergency tax. HB20-1360, the "long bill" (2020-21 budget) was introduced, along with some 40 "orbitals" – budget companion bills necessary to balance the budget. Interestingly, the budget bill is "balanced" in part by a $202 million negative placeholder, meaning the legislature expects to pass legislation generating new revenue in that amount. There is not yet any specificity on how this will be accomplished.
- On Wednesday both chambers debated a resolution to allow legislators to participate – and vote – remotely. Despite lengthy opposition from the Republicans, the Democrats prevailed on party line votes. The following day as many as 6 Senators chose not to come to the Capitol and instead participated electronically.
- On Thursday the House caucuses met separately to discuss the budget and determine what amendments would be offered. The battle lines seem to be forming around elimination of the Senior Homestead property tax exemption (Republicans will attempt to reinstate by finding $163 million in other cuts), the State Fair, private prisons and the Governor's unilateral decisions on how to allocate nearly $1.5b in federal CARES Act funds.
- Although both chambers were scheduled to meet on Friday and Saturday this week, violent protests in and around the Capitol on Thursday night prompted leadership to unexpectedly cancel the legislative sessions for both days. Demonstrations over the death of George Floyd in Minneapolis devolved into violent clashes with police and rampant vandalism – shots were fired at the Capitol which suffered broken windows and spray-paint graffiti, several vehicles including a State Patrol cruiser and Senate President Leroy Garcia's truck were demolished and the members of the Joint Budget Committee were forced into lockdown until midnight only to discover their cars parked outside were vandalized and in some cases totaled. Police used tear gas, flash bombs and pepper bullets to break up the crowds, but this appeared mostly to incite further

clashes and damage away from the Capitol, including a mob that literally overtook Interstate 25 and shut down the freeway in both directions for a time.

- It is not yet clear what impact this latest shutdown will do the planned 3-week session. Not that anything is easy to predict in this chaotic time, but it is safe to assume this likely extends the legislative session beyond Friday June 12. Calendars have not yet been posted for next week, but presumably the House will pick up where it left off and debate the budget on second reading Monday or Tuesday, pass the budget on Tuesday or Wednesday and send it to the Senate for action.

### DISTRICT OF COLUMBIA

**President:** Natasha N. Powell, MD, MPH, FACEP
**Executive Director:** Adriana Alvarez

- The DC Chapter held its annual meeting virtually in early May. Two new Board members were elected and new Councillors will represent the chapter at the upcoming Council Meeting.
- Hosting weekly COVID-19 Member Town Halls. Some of the important topics that were presented are the following:
    - Protesting during a Pandemic by James Phillips, MD, FACEP
    - National ACEP COVID-19 Response by Aisha T. Terry, MD, FACEP
    - DC FEMS COVID-19 Response & Policy Changes by Ryan B. Gerecht, MD, CMTE, Assistant Medical Director, DC FEMS
    - Testing Capabilities, Site Guidelines on Populations Being Tested, Limiting Factors and PPE Availability
    - Physician Wellness during COVID-19 by Janet Little, MD BHS, Guide & Thrive Consultant Resilience Coach
    - Javits Project & Army Support of COVID-19 by David P. Milzman, MD, FACEP, MAJ 338Th Urban, Augmentation Medical Task Force, Director of Medical Operation: Operation Gotham, Professor of Military and Emergency Medicine, Uniform Services University of Health Sciences
    - Lessons Learned & What I Wish I Knew by Stuart G. Kessler, MD, FACEP, Chair, Department of ED, Elmhurst Hospital - Queens. One of the hardest hit hospitals in New York.
- With the establishment of the DC Balance Billing Task Force in the previous quarter, the chapter continues to keep chapter members informed of the status of this issue in the District.
- In April, the DC Chapter collaborated with the Medical Society of the District of Columbia and presented a letter to Honorable Phil Mendelson, Chair of the Council of

the District of Columbia about passing liability protections for healthcare workers. The request included providing emergency care related to the COVID-19 pandemic be immune from civil liability absent gross negligence and that such immunity should be granted for the duration of your emergency declaration.

- In April, the DC Chapter presented a letter to Mayor Muriel Bowser urging support of the current crisis both with the general population and regarding resource needs for medical care with a special request that you issue an emergency order related to the question of medical liability and that those providing emergency care related to the COVID-19 pandemic be immune from civil liability absent gross negligence.
- The DC Chapter will host the EM MAT Waiver Virtual Course in late September or early Fall. This event will be planned with the help of ACEP's Grants Department. The chapter will invite neighboring state chapter members to attend this CME event.
- Voted to continue to hold receptions in collaboration with the Maryland and Virginia Chapters during future national ACEP conference and will be looking for other ways to collaborate with these neighboring state chapters.
- Held its annual LLSA Review Conference in early May. The conference was held virtually and was well attended. The Maryland and Virginia Chapter members were invited to attend this conference. Positive feedback was received from chapter members for holding this event virtually. A positive change from past years.
- A few leaders of the DC Chapter participated in Virtual Hill Visits. Many important issues affecting emergency medicine in the District were discussed with Delegate Eleanor Holmes Norton. More information was requested by Del Holmes Norton about PPE, liability protection, hazard pay and insurance coverage for all COVID-19 care.
- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

### FLORIDA

**President:** Kristin McCabe-Kline, MD, FACEP
**Interim Executive Director**: Niala Ramoutar

- Search for new Executive Director continues with intentions of bringing in a new Director by August for the new FY.
- FCEP's Board of Directors have decided to cancel our face-to-face annual meeting scheduled for August 6-9th. Staff is exploring the possibility of going virtual.

- FCEP was recently awarded an EMS Matching Grants for the fourth installment of our *Street Drugs in the Sunshine State* webinar series. Planning will commence next month.

## GEORGIA

**President:** John Sy, DO, FACEP
**Executive Director:** Tara Morrison, CAE

- Once again, Georgia serves as a battle ground state for surprise insurance gap legislation. GCEP leadership met with House and Senate leaders of the Georgia Assembly to work out a comprehensive solution for the out of network balance billing (OONBB) issue. Due to our solid relationship with Governor Brian Kemp and his generous support, we believe that we have finally come to an agreement with the insurance plans. If this piece of legislation becomes law after the pandemic, we believe we will have one of the best OONBB legislative solutions in the nation.
- Georgia continues to be on the forefront of education for rural Emergency Medicine providers in the nation. We recently hosted our 5th annual GCEP Emergency Medicine Rural Conference in picturesque Savannah, Georgia complete with didactic lectures, procedure lab, Sim lab, and ACLS/ATLS/PALS courses.

## HAWAII

**President:** Mark Baker, MD, FACEP
**Executive Secretary**: Debbie Sanders

- Our chapter supported two videoconferences in April and May. Dr. Josh Green, the Lieutenant Governor, gave a great update on the pandemic and Dr. Sarah Park provided an update on COVID-19 issues from her perspective as the State of Hawaii Department of Health epidemiologist.
- Dr. Will Scruggs and Mark Baker participated in Virtual Hill Day and had phone conversations with Representatives Ed Case and Tulsi Gabbard, as well as Senator Mazie Hirono and the staff of Senator Brian Schatz. The topics revolved around PPE, protection from COVID-related liability, hazard pay for emergency physicians, and support that has already been distributed as part of the CARES Act. Representative Case is an advocate for improving Medicare compensation in the State of Hawaii.
- The Annual Meeting originally scheduled on May 20 at Roy's Hawaii Kai is postponed. Date is TBA.

## ILLINOIS

**President:** Henry Pitzele, MD, FACEP
**Executive Director:** Ginny Kennedy Palys, JD

The Illinois College of Emergency Physicians (ICEP) reports the following activity for the last quarter.

**COVID – 19**

COVID – 19 has been focus of ICEP's activities for the last few months. ICEP has a COVID – 19 resources page on its website where all documents regarding the pandemic are posted. Frequent updates have been provided to members by email, the ICEP website and social media.

ICEP's then President Dr. Ernie Wang has hosted a series of biweekly webinars for members and other interested persons in the impact of the coronavirus. Topics have included preparations, protocols, ventilators, ICU beds, PPE, staffing, the impact of healthcare disparities.

Recordings of all the webinars are available without charge on the ICEP website.

Due to the governor's order, ICEP staff has been working remotely since mid-March. Tentative plans are to gradually re-open the office starting in mid-June.

**Media Round-Up**

ICEP physicians have been featured speaking about a wide variety of issues related to the COVID-19 pandemic on local and national media. Some of these have included:

- Asian Influences: Standing Strong documentary on ABC7 Chicago – with Shu Chan, MD, MS, FACEP
- WBEZ Investigation on delays in seeking health care – with Yanina Purim-Shem-Tov, MD, MS, FACEP
- WGN-TV, WBEZ Reset, The 21st by Illinois Public Media Panel, and Illinois Newsroom interviews with Ernest Wang, MD, FACEP
- ABC7 Chicago feature on mental health stresses for health care workers – featuring Christopher Colbert, DO, FACOEP, FACEP
- Daily Herald newspaper feature on Kaleem Malik, MD, who was honored as the 2020 disaster services hero by the Red Cross of Chicago and Northern Illinois
- NBC 5 Chicago on high-flow nasal cannula at U of C – featuring Tom Spiegel, MD, MBA, MS, FACEP
- ABC World News Tonight on disparities faced by black communities – featuring Garth Walker, MD

- Chicago Tribune feature on Rush University Medical Center – featuring Paul Casey, MD, FACEP, and Dr. Purim-Shem-Tov
- CBS This Morning – featuring Scott Samlan, MD, FACEP
- Chicago Tribune 'Perspective' article – written by Carrie Mendoza, MD, FACEP

For a list and links to these interviews and articles, visit ICEP.org/covid19.

**Education**

**Spring Symposium**

The ICEP Spring Symposium was canceled and the educational content was converted to a virtual meeting. The program focuses on emerging effects of legalized drugs of recreation, featuring keynote speakers Trevonne Thompson, MD, FACEP, FACMT, on cannabis legalization, and Dan McCabe, MD, on vaping-associated lung injury. The program also includes an ICEP update and the statewide research showcase.

The virtual program was presented as a member benefit with no registration fee. While the virtual program was a valuable member service, it caused a substantial financial loss to the chapter due to loss of registration fees, exhibitors and sponsorships.

**Oral Board Review Course**

ICEP was forced to cancel its spring offering of the Oral Board Review Course. This caused a significant financial loss to the chapter. The course will be rescheduled if and when the pandemic subsides. Whether ICEP will be able to conduct the fall offering of the Oral Board Review Course is unknown.

**Membership**

The annual business meeting was canceled due to the Governor's emergency order restricting gatherings of more than 10 persons. The election of Board members was conducted electronically. Other business items, such as awards and other recognitions, were postponed or canceled.

**Advocacy**

ICEP was forced to cancel its scheduled Advocacy Day in Springfield due to the pandemic. Shortly after, the General Assembly suspended its spring session for an extended period. When it did reconvene, only the state budget and very few substantive bills that ICEP was following were acted upon.

## IOWA

**President:** Kathryn K. Dierks, DO, FACEP
**Executive Director:** Adriana Alvarez

- The Iowa Chapter will hold its annual meeting on Tuesday, June 16th virtually. Dr. Finnell, national ACEP Leader is invited to this meeting and will do a presentation about Well-Being.
- Scheduled to host the EM MAT Waiver Virtual Course in late August. This event will be planned with the help of ACEP's Grants Department. The chapter will invite neighboring state chapter members to attend this CME event.
- A few leaders of the Iowa Chapter participated in Virtual Hill Visits. Many important topics were discussed with Representative Annie Finkenauer, Representative David Loebsack, Representative Cindy Axne, and Senator Charles Grassley. Follow up and thank you letters were received from important leaders in the state of Iowa.
- The chapter website has been updated and numerous sections related to COVID-19 and have uses the resources that national ACEP has made available to chapters have been posted. Information about encouraging visits to the ER for nonemergent cases, Mental Health, Physician Suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-10 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.
- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

## LOUISIANA

**President:** Roland Waguespack, MD, FACEP
**Chapter Executive:** Jen Rivera

- With an abbreviated regular session returning following the slowing of the pandemic, it was widely assumed that a negative bill filed in the House would run out of time and didn't pose a significant threat; however, the bill passed out of committee and was scheduled for hearing before the full House. Chapter president Roland Waguespack and

other members of the Board actively worked on preparing messaging that was sent out to the full membership, and president elect Luke LeBas also provided political intelligence. Randy Pilgrim was in attendance at a number of meetings. The net result was that the sponsor evidently realized that he lacked the votes to pass the bill and withdrew it from consideration. Members of the House commented publicly on the large numbers of calls and emails that they had received urging them to oppose the legislation. The legislature has just entered into a special session with balance billing legislation on the agenda. However, the bill that will be used to begin negotiations is a Senate bill that in most ways mirrors the New York model and is much more favorable to emergency medicine. As of the time of this writing, the chapter is reviewing details of the legislation.

- Louisiana held a successful Annual Chapter meeting at LSU. Not only did the members of the Chapter attend, but many of LSU residents were able to attend.
- Virtual Hill Day was a success for the Louisiana Chapter. Members of the chapter worked together to outline clear and concise thoughts. Conversations with the state representatives and senators went smoothly and were constructive.
- The Chapter is now working towards shaping out what the next Annual Chapter meeting will look like.
- COVID-19 resources were delivered to all members of the chapter via email, engagED, and the website.

## MARYLAND

**President:** Robert C. Linton, II, MD, FACEP
**Executive Director:** Adriana Alvarez

- The Maryland Chapter Educational Conference & Annual Meeting was held on Thursday, March 12th. The meeting was held as a hybrid meeting. CDC guidelines were followed for the members who attended in person. Important topics affecting emergency medicine in Maryland were presented.
- A few leaders of the Maryland Chapter participated in Virtual Hill Visits. Many important topics were discussed with Representative "Dutch" Ruppersberger, Senator Chris Van Hollen, Senator Ben Cardin, Representative John Sarbanes, Senator Chris Van Hollen, Senator Ben Cardin and Representative David Trone. A medical student attended the Hill Visit for the first time and provided her feedback in the most recent chapter newsletter.
- The Maryland Legislative session switched to a virtual session. The chapter Lobbyist and the Chair of the Public Policy Committee kept the members informed of the results of

each virtual weekly session. These updates are posted on the chapter website's Public Policy/Legislative Updates page.

- The Maryland Chapter held a Legislative Reception in Annapolis on Tuesday, January 28. This was a well-attended reception where many chapter members were able to meet their state legislators and discuss any issues that affect emergency medicine in Maryland in a more casual setting.
- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

## MASSACHUSETTS

**President:** Jesse Rideout, MD, FACEP (as of May 26, 2020)
**Immediate Past President:** Brian Sutton, MD, FACEP
**Executive Director**: Tanya Pearson

- MACEP has been collecting data since 2011 from MA Emergency Departments. The "point in time" snapshot asks for Massachusetts Emergency Departments to provide the number of boarding patients on a specific day at a specific time. On January 20, 2020, we recorded the highest number of boarding hours. Summary of data is posted on our website.
- MACEP created an Anti-Boarding task force which will be led by two past MACEP Presidents: Stephen Epstein, MD, FACEP & Gregory Volturo, MD, FACEP
- On March 16th, the building in which MACEPs office is housed closes until July 6, 2020. Chapter Executive Director has been working from her home.
- Our annual meeting planned for May 6, 2020 was cancelled. A virtual annual business meeting was held on May 26th to elect new officers/board members
- Board meetings will be held by zoom until further notice.
- Held COVID-19 Virtual Town Halls with Massachusetts Emergency Department Directors on April 21st & May 5th

**Legislative Update**

- In February 2020, the legislature passes MACEP supported "The Mental Health ABC Act". This strengthens parity laws and gives the Division of Insurance the authority to more strictly enforce parity.

- In March 2020, MACEP wrote a letter to the MA governor and statehouse leadership requesting:
    - More PPE
    - To strengthen “stay at home” and “social distancing” mandates and request a call for face masks to be worn in public.
    - Liability Protection (absent gross negligence) for the duration of the Pandemic.

All of the above were put in place by the Governor/Legislature

## MICHIGAN

**President:** Warren F Lanphear, MD, FACEP
**Executive Director**: Belinda Chandler, CAE

- MCEP is going virtual, preparing to offer our Summer Assembly educational presentations as a 3-part web series spanned across the months of July, August, and September with plans to offer eCME. Vendors are being offered "commercial" spots that can run between speaker presentations.
- MCEP is also ready to launch a public awareness campaign “ERs Are Open” using current board members emphasizing the safety of emergency departments during the COVID-19 pandemic. This campaign is expected to go live the week of June 8 on social media.
- Michigan has also begun virtual community Town Halls via Facebook offering updates on COVID-19 in layman terms as well as answering questions and discussing concerns and misinformation.
- MCEP continues to partner with the state medical society, anesthesia and radiologists to form a united front against current Michigan surprise billing legislation.

## MINNESOTA

**President:** Timothy Johnson, MD, FACEP
**Executive Director:** Shari Augustin

- **Education**: We have cancelled our Education Summit that was scheduled for October 5th.
- **Advocacy**: Minnesota delegation participated in Virtual Hill Day: Drs. Amy Cho, Tracy Marko, Bruce Parker, and Timothy Johnson held conference calls with the legislative assistants of Amy Klobuchar, Tina Smith, Ilhan Omar, and Dean Phillips. We spoke directly with Angie Craig.

- **Reimbursement**: Volumes are down 20-60% (numbers reported in mid-May) across all emergency departments and urgent care centers in Minnesota. President signed on to a letter to the governor along with the Minnesota Medical Association and essentially every other medical specialty society urging him to lift the ban on non-emergency surgery and cancer treatment when it looked like this was not going to be addressed in the most recent extension of the lockdown order.

## MISSISSIPPI

**President:** Philip L. Levin, MD, FACEP
**Executive Director:** Patrick O'Brien

- Health care workers in our emergency rooms dutifully donned appropriate personal protective equipment (PPE): caps, shields, gowns, and, most importantly masks. Although concerned about an initial shortage of masks, Mississippi has found sufficient supplies, and our precautions have worked.
- The virus has dramatically affected our practice. Besides the aforementioned PPE, the most dramatic change has been the fall in E.R. patients.. Faced with increased supply costs, hospitals are struggling to make revenue from reduced patient loads, including loss of non-emergency surgical revenues. Individual emergency room physicians who count on billings for part or all of their income have joined the ranks of Americans facing loss of income.
- We count on our political leadership to guide us through this crisis. Our Chapter Board of Directors composed and delivered a letter to Governor Tate Reeves, and the state epidemiologist, Thomas Dobbs, MD, in appreciation of their efforts organizing medical care and response plans, making them aware that our organization is available for consultation and advice.

## MISSOURI

**President:** Christopher Sampson, MD, FACEP
**Executive Director:** Sarah Luebbert, APR

### Big Legislative Wins in Missouri

Missouri Chapter Immediate Past President Evan Schwarz reports on several significant wins:

- Prompt credentialing. Insurance companies now only have 60 days to process credentialing paperwork (previously, it was 90). Additionally, they now have to pay retrospectively for any care the physician delivered during the credentialing period, although they don't have to do this until they finish credentialing.

- Downcoding. Two things passed. One, a new prompt payment requirement which evidently fines the insurance company if they take more than 30 days to pay a bill. The second new requirement is a penalty the insurer accrues starting when a downcoded chart is appealed that accumulates for 100 days if the downcoding is overturned. So, they can still downcode, but this gives them a deterrent to do so unless they really think the chart was incorrectly coded.
- Punitive damages. The new law really helps prevent these from being included in awards unless something egregious was done that likely goes beyond malpractice.

## NEBRASKA

**President:** Renee Engler, MD, FACEP
**Executive Director:** Jen Rivera

- The Chapter President provided an excellent resource for all members experiencing burnout or secondary traumatic stress, encouraging members to carve out time for themselves and reminding them of the available wellness resources through ACEP.
- COVID-19 resources were delivered to all members of the chapter via email, engagED, and the website.

## NEVADA

**President:** Renee Engler, MD, FACEP
**Executive Director:** Jen Rivera

- The Nevada Chapter held its first virtual happy hour. Many of the members that were in attendance commented on how much they enjoyed hearing stories from their peers and seeing everyone. The Chapter is looking to plan a second happy hour soon.
- Members of the Chapter had an opportunity to chat with two of the four state representatives, including Rep Horsford, and both senators, including Sen Cortez Masto, through Virtual Hill Day. The conversations with the state representatives and senator were fruitful and engaging.
- COVID-19 resources were delivered to all members of the chapter via email, engagED, and the website.

## NEW JERSEY

**President:** Thomas A. Brabson, DO, MBA, FACOEP, FACEP
**Executive Director:** Lauren Myers

**Information sharing during COVID-19:**

- **Leadership GroupMe App:** The Leadership GroupMe app, originally created to connect through ACEP meetings, has been a vital resource during COVID-19. The leadership shares information in real time on issues surrounding their practice during the crisis. It spawned the idea of utilizing a broader connection with the membership through engagED.
- **EngagED 'lessons learned' listserv:** NJ-ACEP President, Dr. Tom Brabson, kicked off the 'lessons learned' during COVID-19 listserv through engagED. The listserv was posted to the full membership with the goal to provide a source of successes, failures, and guidance for New Jersey emergency physicians. The suggested categories included: medication/treatment, equipment, staffing, ED alternative sites, and EMS. It gained traction for two weeks but eventually lost the intended level of engagement.
- **COVID-19 'Lessons Learned' Virtual Forum:** On May 5, 2020 NJ-ACEP hosted the COVID-19 'Lessons Learned' virtual forum open to all members. The forum was held via Zoom and moderated by President, Dr. Tom Brabson. It included COVID-19 related experiences from a panel of four New Jersey emergency department directors located at the hardest hit hospitals. It was just under 2 hours long. The forum was highly praised and can be viewed in two parts on YouTube here:
    - Part 1: https://www.youtube.com/watch?v=HfbRzbV4CVw
    - Part 2: https://www.youtube.com/watch?v=RD5XBlYTbXw&t=3s

**Meetings**

- **March Board meeting:** NJ-ACEP was fortunate to hold its most recent Board meeting in-person on March 3, 2020 before restrictions began. The meeting was open to all members. Dr. Tanisha Arora presented the results of the New Jersey Emergency Medicine Compensation Analysis. The results concluded that New Jersey compensation numbers are in line with national numbers.
- **NJ-ACEP Scientific Assembly**: The NJ-ACEP Education Committee has finalized the program line-up for the annual educational conference being held on September 30, 2020. The decision to hold the meeting in-person or virtually will be made by the beginning of July.
- **Until Help Arrives:** Prior to the pandemic, NJ-ACEP was ready to kick off the first Until Help Arrives session in a small community. The materials are being stored for when it can be scheduled in the future.

- **Election:** NJ-ACEP distributed an electronic ballot to the voting membership mid-April, closing the ballot the end of May. Traditionally, the newly elected Board of Directors are announced at the Membership Dinner held in the spring. With that meeting canceled, the new Board of Directors were announced via email to the membership on June 1.
- **Virtual Happy Hour:** In true New Jersey fashion, the party must go on – even during a pandemic! NJ-ACEP has been hosting weekly happy hours to boost morale within the Chapter. We've had great attendance and even a few guest appearances from ACEP leadership.

## NEW MEXICO

**President:** Margaret Greenwood-Ericksen, MD, MSc, FACEP
**Executive Director:** Sylvia Lyon

- We are now seeing a return in our ED volumes in the Albuquerque-area in both the medical and psychiatric emergency departments – and are unsure if the future holds a dramatic rise in need or continued avoidance due to loss of insurance, a downturn in the economy, and fear of Covid-19.
- While we have never been so stressed by a time, we have also never before experienced such a rise in connectivity and efforts to assist one another and those in need. For example, UNMH, Presbyterian, and Lovelace are in regular contact with rural and Indian Health Service hospitals across the state through the New Mexico Central Command Center which receives calls from referring hospitals to place Covid-19 patients into available tertiary care centers. This level of acute care delivery coordination is unprecedented.
- Our virtual **annual meeting** on May 2 was a great success, including presentations from clinical leaders from around the state and research presentations by our residents and fellows – all of which generated robust discussion.
- We all greatly benefitted from Dr. Fleegler's expertise in public health and health care when she joined me on New Mexico ACEP's virtual **Legislative Action Conference** day in late April. We discussed improving access to PPE through prioritization for frontline personnel and a multi-pronged approach with proactive federal efforts and centralized coordination.

## NORTH CAROLINA

**President:** Sankalp Puri, MD, FACEP
**Executive Director:** Colleen Kochanek, JD

North Carolina we are sure has been like most states with our Emergency Physicians trying to provide care for those with and without COVID-19. In March, we held several calls with our leadership to share information about protocols and safety information so that we could share with everyone the most up to date information about best practices in an everchanging environment. As we moved into April and May, our members asked us to focus on local information from the NC Department of Health and Human Services and the Governor's Office as they felt ACEP was providing very thorough information from the CDC and Federal Agencies. There was so much information at that time that the main complaint was drowning in emails, webinars and other updates. We also realized that while we were fortunate that the pandemic was not overwhelming our healthcare system, it was keeping many folks home who needed care. Our members reported decreased volumes and increased concerns about the financial viability of their practices.

Our General Assembly went into session in early May to distribute some of the funds from the Federal CARES Act and while they were in session we were able to work with other healthcare organizations to provide important liability protections for all health care workers who were impacted "directly or indirectly" by COVID-19. This was a big win and provided some peace of mind to our physicians around the state.

## NORTH DAKOTA

**President:** K.J. Temple, MD, FACEP
**Executive Director:** Adriana Alvarez

- The North Dakota Chapter held its annual meeting virtually in April. A new Board member was elected, and a couple Medical Students attended the meeting for the first time. These Medical Students will be contributing to future chapter newsletters.
- The North Dakota Chapter will continue to collaborate with Dr. Jon Solberg and the medical school in North Dakota to find ways to engage medical students at the chapter level and guide them in the process of becoming residents and board-certified physicians.
- The yearly Medical Student award was issued to a local Medical Student who graduated and will begin her Residency in North Dakota. The chapter is looking forward to her future involvement at the chapter level.

- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

## OHIO

**President:** Ryan Squier, MD, FACEP
**Executive Director:** Laura Tiberi, CAE

- The Ohio chapter postponed the March 17 Ohio ACEP EM Assembly and Annual Meeting. The event will be rescheduled for later in 2020, and we will let our members know when a date has been set. The Ohio ACEP Board of Directors also authorized moving the Chapter's 2020 Annual Elections from in-person voting a secure, virtual vote. New Board members and councilors were elected on March 27.
- **Surprise Billing**: Compromise legislation has passed in the House and is headed toward the Senate in the Buckeye State, with sources telling this writer that it is likely to pass. The legislation is built around less than ideal greatest of three language modeled on federal law, but it adds a robust dispute resolution process intended to mollify the concerns of physicians. Dispute resolution considerations are not limited to the criteria used for initial reimbursement. The state medical association and medical specialty groups, with one rather noisy national exception, have agreed to either support or remain neutral on the bill out of recognition that the win on IDR and other amendments to the bill make it far better than it was when negotiations got under way.

## PENNSYLVANIA

**President:** Shawn M. Quinn, DO, FACEP, FACOEP
**Executive Director:** Jan Reisinger, MBA, CAE

- Governor Wolf signed an Executive Order on May 6, providing an extension of limited liability protection to health care practitioners during the COVID-19 pandemic.
- New leadership for our Chapter was installed in early April. The new PACEP President is Shawn M. Quinn, DO, FACEP, FACOEP from Allentown and the new President-Elect is Ronald V. Hall, MD, FACEP from Philadelphia.
- Membership continues to rise and during May surpassed the 2000+ mark.

- PACEP has been working with a social media consultant to expand our social media footprint.
- PACEP recently took the pulse of our members by conducting an all-member survey.
- PACEP now has a new PA Medical Student Council.
- The process of planning our fall Residents Days has begun. These events will more than likely take place virtually. The dates are as follow: Western – September 10 in Pittsburgh; Central – September 30 in Reading; Eastern – October 14 in Philadelphia.
- The planning is underway for PACEP's 50th Year Anniversary in conjunction with Scientific Assembly 2021. This event will be held April 8-10, 2021 at Kalahari Resort in Pocono Manor, PA.

## PUERTO RICO

**President:** Gerald Lee Marin-Garcia, MD
**Executive Director:** Adriana Alvarez

- The Puerto Rico Chapter will hold its chapter annual meeting in October. Depending on the current crisis, the chapter would like to hold this event in person but will consider virtual events for the safety of all involved.
- The Puerto Rico Chapter will hold its annual two-day Caribbean Congress in October. The event will feature numerous educational topics and will offer CME. It is usually well attended, and many sponsors will be present. Depending on the current crisis, the chapter would like to hold this event in person but will consider virtual events for the safety of all involved.
- The chapter website features numerous COVID-19 resources. Information about encouraging visits to the ER for nonemergent cases, mental health, physician suicide, and ACEP's Wellness Program have been added to the chapter website.
- Weekly COVID-19 updates are emailed, via engagED, to all members. Most of the information and resources that are shared is based on the resources that national ACEP has made available to its members.

## RHODE ISLAND

**President:** Otis Warren, MD
**Executive Director:** Marc Bialek

- The chapter launched a donation campaign for PPE, particularly N95 masks. They receive many donations. More information here: http://www.riacep.org/

- RIACEP is holding its annual meeting virtually on Wednesday, June 17 in the evening. Dr. Aisha T. Terry is the guest speaker.

## SOUTH CAROLINA

**President:** Derick M Wenning, MD, FACEP *(installed on June 11, 2020)*
**Immediate Past President:** Scott Daniel Hayes, MD, FACEP
**Executive Director:** Tara Morrison, CAE

- We have been working to educate patients regarding COVID and ensuring that our patients are supported with the best resources and education.
- Due to COVID, our annual Legislative Day and Coastal Emergency Medicine Conference in Kiawah had to be cancelled.
- SCCEP Annual and Board of Director Meeting will be held virtually on June 11, 2020
- Continue to work with our state Legislators on balanced billing, workplace violence, as well as mental health
- Planning a Fall Board of Director Meeting in October

Unfortunately, COVID has changed/delayed some progress.

## TENNESSEE

**President**: Sudave Mendiratta, MD FACEP
**Executive Director:** Christine Lenihan

- The Tennessee Chapter has been engaged in the COVID-19 response across our state with members organizing community responses, managing PPE distribution, rewriting hospital protocols, providing telehealth visits, engaging legislators, and authoring scientific literature.
- As a result of decreased ED volumes, we have seen reimbursement decrease and additional financial stressors have been placed on all of us. In Tennessee, the impact on our rural hospitals may endanger an already fragile healthcare safety net for some of our most vulnerable residents. Our Chapter will continue to advocate for rural healthcare and fair reimbursement.
- The TCEP Scientific Assembly was held in person on March 2-3rd in Chattanooga. There were 90 attendees which included 23 residents and students, 22 EM nurse practitioners There were 17 exhibitors (which to a large extent covers the cost of the meeting).

## TEXAS

**President:** Herman H. Vankawala, MD, FACEP
**Executive Director**: Beth Brooks, CAE

**Regular activities:**

- Public Relations – a Marketing firm has been hired to assist with member survey and messaging for public, legislators and public.
- TLAF: New class selected for Texas Leadership and Advocacy Fellows Program. This is a year-long program that involves association governance, leadership, mentoring and advocacy training.
- Annual Business meeting and elections: Because our Connect annual conference was cancelled, the business meeting will be held virtually on July 1.

**COVID related work:**
**Personal Protective Equipment**

- Letters were written to Governor Abbott about the PPE shortage for emergency physicians and staff. While they understand our concerns, the problem of getting PPE is a worldwide issue. The Texas Regional Assistance Councils (8 in Texas) have been activated and the priority for any PPE is to hospitals, emergency centers, and cities (EMS, police, fire dept).
- Serve on TMA initiated PPE task force with Dr. Robert Greenberg concerning RAC distribution of PPE. Dr. Greenberg is the Chair of GETAC and has been instrumental in working with stakeholders and RAC's about PPE.
- TCEP Initiated a drive for donated PPE with the construction associations in San Antonio, and then helped coordinate a mask donation drive with TMA county medical societies around the state.
- Financial reimbursement – letters were written to Insurance Commissioner about payment for transfers from one hospital to another for COVID patients.

**Financial Support**

- Letter sent to Secretary Azar, US Department of Health & Human Services, asking that emergency physician groups be prioritized for CARES funding.

**Partnerships and Communication**

- Daily coordination with TMA, ACEP and other organizations to share activities and gather information for website and outreach. Staff participates in daily briefing calls with TMA and other stakeholders and provides daily updates to key TCEP and ACEP leaders.
- Our lobby firm (Imperium) is monitoring all public policy efforts by relevant state agencies and executive/legislative leaders and providing daily updates via e-mail and hardcopy memo.

- Lobbyists interacting with key officials (Governor, Lt. Governor, key legislative offices, TDEM, TMB, HHSC, etc.) on behalf of TCEP regarding COVID-19 response.
- Supported TAPA with letter to Governor on liability protection. TCEP joined other major healthcare and tort reform organizations, including TMA, THA, Texas Alliance for Patient Access, Texans for Lawsuit Reform and The Texas Civil Justice League in requesting Governor Abbott to ensure providers were protected for making medically sound and potentially lifesaving decisions during this COVID-19 pandemic. These groups joined TCEP in asking the Governor, when necessary, to limit our members exposure to frivolous and opportunistic litigation stemming from our delivery of care during these difficult times.
- Developed key messages on behalf of TCEP regarding impacts of personal protective equipment (PPE) shortage, medical board regulations, med-malpractice lawsuit liability, state regulatory limitations on migration of first responders in and out of the state, etc.
- Interviews with media being held. Members have been on national TV, NPR, local and national radio, as well as national news.
- Staff participates in weekly phone calls with Executive Directors of other ACEP chapters as well as bi-monthly Chapter leadership calls. Information shared with leadership.
- TCEP staff posting on social media on daily basis via Facebook, Twitter and Instagram.
- TCEP website updated daily with information and resources from ACEP, TMA and other sources.
- Staff worked with two RV organizations to inform members about donated RV's available

### UTAH

**President:** Alison Smith, MD, MPH
**Executive Secretary**: Paige De Mille

- Utah delegation participated in Virtual Hill Day: Drs. David Mabey, Forrest Wells, Jordan Mabey, Sean Slack, and Alison Smith had four 30-minute calls with Senator Mike Lee and legislative aides for Rep. John Curtis, Rep. Chris Stewart, and Senator Mitt Romney regarding four timely emergency medicine topics
- On behalf of its multi-specialty membership, including Utah emergency physicians, UMA sent a letter to the Utah Department of Health and the media in late April emphasizing that those experiencing emergencies should not let fear of contracting COVID cause them to delay seeking care.

## VERMONT

**President:** Ryan Sexton, MD
**Executive Director:** Jen Rivera

- Virtual Hill Day was a big success for the Vermont Chapter. The highlight of Virtual Hill Day was the chapter's half an hour discussion with Representative Welch and his staffer, Alexandra Morris. Representative Welch sympathized with the lack of a centralized federal response and the financial stresses put upon hospitals, caregivers, and first responders from the overall decrease in inpatient census statewide.
- The Northern New England EM Med Student Council is collaborating with the state ACEP chapters in VT, NH, and ME, as well as EMRA. The student council will be sharing their endeavors and progress through the Chapter's newsletters.
- COVID-19 resources were delivered to all members of the chapter via email, engagED, and the website.

## VIRGINIA

**President:** Kenneth Scott Hickey, MD, FACEP
**Executive Director**: Sarah Mattes Marshall, MA

- **MEMBERSHIP**: at an all-time high of 1,000 (4% increase since early February) due to lack of cancelling/free membership from ACEP. 60% due to expire by 6/30. Do not yet know the impact of budget cuts on renewals this summer.
- **CONFERENCE**: In early planning phase for annual February conference and debating options for safety and to avoid a loss to our budget. Brainstorming changes to content with our leadership team to find new ways to provide value.
- **COVID-19 RECAP**: Spent several months on a public-facing PR campaign with patient-focused messages on Facebook and editorials and interviews with state and national media. Given the increased attention and interest in our specialty, we've developed stronger relationships with lawmakers, agencies and other organizations through video conferences, phone calls, emails and task forces. Created an Intubation/Aerosol box project and were able to produce and distribute at least one box to every emergency department in Virginia at no cost to our chapter (aside from volunteer labor) thanks to generous donations.
- **MEDICAID BUDGET AMENDMENT**: In March, our Governor signed a budget with an amendment in which Medicaid reimbursements would be automatically reduced to a level 1 claims — $14.97 — if an ER visit code is on the "preventable" diagnosis list, which includes 789 level 2, 3 and 4 codes. Believing that 1.) the Prudent Layperson Standard obligates Medicaid programs and MCOs to reimburse doctors and hospitals for the

delivery of emergency medical care based on presenting symptom; and, 2.) that payments cannot be solely determined using a diagnosis list, we have been advocating at state and national levels to reverse this decision. Most recently, we submitted a letter to CMS (in coordination with the Virginia Hospital & Healthcare Association, Medical Society of Virginia, and the Emergency Department Practice Management Association asking them to review this program for compliance with CMS guidance, which we believe it violates. We have heard from CMS that they are preparing a response and expect to hear soon.

- **OTHER ADVOCACY**: Our OON bill passed in March and we are now collaborating on a state task force to determine the terms of arbitration and commercially reasonable payment dataset. We are gearing up for a special session on COVID (and likely criminal justice reform) with key issues in mind: liability protection, PPE, workforce protections, and scope of practice. Other issues we track include: Medical TDO/ECO (bill passed); EDCC (workgroup in progress) and both long-term care facility and mental health patient coordination as it pertains to COVID-19 (with respective workgroups)
- **LEADERSHIP**: just welcomed three new fellows to our Leadership & Advocacy Program. Have been working with our new Medical Student Council chapter on ways to collaborate (planning a virtual residency PD panel for M4's in mid-August). Recently completed virtual interviews with all seven ACEP leadership candidates. Early feedback from VACEP leadership is that we learned so much more about the candidates than we normally do during council. We're excited to make these interviews available to our full membership soon.
- **NEW MEMBER BENEFIT**: VACEP Board has voted to move forward with providing a health plan at group rates to our members. We are thrilled to have a non-dues revenue opportunity and recruitment and retention strategy that will provide high value to our members.

### WASHINGTON

**President:** Sue Stern, MD (effective May 27)
**Immediate Past President:** Cameron Ross Buck, MD, FACEP
**Executive Director:** Cailey Nickerson

- On May 28, WA-ACEP and WA-ENA hosted an online celebration for all frontline healthcare workers, thanking them for their work and sacrifices. It featured storytelling, music and messages from local leaders. View the video here!
- 2020 WA ACEP Summit to Sound like several other professional events, had to be cancelled.

- Virtual Hill Day: On April 28th, eight leaders from WA ACEP participated in calls with 6 different Congress Members and/or their senior staff .

## WEST VIRGINIA

**President:** Adam Thomas Crawford, DO
**Executive Director**: Darby Copeland, Ed.D, RN, NRP

- We had to cancel this year's Resident Day due to the virus outbreak.
- We are continuing forward with preparation for our annual Summit scheduled for September 9-10 and hope to be able to bring our specialty together for a day of education and fellowship.
- We have continued with virtual board meetings and have been able to work across the state to align our hospital systems and work toward common goals.

## WISCONSIN

**President:** Ryan Thompson, MD, FACEP
**Executive Director**: Sally Winkelman

- In April, the Wisconsin Legislature Passed COVID-19 Response Legislation WACEP and our lobbyists were instrumental in developing the liability immunity provisions and worked collaboratively with our state medical society and state hospital association. A late amendment broadened the measure and ensures there is no ambiguity about protections applying to COVID and non-COVID patients alike. The liability immunity language is available here.
- After the cancellation of the 2020 Spring Symposium that was scheduled for mid-April, WACEP developed a Virtual Exhibit Hall to provide an option for vendors who had already committed funds to displaying at our conference. As of this writing, two vendors have agreed to exhibit virtually in lieu of a refund.
- WACEP is planning to offer its annual LLSA Study Group as a virtual workshop this summer. This session is typically offered during our Spring Symposium, but with the cancellation of the conference, it was determined this session was important for current members and could serve as a possible recruitment tool for non-members and non-renewed members.  A date for the workshop is being finalized.
- In early May, WACEP worked in partnership with the Wisconsin Hospital Association on a public relations effort to promote the hospitals and emergency department sin Wisconsin are safe and open, and to encourage citizens in Wisconsin in need of

emergency care to seek care. The effort resulted in a press release, and two Public Service Announcement spots (30-second spot; 15-second spot).

## WYOMING

**President:** Buck Wallace, MD, FACEP
**Executive Director:** Jen Rivera

- A couple of members from the chapter were able to participate in Virtual Hill Day. The chapter was successful in relaying concerns regarding enough PPE, and reassuring Wyoming citizens about the need to visit the ER for life's other emergencies.
- COVID-19 resources were delivered to all members of the chapters via email, engagED, and the website.

**COVID-19 and Upcoming ACEP Chapter Meetings**

A few chapters were/are scheduled to hold meetings this summer. Most have cancelled and a few are pivoting to virtual or exploring holding portions of their meeting virtually. Here is the list of summer chapter meetings and their status as of June 10, 2020.

| Chapter | Meeting Date | Meeting Type | Status |
|---|---|---|---|
| Georgia, North Carolina, South Carolina | June 12-14, 2020 | 2020 Coastal Emergency Medicine Conference | *Cancelled as of 4/22* |
| Iowa | June 16, 2020 | Iowa ACEP Annual Meeting and Dinner & EM MAT Waiver Training | *Virtual Meeting on June 16* |
| Rhode Island | June 17, 2020 | RIACEP Annual Meeting | *Virtual Meeting on June 17* |
| Maine | June 25, 2020 | Quarterly Maine ACEP Chapter Meeting | *In-person meeting will be rescheduled. Date TBD.* |
| New York | July 7-9, 2020 | NY ACEP 2020 Scientific Assembly | *In-person meeting is cancelled. Annual Meeting and Research Forum oral presentations will be held virtually on July 7 & 8.* |

| Michigan | July 26 – 29, 2020 | Michigan Emergency Medicine Assembly | *In-person meeting is cancelled. Exploring offering portions of the meeting virtually.* |
|---|---|---|---|
| Florida | August 6-9, 2020 | Symposium by the Sea | *In-person meeting is cancelled. Exploring offering portions of the meeting virtually.* |
| Ohio | August 13, 2020 | Ohio Emergency Medicine Residents' Assembly | *As of June 10, the in-person meeting is still scheduled to take place.* |
| Illinois | August 27, 2020 | Resident Career Day | *Will be held virtually* |
| West Virginia | September 10, 2020 | Emergency Medicine Summit 2020 | *As of June 10, the in-person meeting is still scheduled to take place.* |

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Vivek S. Tayal, MD, FACEP
Chair, Clinical Ultrasound Accreditation Program

John T. Finnell II, MD, MSc, FACEP
Board Liaison, Clinical Ultrasound Accreditation Program

**Date:** June 10, 2020

**Subj:** Clinical Ultrasound Accreditation Program (CUAP) Annual Report

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Dean Wilkerson, JD, MBA, CAE

This annual report to the ACEP Board of Directors outlines CUAP achievements and activities of the past year and goals and objectives for the coming year.

The ACEP Clinical Ultrasound Accreditation Program launched on June 15, 2015. The application was taken offline for a total of one year for upgrades. First was October 2015-March 2016 and the second time was October 2016-March 2017. There are currently 46 accredited sites (Attachment A). There are two applications under review at this time.

Current Board of Governors:

| | |
|---|---|
| Chair: | Vivek S. Tayal, MD, FACEP |
| Chair Elect: | Scott Kurpiel, MD, MBA, FACEP |
| Immediate Past Chair: | James M. Villareal, MD, FACEP |
| Secretary: | Jared T. Marx, MD, FACEP |
| Regional Representative: | Andrew H. Balk, MD |
| Regional Representative: | James Q. Hwang, MD, FACEP |
| Regional Representative: | Mathew J. Nelson, DO, FACEP |
| Regional Representative: | Brad Presley, MD, FACEP |
| | |
| Ultrasound Section Liaison | Nova Panebianco, MD, FACEP |
| ACEP Board Liaison: | John T. Finnell II, MD, MSc, FACEP |
| CUAP Manager: | Julie Rispoli |

CUAP is based on ACEPs policy statement “Ultrasound Guidelines: Emergency, Point-of-Care, and Clinical Ultrasound Guidelines in Medicine.” Clinical ultrasound is a basic component of the practice of emergency medicine and emergency physicians and administrators realize the need for national standards for ultrasound programs to ensure safety and efficacy. The main emphasis of this accreditation is to demonstrate to patients, institutions, and payers that a program provides quality point-of-care testing and meets the high standards established by ACEP.

At *ACEP19*, there was an open CUAP informational meeting to allow potential applicants to learn more about the program and ask questions. There was a combined reception for the Ultrasound Directors at accredited sites and the faculty and registrants of the ACEP

Emergency Ultrasound Management Course. Should *ACEP20* be a live conference, there will be a reception to increase the networking value to both entities. If ACEP20 is held virtually, we will explore a virtual networking session.

ACEP Ultrasound Section members elected 15 new reviewers in October 2019. A new reviewer training manual was developed and training sessions were held.

The CUAP Board of Governors during *ACEP19* and has had monthly conference calls throughout the year. There will be a closed meeting of the CUAP Board of Governors during *ACEP20*.

Dr. Scott Kurpiel, CUAP Chair-Elect, participated in an ACEP Frontline podcast - Scott Kurpiel, MD, MBA – Clinical Ultrasound Accreditation Program (CUAP). Another CUAP Board member, Mathew J. Nelson, DO, FACEP, is scheduled to record a podcast on Ultrasound Rapid Response Teams in COVID-19 with a highlight about CUAP.

To increase the value of clinical ultrasound accreditation, we are surveying accredited sites (on a voluntary basis) to report aggregate results to participating sites.

# Accredited Sites – As of June 4, 2020

*(newest accreditation listed first)*

***Reaccredited Alta View Hospital,** Emergency Department
Sandy, UT
Ultrasound Director: Brian S. Galovic, MD

***Reaccredited LDS Hospital,** Emergency Department
Salt Lake City, UT
Ultrasound Director: Brian S. Galovic, MD

***Reaccredited Riverton Hospital,** Emergency Department
Riverton, UT
Ultrasound Director: Brian S. Galovic, MD

***Reaccredited Allegheny General Hospital,** Emergency Department
Pittsburgh, PA
Ultrasound Director: Mark Scheatzle, MD, FACEP

**Kaweah Delta Medical Center,** Emergency Department
Visalia, CA
Ultrasound Director: John E. Hipskind, MD, FACEP

***Reaccredited Excela Westmoreland Hospital,** Department of Emergency Medicine
Greensburg, PA
Ultrasound Director: Matthew Staum, MD

***Reaccredited Excela Health - Frick Hospital,** Department of Emergency Medicine
Mt. Pleasant, PA
Ultrasound Director: Matthew Staum, MD

***Reaccredited Excela Health - Latrobe Area Hospital,** Department of Emergency Medicine
Latrobe, PA
Ultrasound Director: Matthew Staum, MD

**Norton Children's Hospital,** Emergency Department
Louisville, KY
Ultrasound Director: Fred Warkentine, MD, FACEP

***Reaccredited Strong Memorial Hospital,** Emergency Department
Rochester, NY
Ultrasound Director: Michael Lu, MD, FACEP

**Strong West,** Emergency Department
Brockport, NY
Ultrasound Director: Michael Lu, MD, FACEP

**Scripps Memorial Hospital La Jolla,** Emergency Department
La Jolla, CA
Ultrasound Director: James Q. Hwang, MD, FACEP

**Hackensack University Medical Center,** Emergency Department
Hackensack, NJ
Ultrasound Director: Svetlana Zakharchenko, DO

***Reaccredited NewYork-Presbyterian Brooklyn Methodist Hospital,** Department of Emergency Medicine
Brooklyn, NY
Ultrasound Director: Maya Lin, MD, FACEP

**Good Samaritan Hospital Medical Center,** Emergency Department
West Islip, NY
Ultrasound Director: Robert Bramante, MD, FACEP

***Reaccredited Crozer-Chester Medical Center,** Department of Emergency Medicine
Chester, PA
Ultrasound Director: Maxwell I. Cooper, MD

**Jamaica Hospital Medical Center,** Emergency Department
Jamaica, NY
Ultrasound Director: Celine Thum, MD

***Reaccredited Virginia Commonwealth University Medical Center,** Emergency Department
Richmond, VA
Ultrasound Director: David P. Evans, MD, FACEP

***Reaccredited North Shore University Hospital,** Emergency Department
Manhasset, NY
Ultrasound Director: Mathew J. Nelson, DO, FACEP

***Reaccredited Medical University of South Carolina,** Emergency Department
Charleston, SC
Ultrasound Director: Brad Presley, MD, FACEP

**Lahey Hospital & Medical Center,** Emergency Department
Burlington, MA
Ultrasound Director: Benjamin Chin, DO

**Dixie Regional Medical Center,** Emergency Department
St. George, UT
Ultrasound Director: Bradley J. Crosby, MD, FACEP

**Baptist Easley Hospital,** Emergency Department
Easley, SC
Ultrasound Director: Dustin S. Morrow, MD, FACEP

*Reaccredited **Providence - Sacred Heart Medical Center,** Emergency Department
Spokane, WA
Ultrasound Director: Brooks Laselle, MD, FACEP

*Reaccredited **University of Utah Health Science -** Univ of Utah Medical Group – EPs
Salt Lake City, UT
Ultrasound Director: Patrick M. Ockerse, MD

*Reaccredited **Intermountain Medical Center,** Emergency Department
Murray, UT
Ultrasound Director: James M. Villareal, MD, FACEP

*Reaccredited **Carolinas Medical Center,** Department of Emergency Medicine
Charlotte, NC
Ultrasound Director: Vivek S. Tayal, MD, FACEP

**Greer Memorial Hospital,** Emergency Department
Greer, SC
Ultrasound Director: Dustin S. Morrow, MD, FACEP

**Hillcrest Memorial Hospital,** Emergency Department
Simpsonville, SC
Ultrasound Director: Dustin S. Morrow, MD, FACEP

**North Greenville Hospital,** Emergency Department
Travelers Rest, SC
Ultrasound Director: Dustin S. Morrow, MD, FACEP

**Oconee Memorial Hospital,** Emergency Department
Seneca, SC
Ultrasound Director: Dustin S. Morrow, MD, FACEP

*Reaccredited **John Peter Smith Hospital,** Emergency Department
Fort Worth, TX
Ultrasound Director: Andrew D. Shedd, MD, FACEP

*Reaccredited **UC Irvine Medical Center,** Emergency Department
Orange, CA
Ultrasound Director: Shadi Lahham, MD

*Reaccredited **University of Kansas Health System,** Emergency Department
Kansas City, KS
Ultrasound Director: Bradley S. Jackson, MD

**Children's National Medical Center,** Emergency Department
Washington, DC
Ultrasound Directors: Alyssa Abo, MD and Joanna Cohen, MD

**Washington University School of Medicine,** Emergency Department
St. Louis, MO
Ultrasound Director: Daniel L. Theodoro, MD, FACEP

**Greenville Memorial Hospital,** Emergency Department
Greenville, SC
Ultrasound Director: Dustin S. Morrow, MD

**Baylor University Medical Center,** Emergency Department
Dallas, TX
Ultrasound Director: Scott Kurpiel, MD, MBA, FACEP

**Stanford University Hospital,** Emergency Department
Stanford, CA
Ultrasound Director: Laleh Gharahbaghian, MD, FACEP

**Palmetto Health Richland,** Emergency Department
Columbia, SC
Ultrasound Director: Patrick S. Hunt, MD, FACEP

**MedStar Georgetown University Hospital,** Emergency Department
Washington, DC
Ultrasound Director: Cory Wittrock, MD, FACEP

**MedStar Washington Hospital Center,** Emergency Department
Washington, DC
Ultrasound Director: Carolyn Phillips, MD, FACEP

**MedStar Southern Maryland Hospital Center,** Emergency Department
Clinton, MD
Ultrasound Director: Kathryn Voss, MD

**San Antonio Military Medical Center,** Emergency Department
Sam Houston, TX
Ultrasound Director: Eric Chin, MD, FACEP

**University of Texas Southwestern Medical Center,** Emergency Department
Dallas, TX
Ultrasound Director: Jodi D Jones, MD, FACEP

**Long Island Jewish Medical Center,** Emergency Department
New Hyde Park, NY
Ultrasound Director: Angela Cirilli, MD, FACEP

## Potential new sites currently under review

**Einstein Healthcare Network,** Emergency Department
Philadelphia, PA
Ultrasound Director: Neeraj Gupta, MD, FACEP

**University of Florida – Jacksonville,** Emergency Department
Jacksonville, FL
Ultrasound Director: Petra Duran-Gehring, MD, FACEP

**Previously Accredited Sites**

**Carl A. Darnall Army Medical Center,** Emergency Department
Fort Hood, TX
Ultrasound Director: MAJ Hillary M. Harper, MD, FACEP

**Essentia Health - St. Mary's Hospital Superior,** Emergency Department
Superior, WI
Ultrasound Director: John M. Holst, DO, FACEP

**Essentia Health - Virginia,** Emergency Department
Virginia, MT
Ultrasound Director: John M. Holst, DO, FACEP

**Essentia Health - Sandstone,** Emergency Department
Sandstone, MN
Ultrasound Director: John M. Holst, DO, FACEP

**Essentia Health – Northern Pines Medical Center,** Emergency Department
Aurora, MN
Ultrasound Director: John M. Holst, DO, FACEP

**Essentia Health - St. Mary's Medical Center (Duluth),** Emergency Department
Duluth, MN
Ultrasound Director: John M. Holst, DO, FACEP

**Massachusetts General Hospital, Emergency Department**
Boston, MA
Ultrasound Director: Andrew Liteplo, MD, FACEP

**Naval Medical Center Portsmouth,** Emergency Department
Portsmouth, VA
Ultrasound Director: Lauren G. Oliveira, DO

# 2019 HIGHLIGHTS

# 2020 GOALS

EMPolicyInstitute.org

# EMAF is now...

EMPI
Emergency Medicine Policy Institute

When the Emergency Medicine Action Fund (EMAF) was founded in 2011, its primary mission was to bring together all of the voices within the house of emergency medicine to support regulatory advocacy related to the implementation of the Affordable Care Act. EMAF brought together key stakeholder organizations, with representatives of residents, academic leaders, physician groups of various sizes, and the businesses that support the specialty and practice of emergency medicine. Through collaboration and sharing of resources, EMAF has been successful in being a voice for the specialty.

However, Washington, DC and the world have changed dramatically and the need for a stronger and more coherent voice for emergency medicine is now even more important.

Rebranding as the Emergency Medicine Policy Institute (EMPI) will enhance the credibility of the group and create a persuasive vehicle to disseminate key findings to policymakers and the general public on the value of emergency medicine.

Collaboration and funding the advocacy of a unified agenda on behalf of the specialty allows for the use of larger-scale resources to make all participants more effective in addressing crucial federal and state level regulatory issues, litigation at the federal level, sophisticated policy analysis, and public affairs/advocacy strategies.

## SCOPE OF EFFORTS

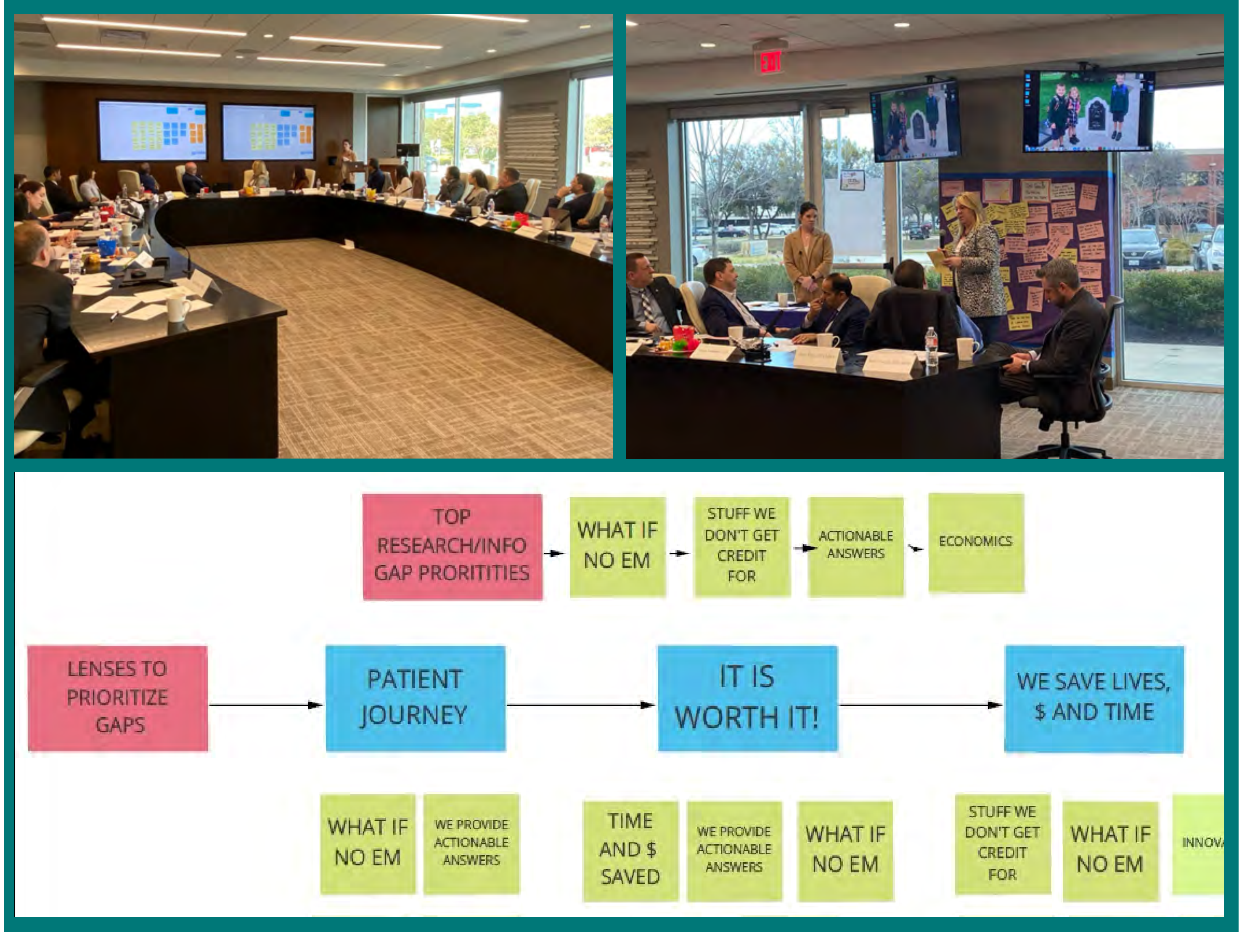
- **Promoting the Value of EM**
- **Protecting the Prudent Layperson Standard**
- **Advancing EM Reimbursement**
- **Supporting Federal Surprise Billing Advocacy**
- **Regulatory Reinforcement**
- **Data Sharing**

# 2019 HIGHLIGHTS - 2020 GOALS

## PROMOTING THE VALUE OF EMERGENCY MEDICINE

- Funding a public awareness campaign to elevate the profile and value of emergency medicine to the general public
- Funding research to quantify the true value of emergency medicine
- Convened a Research Summit in February 2020 to identify gaps in research and policy messaging that are creating barriers to quantifying the value of Emergency Medicine and translating it to the general public and policymakers
- Funded an Emergency Medicine Policy Fellow through the Emergency Medicine Foundation (EMF). The Fellow Program has provided a boost to the careers of a number of the leading Emergency Medicine health policy researchers in the specialty.

## EMPI RESEARCH SUMMIT



# 2019 HIGHLIGHTS - 2020 GOALS

## PROTECTING THE PRUDENT LAYPERSON STANDARD

- Together with ACEP and the Medical Association of Georgia (MAG), funding ACEP/MAG lawsuit against Anthem in the state of Georgia
- Providing funding support to obtain a legal opinion on the potential for a lawsuit against United Health Group's ED downcoding practices.
- Funded public affairs campaign with a primer on emergency care and a white paper on payer emergency care denials was published and promoted.

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE NORTHERN DISTRICT OF GEORGIA**
**ATLANTA DIVISION**

| | |
|---|---|
| AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, INDIVIDUALLY AND ON BEHALF OF ITS MEMBERS, and THE MEDICAL ASSOCIATION OF GEORGIA,<br><br>Plaintiffs,<br><br>vs.<br><br>BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.; BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA, INC.; and ANTHEM INSURANCE COMPANIES, INC.;<br><br>Defendants. | CIVIL ACTION NO. |

**COM**
**DEM**
**DEMAND F**

Research

# Assessing Efforts to Curb Inappropriate Use of the Emergency Room

TARA O'NEILL HAYES | MARCH 29, 2019

**Executive Summary**

- Insurers and state Medicaid programs have, over the past several years, implemented a variety of financial incentives to discourage, for potentially non-emergent health concerns, the use of emergency departments (EDs) in favor of other care settings, such as physicians' offices, urgent care centers, and retail clinics.
- Recently, some insurers have attempted to increase such deterrence by implementing a policy of retroactive review for ED claims with certain discharge diagnoses and potentially denying coverage for those visits determined to be "inappropriate."
- There are concerns that such policies may inadvertently discourage appropriate use of EDs, resulting in individuals not getting needed care in a timely manner. Further, this policy may disproportionately impact minority populations.

# 2019 HIGHLIGHTS - 2020 GOALS

## ADVANCING EMERGENCY MEDICINE REIMBURSEMENT

- Funding an analysis of the distributional impact of Medicare payment changes to physician ED visits stemming from an anticipated 2021 revaluations of the RVU for E&M visit codes and the introduction of a patient complexity code.
- Provided significant support to APM Task Force that allowed for development of the first EM-specific Alternative Payment Model, the "Acute Unscheduled Care Model," which was recommended by the PTAC to HHS Secretary for full implementation as a MACRA Advanced Alternative Payment Model.
  --ACEP now having promising discussions with several private payers and state Medicaid offices on adopting aspects of the model.
- Funded research and publication by Avalere of white paper comparing impacts of state balance billing laws on premiums to serve as resource and tool for advocacy on OON legislation.
- Funded targeted research to strengthen EM response to the Medicare Proposed Rule for the 2020 Physician Fee Schedule in June 2019 (following RUC review of EM codes as mandated by CMS' 2018 Physician Fee Schedule).

✓Facilitates healthcare transformation efforts and provides a voluntary and flexible opportunity to engage EM physicians
✓Incentivizes value over volume by using quality measures and other evidence-based metrics to determine eligibility for performance-based payments.
✓Fosters a patient-centric redesign and is a proactive value-based approach to reduce health system costs

Stakeholders encouraged to gain a deeper understanding of the AUCM framework to begin laying the groundwork for EM transformation discussions.

Seeks to reduce inpatient admissions and observation stays when appropriate through enhanced care coordination

Directly engages EM physicians by accepting financial risk attributed to discharge disposition decisions within qualifying episodes of acute unscheduled care

Ensures EM physicians have the necessary tools to facilitate to make the decision to provide safe, efficient outpatient care

# 2019 HIGHLIGHTS - 2020 GOALS

## SUPPORTING FEDERAL SURPRISE BILLING ADVOCACY

- Supported consumer-facing and Beltway-focused social media advertising to encourage grassroots action federal surprise billing legislation

# 2019 HIGHLIGHTS - 2020 GOALS

## REGULATORY REINFORCEMENT

- Providing funding with ACEP in support of DC-based lobbyist to maximize efforts with CMS to ensure a quality landscape that better supports emergency medicine's needs. ACEP staff now meets bimonthly with senior level CMS officials to discuss various issues.
- Regulatory accomplishments for Emergency Medicine include clarification and additional exemption for emergency physician from the Appropriate Use Criteria (AUC) regulations for Medicare which would have required emergency physicians to consult clinical decision support each time before ordering dvanced imaging.

> *...we agree that exceptions granted for an individual with an emergency medical condition include instances where an emergency medical condition is suspected, but not yet confirmed. This may include, for example, instances of severe pain or severe allergic reactions. In these instances, the exception is applicable even if it is determined later that the patient did not in fact have an emergency medical condition.*
>
> -CY 2019 Medicare Physician Fee Schedule Final Rule

# 2019 HIGHLIGHTS - 2020 GOALS

## DATA SHARING

- Shared data on Anthem denials that supported advocacy, regulatory, and PR efforts (including those that led to NY Times running a story on the issue and a report by then-Senator Claire McCaskill (D-MO))
- Shared data to help inform advocacy efforts on surprise medical billing at the federal and state level

*As an Insurer Resists Paying for 'Avoidable' E.R. Visits, Patients and Doctors Push Back*

Guessing wrong on when a condition is a life-threatening medical emergency could mean a large bill. Or worse.

"I thought I was dying and I needed to go to the E.R.," said Jason Salyers, of Ashland, Ky. His insurer, Anthem, paid his bill only after an appeal. Luke Sharrett for The New York Times

By Reed Abelson, Margot Sanger-Katz and Julie Creswell

May 19, 2018

Jim Burton was lifting a box in his garage last August when he felt a jolt in his back.

**COVERAGE DENIED:**

Anthem Blue Cross Blue Shield's Emergency Room Initiative

# HOW TO PARTICIPATE*

## MEMBERSHIP CATEGORIES

**Emergency Medicine Associations:** $10,000 each – 1 voting seat each, for a total of up to 6 voting seats. This category is open to EM-related associations such as SAEM, EDPMA, EMRA, etc.

**Major Donors:** $75,000 each – 1 voting seat each, for a total of up to 10 voting seats. This category is open to single EM provider groups or single EM-related business groups.

**Coalitions:** 1 voting seat each, for a total of up to 10 voting seats. This category is open to:

- Any coalition of up to 5 EM-related business entities (non-provider) that together contribute $75,000; or,
- Any coalition of up to 5 small ( < 250,000 annual patient care visits) and/or medium (250,000 to 499,999 annual visits) provider groups.
  Dues: $10,000 each for small groups, and $15,000 for medium groups.

For an application to join or any questions, please contact admin@EMPolicyInstitute.org or acirillo@usacs.com.

## 2020 EMPI MEMBERS

Chair: L. Anthony Cirillo, MD, FACEP; USACS; acirillo@usacs.com; (401) 465-0806
Chair-elect: Rebecca Parker, MD, FACEP; Envision

### Board of Governors

American College of Emergency Physicians (ACEP)

American College of Osteopathic Emergency Physicians (ACOEP)

Association of Academic Chairs of Emergency Medicine (AACEM)

EGO Coalition

Emergency Department Practice Management Association (EDPMA)

Emergency Medicine Residents' Association (EMRA)

Envision

TeamHealth

US Acute Care Solutions

Vituity

***NOTE:** In recognition of the difficult financial circumstances that many groups are facing due to the COVID-19 pandemic, EMPI dues for FY2020 have been reduced by 50 percent.

**EMERGENCY MEDICINE FOUNDATION REPORT**
**JUNE 16, 2020**

- Funded 27 researchers who are advancing patient care through the science of emergency medicine.

- Utilized EMF Endowment to rapidly develop COVID-19 Research Grant Opportunities that generated 72 grant proposals.

- Raised $1,042,944.65 through May 31, 2020 through member donations, special events, endowment and Paving the Way contributions to EMF.

- Conducted successful 2020 EMF Staff Campaign raising $19,446.26 in donations from 49 ACEP staff representing 32.24% staff participation from a total staff of 152.

- Secured commitment from FujiFilm Sonosite to underwrite a $108,000 in EMF directed research funding to support COVID-19 ultrasound research.

- Developed new relationship with McDonald's Corporation to support EMF COVID-19 research at $25,000.

- Executed successful EMF *GivingTuesdayNow* e-campaign in May 2020 generating approximately $9,000 to support emergency medicine research.

- Launched EMF Online Auction Preview Web site in May to raise funds for EMF; converted all EMF sponsors from ACEP20 to support online auction.

Emergency Medicine Residents' Association

**EMRA Report to the ACEP Board of Directors:**

**Pillar 1: Education – *EMRA helps you become the best doctor you can be***

Unique preparation requires organization: EMRA has worked especially hard in this arena. To help EM-bound medical students navigate the new terrain in which we find ourselves, an **extensive compilation of resources** was created on EMRA's website. The page includes the following items with hyperlinks:

- Dates & Deadlines
- Statements, Recommendations & Guidelines
- Medical Organizations' COVID-Related Updates & Resources
- Learning Resources

*Program director panel (CORD 2020) to help medical students apply into EM (moderated by Dr. Bo Burns)*

Virtual cocktail hours may now be common but not like the recently held special event **virtual cocktail with chairs** (courtesy of EMRA and RAMS)**.** The panel had EM Departmental Chairs which included ACEP Board member **Dr. Gabe Kelen** plus others like Dr. Angela Mills (Columbia), Dr. Ian Martin (Medical College of Wisconsin) and Dr. Andra Blomkalns (Stanford). Valuable insight into the career path of becoming EM Departmental Chair was enjoyed by 200+ trainees.

**EMRA Committee** programming was incredible during the month of April (with record attendance numbers). They offered exceptional, virtual educational programming. Events included:

| **Committee** | **Event** | Attendance (No. registered) |
|---|---|---|
| Ultrasound | Ultrasound for COVID | 61 |
| Medical Student Council | COVID's Implications To Away Rotations | 1,000 |

| Toxicology | Toxicology: Treatment on the Frontline | 83 |
|---|---|---|
| Prehospital & Disaster Medicine | Prehospital Care During COVID19: Response and Ethical Considerations | 36 |
| Social EM | Impact On COVID on Vulnerable Populations Part 1: Homeless Populations | 58 |
| Wilderness | Wilderness Call: Wilderness Exploration in the time of COVID | 40 |
| Critical Care | Caring for COVID-19 Patients: From the perspective of the amazing physicians hit hardest in New York | 178 |

Additionally, the **Simulation Committee** has been working on identifying resident lecturers for ACEP's exciting plans to launch a Virtual Grand Rounds Program, specifically a simulation session. The **Research Committee** is working on several IRB-approved surveys aimed to better understanding the views of resident physicians towards opioid use disorders and X-waiver training, too.

With ACEP20 possibly going *virtual*, **EMRA staff** are looking extremely hard into virtual options for the following possible ACEP20 events:

- **Residency Program Fair, Job & Fellowship Fair**
- **Medical Student Forum**
- **Case*Con**
- **20 in 6 Resident Lecture Competition**
- **Leadership Academy**

*Residents and Medical students are motivated to learn about potential COVID-19 therapies and other areas*

**Pillar 2: Leadership – *EMRA helps you become the best leader you can be***

COVID-19 has brought many new opportunities for highlighting the many leadership activities taking place across EMRA. One area includes our **EMRA*Cast podcast** which has continued to thrive. This fiscal year, resident podcasters have interviewed ACEP leaders like Drs. Andy Little, Adam Rosh, Sheryl Heron, Raul Ruiz, Alicia Kurtz, Chris Doty, Arlene Chung, Anita Rohra, Zach Jarou and Amal Mattu.

Due to the wildly successful **45 Under 45 campaign** (that included **ACEP Board members** Drs. Gillian Schmitz, Alison Haddock and Aisha Terry), EMRA created the **25 Under 45 campaign** for paying more recognition to the rockstars in our specialty! The initiative aims to celebrate young influencers in emergency medicine who shape the future in communities, hospitals and our specialty. And congratulations to EMRA's Immediate Past President **Dr. Omar Maniya** for recently receiving the prestigious SAEM RAMS' Leadership in Emergency Medicine Award!

EMRA continues to support ACEP and other efforts to lead with data-backed / scientific evidence by donating to the **Emergency Medicine Foundation (EMF).** Donations were directed to the websites of EMRA and ACEP for promoting the importance of COVID-19 related research (in addition to the existing **EMRA/EMF Resident Research Grant**). We also donated space to our website (EMRA.org) for supporting the COVID-19 grant opportunity and silent auction.

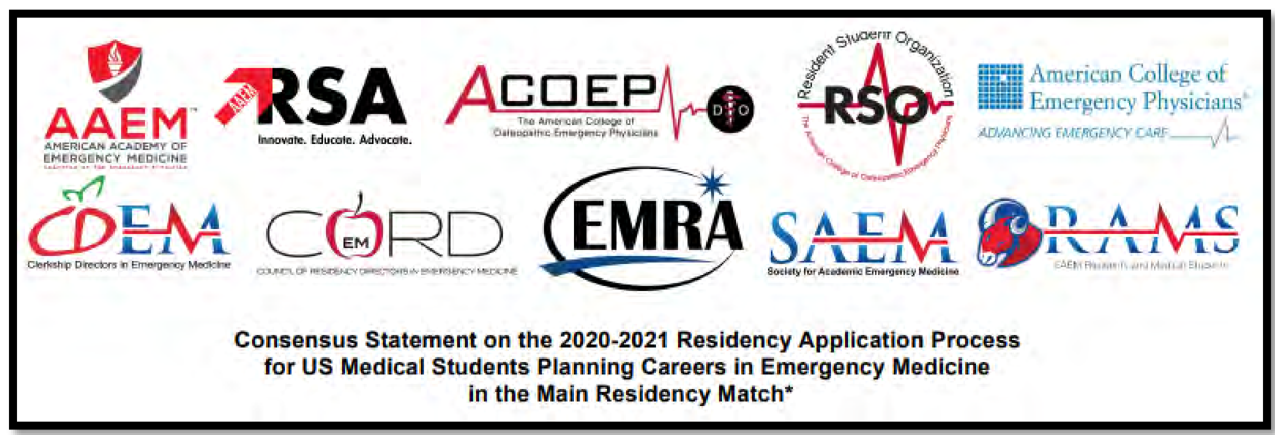
Two EMRA residents are now part of the inaugural **ABEM Resident Ambassador Panel**. The opportunity allows for providing a resident's perspective with certain ABEM activities including the in-training examination, applying for certification, and the Residency Visitation Program among other initiatives.

A series of EMRA leaders have also been submitted as delegates to ACEP for the Resident Fellow Section (RFS), part of the annual AMA meeting. They include current (and former) EMRA Board members, **Drs. Scott Pasichow**, **Karina Sanchez** and **Sophia Spadafore.**

**Pillar 3: Advocacy – *EMRA helps emergency medicine become the best specialty it can be***

All EM organizations found consensus and common-sense recommendations for medical students by publishing a **consensus statement** on the 2020-2021 Residency Application Process. The statement truly helps to ensure equitable consideration while keeping in mind the best interest of educators, patients

and the community at-large:




With "calls for action" from our membership, EMRA has not been afraid to really step-up and sign important letters advocating on behalf of our membership, specialty and community. Important advocacy areas include:

- **DACA preservation**: urging of regulatory or legislative action to retain DACA during the current national emergency (signed by 76 other organizations including ACEP)
- **Opposing the furloughs of residents/fellows** (in lock-step with the ACGME)
- **Preserving engagement and volunteerism of medical students**: providing our membership with a link to getting more involved during COVID-19
- **Rebuke of systematic racism and social injustice:** unequivocal support for unity against racism, a critical social determinant of health
- **Support for the World Health Organization (WHO) and it's global impact**: joint statement released by both ACEP and EMRA

Leadership has been busy planning **ACEP Council Resolutions** for this coming Fall. Topics include recognizing fellowship time that should count towards FACEP status, and designating "resident" and "residency" to physician trainees only.

As the COVID-19 pandemic continues to exert undue **financial pressure** upon graduating residents and the rest of our membership, EMRA has released several important statements in April pertaining to **Employment Contracts** and a **joint statement on education and safety considerations for medical students during COVID19**.

**Pillar 4: Sustainability – *Make EMRA the best organization it can be***

For the first time ever, EMRA Board and staff enjoyed a **virtual happy hour** in the spirit of wellness and fellowship. We hope that a future event can be planed between leaders of both ACEP and EMRA.

Discussions are underway for how to best organize and inspire **more medical students** to get involved. One idea includes the establishment of local, geographically-based interest groups that can be used to discuss important training issues relevant to the practice of EM.

EMRA continues to skillfully balance large budgetary demands, the quality of content provided to our members, and the overall well-being of our organization. Overall our **sales** have remained steady over the past few months (including Amazon) and our commitment to partnering with ACEP – especially the **#GetUsPPE** movement – remains stronger than ever.

EMRA and ACEP are partnering on a **Virtual Job Fair**, hosted by **emCareers.org**, on June 18 to connect job seekers with recruiters, and to generate non-dues revenue for both organizations. With contracts of graduating residents being rescinded, this Job Fair is more important than ever. Presently there are 17 organizations signed up and approximately 189 job seekers. EMRA is hoping to get over 400 job seekers. Both EMRA and ACEP are promoting heavily over the next two weeks.

EMRA membership continues to grow compared to even one year ago:

| Membership Data (Compared to April 2019) | | | |
|---|---|---|---|
| **Segment** | **% Change** | **FY 18/19** | **FY 17/18** |
| Total membership | +7.74% (18,610) | +3.24% (17,273) | +5.17% (16,731) |
| Resident membership | +6.57% (8,677) | +4.88% (8,143) | +7.88% (7,764) |
| International membership | +1094% (210) | +6.74% (206) | +.52% (193) |
| Student membership | +17.04% (5,757) | +8.59% (4,919) | +7.58% (4,530) |
| Fellowship membership | +21.24% (508) | -9.31% (419) | +1.54% (462) |
| Alumni membership | -4.08% (3,384) | -5.39% (3,528) | -1.37% (3,729) |

HEADQUARTERS
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Dallas, Texas 75261-9911

4950 W Royal Ln
Irving, TX 75063-2524

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800-798-1822
www.acep.org

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Dean Wilkerson, JD, MBA, CAE

**Memorandum**

**To:** Dean Wilkerson, JD, MBA, CAE
Achyut "Mihir" Kamat, MD, FACEP
Gillian Schmitz, MD, FACEP
Robert Heard, MBA, CAE
Board of Directors

**From:** Jana Nelson, Managing Director, Membership Marketing & Communications

**Date:** June 17, 2020

**Subj:** Membership Activity Report – May 2020

May membership numbers remain high as we shift our attention to the lower than expected renewals from April and May versus the same month in 2019. Our focus has shifted to weekly outreach to any whose membership is set to expire June 30, 2020.

Membership summary for May 2020:

- Total membership = 41,324 (+638 from prior month, +2,692 from prior year)
- Regular membership (less life) = 21,456 (+180 from prior month, +732 from prior year)
- Life membership = 2,680 (+9 from prior month, -117 from prior year)
- Candidate membership = 15,459 (+1,648 from prior year)
- International membership = 1,689 (+426 from prior year)

We have 664 members whose expired memberships have not been canceled during COVID. This group will be cancelled on June 30, 2020. We have designed targeted outreach to encourage their renewal and remind them of the COVID-specific and general benefits they have retained access to during the last six months.

Currently, we have 10,032 members who have yet to renew before the expiration date of June 30, 2020. The outreach strategy for the month includes weekly email communication, including:

- June 1, 2020 – 30 Days from Expire
- June 9, 2020 – Grub Hub Promotion (renew this week and receive Grub Hub dinner credit)
- June 15, 2020 – 31 tailored Chapter-specific emails; 1 general email to those without state specific information
- June 23, 2020 – 7 Days to Expire reminder of benefits
- June 30, 2020 – Day of Expire (reiterate last day of membership, although they remain in the grace period throughout July)

For the new members who took advantage of ACEP's three free months of membership:

- 190 are set to auto-renew on July 1
- 101 are set to auto-renew on August 1 will push out the same communication as above.

These members will receive a series of emails that invite them to help decide emergency medicine in a post-COVID world through involvement in committees, chapters, sections, and also an explainer video that explains how ACEP's Council works and the role of individual members in shaping ACEP's positions.

A huge thanks to Jordan Grantham and Loren Rives on the launch of ACEP's new wellness hub to support members during COVID-19 and beyond. We have submitted a request for COVID-related corporate funding to further build out tailored resources around mental health stress points for our members.

In terms of Section involvement, as of May 31, 2020:

- 11% increase in section memberships (May 2019-May 2020)
- 5.6% increase in unique section members (May 2019-May 2020)
- 38,655 total section memberships (16,059 are complimentary YPS memberships provided to Candidates and 22,596 are memberships in the other 39 sections + paid and RegYr1 comp YPS memberships)
- 23,648 unique section members
- Aerospace Medicine Section chartered and is in the process of obtaining 100 members.
- A Simulation Section is entering the petition phase.

From May 1, 2019 – May 31, 2020 our engagED platform tracked:

- Content Contributions: 33,642
- Profiles Created: 47,756
- Total Logins: 104,309
- Unique Logins: 16,769
- Emails sent: 15,666,885, open rate = 38%

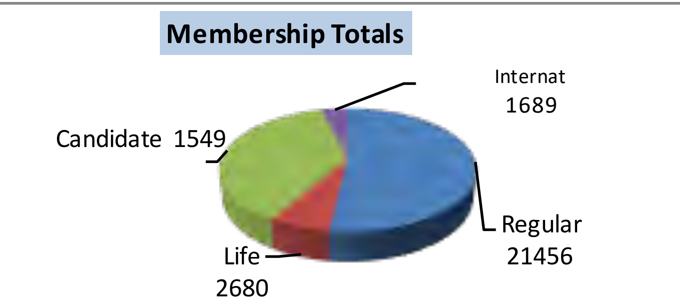
If you have any questions, please do not hesitate to reach out.

cc: ACEP Membership Committee
ACEP Finance Committee
Chapter Executives
ACEP Staff

# MEMBERSHIP DASHBOARD - May 31, 2020

| Membership Totals | May-20 | Apr-20 | May-19 |
|---|---|---|---|
| Total | 41324 | 40686 | 38632 |
| Regular | 21456 | 21276 | 20724 |
| Life | 2680 | 2671 | 2797 |
| Candidate | 15459 | 15078 | 13811 |
| International | 1689 | 1621 | 1263 |
| Honorary | 40 | 40 | 37 |

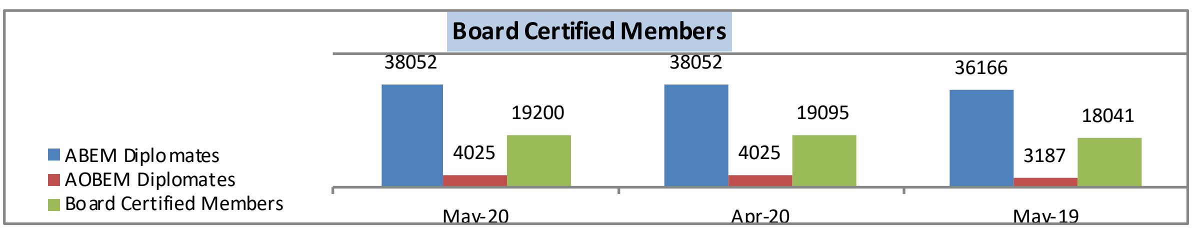
**Note - All Goals listed are for Fiscal Year except when noted**

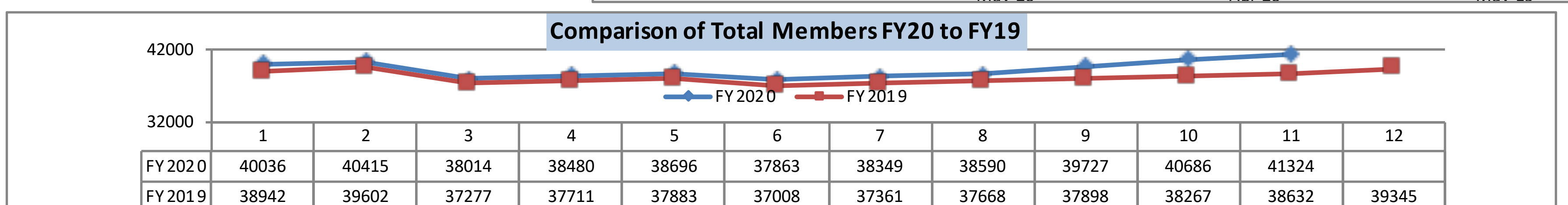



| 100% Club and Group Billing | May-20 | Apr-20 | May-19 |
|---|---|---|---|
| Participating Employer Groups | 150 | 156 | 159 |
| Individuals represented | 4560 | 4728 | 4791 |
| % of regular membership | 21.3% | 22.2% | 23.1% |

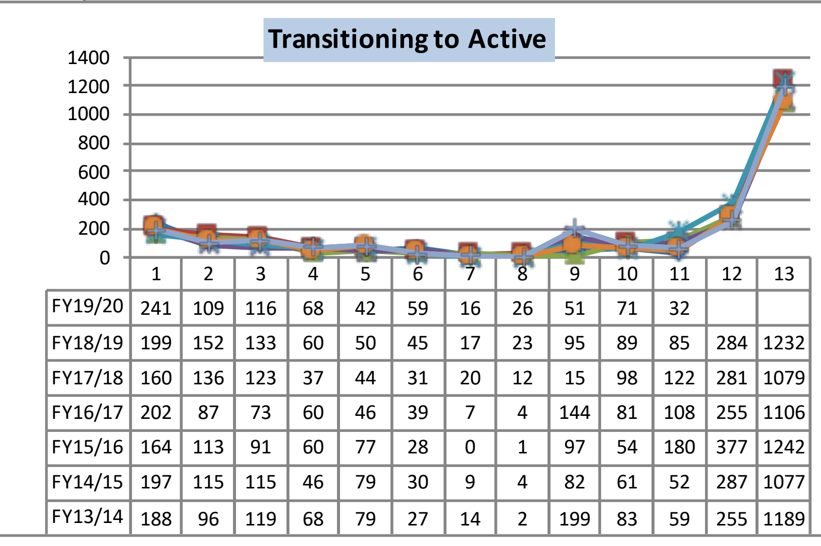
| Fellows | May-20 | Apr-20 | May-19 |
|---|---|---|---|
| Total FACEP | 12313 | 12290 | 12209 |
| Total Calendar Yr applications | 111 | 63 | 112 |

| Board Certified Members | May-20 | Apr-20 | May-19 |
|---|---|---|---|
| ABEM Diplomates | 38052 | 38052 | 36166 |
| AOBEM Diplomates | 4025 | 4025 | 3187 |
| Board Certified Members | 19200 | 19095 | 18041 |
| % of Eligible Diplomates in ACEP | 45.6% | 45.4% | 45.8% |

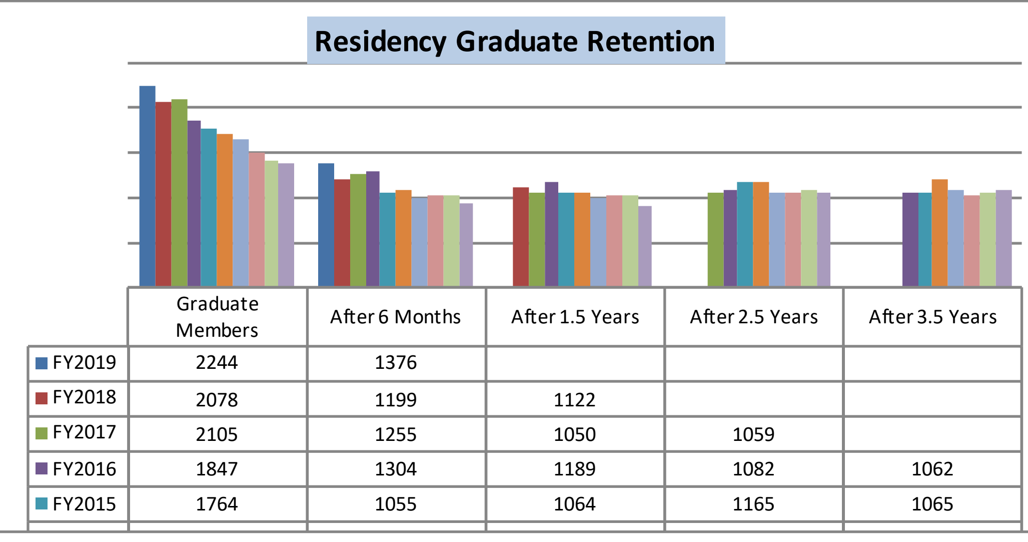



| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 2020 | 40036 | 40415 | 38014 | 38480 | 38696 | 37863 | 38349 | 38590 | 39727 | 40686 | 41324 | |
| FY 2019 | 38942 | 39602 | 37277 | 37711 | 37883 | 37008 | 37361 | 37668 | 37898 | 38267 | 38632 | 39345 |




| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY19/20 | 241 | 109 | 116 | 68 | 42 | 59 | 16 | 26 | 51 | 71 | 32 | | |
| FY18/19 | 199 | 152 | 133 | 60 | 50 | 45 | 17 | 23 | 95 | 89 | 85 | 284 | 1232 |
| FY17/18 | 160 | 136 | 123 | 37 | 44 | 31 | 20 | 12 | 15 | 98 | 122 | 281 | 1079 |
| FY16/17 | 202 | 87 | 73 | 60 | 46 | 39 | 7 | 4 | 144 | 81 | 108 | 255 | 1106 |
| FY15/16 | 164 | 113 | 91 | 60 | 77 | 28 | 0 | 1 | 97 | 54 | 180 | 377 | 1242 |
| FY14/15 | 197 | 115 | 115 | 46 | 79 | 30 | 9 | 4 | 82 | 61 | 52 | 287 | 1077 |
| FY13/14 | 188 | 96 | 119 | 68 | 79 | 27 | 14 | 2 | 199 | 83 | 59 | 255 | 1189 |




| | Graduate Members | After 6 Months | After 1.5 Years | After 2.5 Years | After 3.5 Years |
|---|---|---|---|---|---|
| FY2019 | 2244 | 1376 | | | |
| FY2018 | 2078 | 1199 | 1122 | | |
| FY2017 | 2105 | 1255 | 1050 | 1059 | |
| FY2016 | 1847 | 1304 | 1189 | 1082 | 1062 |
| FY2015 | 1764 | 1055 | 1064 | 1165 | 1065 |

## 2019-20 Membership Activity Report

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL MEMBERSHIP COUNT** | **40036** | **40415** | **38014** | **38480** | **38696** | **37863** | **38349** | **38590** | **39727** | **40686** | **41324** | **0** | |
| *FY 18/19 Membership Count* | 38942 | 39602 | 37277 | 37711 | 37883 | 37008 | 37361 | 37668 | 37898 | 38267 | 38632 | 39345 | |
| **Regular - Less Life** | 21356 | 21404 | 20245 | 20370 | 20391 | 20535 | 20648 | 20593 | 20997 | 21276 | 21456 | | |
| **Life** | 2791 | 2776 | 2738 | 2731 | 2716 | 2694 | 2676 | 2658 | 2660 | 2671 | 2680 | | |
| **Candidate** | 14519 | 14918 | 13781 | 14170 | 14423 | 13478 | 13860 | 14167 | 14551 | 15078 | 15459 | | |
| **International** | 1333 | 1280 | 1213 | 1172 | 1129 | 1119 | 1128 | 1135 | 1482 | 1621 | 1689 | | |
| **Honorary Award Winners** | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 40 | 40 | | |
| **MEMBERS DUES RATE** | **40036** | **40415** | **38014** | **38480** | **38696** | **37863** | **38349** | **38590** | **39727** | **40686** | **41324** | **0** | |
| **$615 Dues Rate** | 19141 | 19128 | 18448 | 18502 | 18477 | 18534 | 18572 | 18486 | 18786 | 19027 | 19197 | | |
| **$461 Dues Rate** | 1375 | 1356 | 1233 | 1214 | 1197 | 1207 | 1225 | 1218 | 1236 | 1259 | 1288 | | |
| **$410 Dues Rate** | 6 | 6 | 6 | 7 | 6 | 6 | 6 | 8 | 8 | 8 | 7 | | |
| **$308 Dues Rate** | 1189 | 1202 | 1086 | 1103 | 1115 | 1122 | 1136 | 1142 | 1162 | 1160 | 1154 | | |
| **$205 Dues Rate** | 1302 | 1297 | 1294 | 1281 | 1272 | 1280 | 1282 | 1278 | 1282 | 1285 | 1293 | | |
| **$154 Dues Rate** | 2413 | 2417 | 2075 | 2112 | 2114 | 2144 | 2176 | 2199 | 2610 | 2773 | 2830 | | |
| **$50 Dues Rate (Candidate Inactive)** | 3 | 3 | 2 | 2 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | | |
| **$45 Dues Rate** | 10251 | 10471 | 10063 | 10143 | 10216 | 8982 | 9032 | 9035 | 9041 | 9308 | 9629 | | |
| **$30 Dues Rate** | 4259 | 4438 | 3710 | 4019 | 4198 | 4486 | 4818 | 5120 | 5498 | 5757 | 5818 | | |
| **No Dues** | 97 | 97 | 97 | 97 | 98 | 98 | 98 | 99 | 99 | 103 | 102 | | |
| **REGULAR MEMBERS** | | | | | | | | | | | | | |
| **REGULAR MEMBERSHIP COUNT** | **24147** | **24180** | **22983** | **23101** | **23107** | **23229** | **23324** | **23251** | **23657** | **23947** | **24136** | | |
| *FY 18/19 Regular Membership Count* | *23965* | *24096* | *23143* | *23305* | *23358* | *23392* | *23435* | *23365* | *23346* | *23435* | *23521* | *23846* | |
| New Members | 14 | 18 | 25 | 22 | 7 | 6 | 11 | 4 | 8 | 25 | 21 | | |
| Restarts | 135 | 124 | 147 | 176 | 102 | 196 | 168 | 120 | 318 | 193 | 142 | | |
| Transitioned from Candidate | 241 | 109 | 116 | 68 | 42 | 59 | 16 | 26 | 51 | 71 | 32 | | |
| Reinstatements | 41 | 37 | 76 | 268 | 148 | 162 | 41 | 23 | 30 | 10 | 6 | | |
| Cancelled | 134 | 249 | 1516 | 388 | 275 | 231 | 121 | 213 | 5 | 5 | 10 | | |
| Transitioned to Life/Other category | 21 | 26 | 9 | 14 | 9 | 16 | 17 | 11 | 9 | 12 | 12 | | |
| **REGULAR Membership Count - Less Life Status** | **21356** | **21404** | **20245** | **20370** | **20391** | **20535** | **20648** | **20593** | **20997** | **21276** | **21456** | | |
| *FY 18/19 Membership Count* | *20988* | *21126* | *20212* | *20384* | *20453* | *20517* | *20575* | *20527* | *20519* | *20626* | *20724* | *21049* | |
| New Members | 14 | 18 | 25 | 22 | 7 | 6 | 11 | 4 | 8 | 25 | 21 | | |
| Restarts | 134 | 122 | 146 | 174 | 100 | 193 | 167 | 119 | 318 | 191 | 140 | | |
| Reinstatements | 39 | 36 | 68 | 261 | 143 | 157 | 37 | 16 | 28 | 9 | 6 | | |
| Transitioned from Candidate | 241 | 109 | 116 | 68 | 42 | 59 | 16 | 26 | 51 | 71 | 32 | | 831 |
| Cancelled | 118 | 222 | 1475 | 360 | 248 | 206 | 97 | 187 | 3 | 5 | 9 | | |
| Transitioned to Life | 18 | 24 | 5 | 13 | 9 | 13 | 12 | 11 | 3 | 9 | 7 | | |
| Transitioned to other category | 3 | 2 | 4 | 1 | 0 | 3 | 5 | 0 | 6 | 3 | 5 | | |
| **LIFE Status Count** | **2791** | **2776** | **2738** | **2731** | **2716** | **2694** | **2676** | **2658** | **2660** | **2671** | **2680** | | |
| *FY 18/19 LIFE* | *2977* | *2970* | *2931* | *2921* | *2905* | *2875* | *2860* | *2838* | *2827* | *2809* | *2797* | *2797* | |
| Transitioned from regular | 18 | 24 | 5 | 13 | 9 | 13 | 12 | 11 | 3 | 9 | 7 | | |
| Restarts | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 0 | 2 | 2 | | 15 |
| Reinstatements | 2 | 1 | 8 | 7 | 5 | 5 | 4 | 3 | 2 | 1 | 6 | | |
| Cancelled | 16 | 27 | 41 | 28 | 27 | 25 | 24 | 26 | 2 | 0 | 1 | | |
| **Other Status Count included in Regular Count Above** | | | | | | | | | | | | | |
| Inactive | 16 | 16 | 19 | 19 | 18 | 18 | 17 | 16 | 16 | 16 | 16 | | |
| Retired | 414 | 423 | 424 | 422 | 423 | 437 | 445 | 447 | 453 | 455 | 463 | | |
| **Retention Rate** | | | | | | | | | | | | | |
| Current Month - Regular Members | 24147 | 24180 | 22983 | 23101 | 23107 | 23229 | 23324 | 23251 | 23657 | 23947 | 24136 | | |
| Adds from Previous 12 months | 3074 | 2979 | 2845 | 2944 | 2956 | 2987 | 3041 | 3061 | 3230 | 3298 | 3289 | | |
| One Year Ago - Regular Members | 23965 | 24096 | 23143 | 23305 | 23358 | 23392 | 23435 | 23365 | 23346 | 23435 | 23521 | | |
| Current Month Less Adds divided by One YR Ago total | 87.93% | 87.99% | 87.02% | 86.49% | 86.27% | 86.53% | 86.55% | 86.41% | 87.50% | 88.11% | 88.63% | | |

## 2019-20 Membership Activity Report

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INTERNATIONAL** | | | | | | | | | | | | | |
| **MEMBERSHIP COUNT** | **1333** | **1280** | **1213** | **1172** | **1129** | **1119** | **1128** | **1135** | **1482** | **1621** | **1689** | | |
| *FY 18/19 Membership Count* | *1265* | *1329* | *1320* | *1311* | *1283* | *1239* | *1242* | *1249* | *1255* | *1258* | *1263* | *1307* | |
| Restarts | 11 | 6 | 9 | 13 | 2 | 5 | 3 | 11 | 4 | 5 | 5 | | |
| Reinstatements | 1 | 2 | 2 | 7 | 4 | 1 | 3 | 3 | 1 | 1 | 0 | | |
| New Members | 27 | 28 | 25 | 33 | 7 | 3 | 6 | 6 | 129 | 48 | 4 | | |
| Complimentary New Members | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 210 | 87 | 62 | | |
| Cancellations | 14 | 90 | 105 | 95 | 56 | 28 | 11 | 14 | 0 | 0 | 0 | | |
| Canadian Total (included in count above) | 338 | 318 | 290 | 264 | 244 | 237 | 241 | 242 | 248 | 262 | 265 | | |
| International Life (included in count above) | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 24 | 24 | 24 | 24 | | |
| Canadian Life (included in count above) | 14 | 15 | 14 | 13 | 13 | 13 | 15 | 15 | 15 | 15 | 15 | | |
| **OTHER CATEGORIES** | | | | | | | | | | | | | |
| **HONORARY AWARD WINNERS** | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 40 | **40** | | |

**2019-20 Membership Activity Report**
**CANDIDATE MEMBERS**

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CANDIDATE** | | | | | | | | | | | | | |
| **MEMBERSHIP COUNT** | **14519** | **14918** | **13781** | **14170** | **14423** | **13478** | **13860** | **14167** | **14551** | **15078** | **15459** | **0** | |
| *FY 18/19 Membership Count* | 13677 | 14142 | 12779 | 13060 | 13207 | 12342 | 12649 | 13019 | 13262 | 13537 | 13811 | 14155 | |
| MEDICAL STUDENTS | 4259 | 4438 | 3710 | 4019 | 4198 | 4486 | 4818 | 5120 | 5498 | 5757 | 5818 | | |
| *FY 18/19 Medical Students* | 3913 | 4115 | 3371 | 3542 | 3688 | 3864 | 4152 | 4487 | 4764 | 4921 | 4783 | 4572 | |
| RESIDENTS | 9758 | 9948 | 9551 | 9615 | 9679 | 8506 | 8542 | 8541 | 8535 | 8787 | 9090 | | |
| *FY 18/19 Residents* | 9221 | 9459 | 8941 | 9040 | 9043 | 8081 | 8077 | 8103 | 8073 | 8185 | 8588 | 9128 | |
| GMO | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 6 | | |
| INTERN | 24 | 20 | 10 | 10 | 10 | 10 | 16 | 17 | 22 | 24 | 26 | | |
| INACTIVE | 3 | 3 | 2 | 2 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | | |
| FELLOWSHIPS | 469 | 503 | 502 | 518 | 527 | 466 | 474 | 477 | 484 | 497 | 513 | | |
| FELLOW MEMBERS (FACEP) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | | |
| **NEW MEMBERS** | **525** | **487** | **491** | **350** | **199** | **305** | **404** | **340** | **438** | **572** | **424** | **0** | **4535** |
| **RESTARTS** | **43** | **34** | **33** | **21** | **8** | **4** | **13** | **23** | **38** | **61** | **32** | **0** | **310** |
| MEDICAL STUDENTS | 6 | 9 | 7 | 2 | 0 | 0 | 8 | 13 | 20 | 40 | 10 | | **115** |
| **Complimentary Medical Students** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | **0** |
| RESIDENTS | 33 | 15 | 18 | 15 | 2 | 2 | 5 | 7 | 14 | 17 | 21 | | **149** |
| **Complimentary Residents** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | **0** |
| GMO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **0** |
| INTERN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **0** |
| FELLOWSHIPS | 4 | 10 | 8 | 4 | 6 | 2 | 0 | 3 | 4 | 4 | 1 | | **46** |
| **Complimentary Fellowships** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | **0** |
| **NEW CANDIDATE** | **482** | **453** | **458** | **329** | **191** | **301** | **391** | **317** | **400** | **511** | **392** | **0** | **4225** |
| MEDICAL STUDENTS | 342 | 368 | 364 | 286 | 170 | 176 | 123 | 309 | 353 | 411 | 294 | | **3196** |
| **Complimentary Medical Students** | 0 | 0 | 0 | 0 | 0 | 108 | **228** | **0** | **9** | **32** | **25** | | **402** |
| RESIDENTS | 128 | 77 | 86 | 38 | 20 | 11 | 6 | 7 | 15 | 39 | **22** | | **449** |
| **Complimentary Residents** | 0 | 0 | 0 | 0 | 0 | 5 | **30** | **1** | **21** | **23** | **46** | | **126** |
| GMO | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | **3** |
| **Complimentary GMO** | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | **0** | **0** | | **0** |
| INTERN | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **0** | | **2** |
| **Complimentary Interns** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | | **0** |
| FELLOWSHIPS | 10 | 7 | 7 | 5 | 1 | 1 | 1 | 0 | 1 | 6 | **5** | | **44** |
| **Complimentary Fellowships** | 0 | 0 | 0 | 0 | 0 | 0 | **3** | **0** | **0** | **0** | **0** | | **3** |
| **REINSTATEMENTS** | **8** | **1** | **73** | **113** | **129** | **20** | **7** | **1** | **3** | **5** | **1** | **0** | |
| MEDICAL STUDENTS | 3 | 0 | 8 | 29 | 14 | 3 | 0 | 0 | 2 | 0 | 0 | | **59** |
| RESIDENTS | 3 | 1 | 61 | 80 | 113 | 14 | 4 | 1 | 0 | 3 | 1 | | **281** |
| GMO | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **1** |
| INTERN | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **1** |
| FELLOWSHIPS | 1 | 0 | 4 | 3 | 2 | 3 | 3 | 0 | 1 | 2 | 0 | | **19** |
| **CANCELLATIONS** | **24** | **12** | **1518** | **11** | **5** | **1238** | **32** | **32** | **7** | **6** | **23** | **0** | **2908** |
| MEDICAL STUDENTS | 15 | 6 | 1069 | 1 | 1 | 3 | 25 | 23 | 1 | 5 | 6 | | **1155** |
| *FY 18/19 Medical Students* | 3 | 0 | 1108 | 0 | 0 | 1 | 1 | 4 | 5 | 18 | 2 | 2 | 1144 |
| RESIDENTS | 8 | 5 | 408 | 9 | 4 | 0 | 7 | 9 | 6 | 1 | 17 | | **474** |
| *FY 18/19 Residents* | 4 | 4 | 495 | 4 | 2 | 0 | 12 | 6 | 8 | 17 | 6 | 5 | 563 |
| SR/GRAD RESIDENT - 50% | 0 | 0 | 0 | 0 | 0 | 1235 | 0 | 0 | 0 | 0 | 0 | | **1235** |
| *FY 18/19 Sr/Grad Resident - 50%* | 0 | 0 | 0 | 0 | 0 | 962 | 0 | 0 | 0 | 0 | 0 | 0 | 962 |
| GMO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **0** |
| INTERN | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **10** |
| INACTIVE | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **1** |
| FELLOWSHIPS | 1 | 1 | 31 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **34** |
| FELLOW MEMBERS (FACEP) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **0** |

**2019-2020 Membership Activity Report**
**RENEWALS AND GRACE PERIOD**

## Renewal Members By Category

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regular Members | 4213 | 1960 | 1551 | 776 | 726 | 1233 | 1042 | 840 | 858 | 1623 | 1239 | | 16061 |
| *FY 18/19 Regular Renewals* | 3363 | 2135 | 1680 | 1150 | 998 | 1001 | 859 | 670 | 1251 | 1695 | 1991 | 3612 | 20405 |
| International Members | 140 | 72 | 70 | 49 | 34 | 48 | 51 | 35 | 37 | 68 | 38 | | |
| Candidate Members | 2086 | 975 | 767 | 65 | 37 | 22 | 10 | 19 | 49 | 692 | 1030 | | |
| Auto renewals charged (included in Renewal Count Above) | 1452 | 171 | 215 | 215 | 95 | 144 | 131 | 123 | 160 | 185 | 91 | | |
| First Installments (includes Auto Ren Installs & included in above) | 1145 | 272 | 219 | 174 | 100 | 179 | 114 | 102 | 109 | 210 | 134 | | |
| Auto Renewal - total members (includes full & installments) | 4676 | 4827 | 4918 | 4945 | 5039 | 5174 | 4775 | 4859 | 5133 | 5051 | 5196 | | |
| Installments - total members | 4195 | 4286 | 4090 | 4191 | 4235 | 4212 | 4131 | 4039 | 4245 | 4414 | 4550 | | |

16061

## Summary of Delinquent Members

| *REGULAR - CANDIDATE MEMBERS BILLED DUE: | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAY 2019 (557 ) | 0-0 | | | | | | | | | | | |
| JUN 2019 (985 ) | 389-0 | 0-0 | | | | | | | | | | |
| JUL 2019 (18581) | 2724-4114 | 2045-3172 | 2-1449 | | | | | | | | | |
| AUG 2019 (1053) | | 584-0 | 486-0 | 0-0 | | | | | | | | |
| SEP 2019 (893 ) | | | 405-0 | 343-0 | 0-0 | | | | | | | |
| OCT 2019 (848) | | | | 365-0 | 317-0 | 0-0 | | | | | | |
| NOV 2019 (600 ) | | | | | 184-0 | 140-0 | 0-0 | | | | | |
| DEC 2019 (777 ) | | | | | | 273-0 | 225-0 | 0-0 | | | | |
| JAN 2020 (754) | | | | | | | 328-1 | 286-0 | 200-0 | 189-0 | 183-0 | |
| FEB 2020(596) | | | | | | | | 189-0 | 168-0 | 154-0 | 149-0 | |
| MAR 2020 (592 ) | | | | | | | | | 257-0 | 194-0 | 160-0 | |
| APR 2020 (599 ) | | | | | | | | | | 221-0 | 196-0 | |
| MAY 2020 (528 ) | | | | | | | | | | | 329-0 | |
| JUN 2020 (828) | | | | | | | | | | | | |
| JUL 2020 (14,752 ) | | | | | | | | | | | | |
| AUG 2020(988 ) | | | | | | | | | | | | |
| SEP 2020 ( ) | | | | | | | | | | | | |
| **TOTAL DELINQUENT** | **3113-4114** | **2629-3172** | **893-1449** | **70-0** | **501-0** | **413-0** | **553-1** | **475-0** | **625-0** | **758-0** | **1017-0** | |

***REGULAR NOTATION INCLUDES INTERNATIONAL, INACTIVE, LIFE AND RETIRED MEMBERS THAT ARE DUE**

## Delinquent Members By Category

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regular Delinquent Members (Less Life) | 2784 | 2319 | 683 | 555 | 403 | 332 | 461 | 395 | 507 | 609 | 840 | |
| Life Delinquent Members | 116 | 100 | 57 | 64 | 57 | 58 | 65 | 55 | 78 | 93 | 111 | |
| International Delinquent Members | 213 | 210 | 153 | 89 | 41 | 23 | 27 | 25 | 40 | 56 | 66 | |
| Candidate Delinquent Members | 4114 | 3172 | 1449 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| **Total Delinquent Members** | **7227** | **5801** | **2342** | **708** | **501** | **413** | **554** | **475** | **625** | **758** | **1017** | **0** |
| *FY 18/19 Total Delinquent Members* | 8081 | 6122 | 2004 | 810 | 678 | 440 | 692 | 839 | 449 | 530 | 519 | 737 |

**2019-20 Membership Activity Report**
**FELLOWS (FACEP)**

## Fellow (FACEP) Information

| | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NEW FELLOWS TOTAL** | | | | | | | | | | | | | |
| **Fellow Applications Received** | 115 | 101 | 50 | 15 | 19 | 16 | 13 | 11 | 18 | 21 | 48 | | 427 |

**Total Fellow Applications Received for 2016 (Jan 1 to Dec 31, 2016): 624**
**Total Fellow Applications Received for 2017 (Jan 1 to Dec 31, 2017): 661**
**Total Fellow Applications Received for 2018 (Jan 1 to Dec 31, 2018): 570**
**Total Fellow Applications Received for 2019 (Jan 1 to Dec 31, 2019): 544**
**Total Fellow Applications Received for 2020 (Jan 1 to Dec 31, 2020): 111**

**FELLOWS BY CATEGORY**

| | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regular Fellow Members | 9080 | 9047 | 8681 | 8700 | 9194 | 9220 | 9237 | 9189 | 9239 | 9268 | 9279 | |
| Life/Other Fellow Members | 2913 | 2906 | 2873 | 2865 | 2854 | 2849 | 2845 | 2832 | 2834 | 2844 | 2856 | |
| International Fellow Members | 172 | 170 | 167 | 164 | 165 | 166 | 170 | 174 | 175 | 177 | 177 | |
| Candidate Fellow Members | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | |
| *FY 18/19 Regular Fellow Members* | 8848 | 8791 | 8498 | 8501 | 9014 | 9060 | 9110 | 9081 | 9076 | 9042 | 9025 | 8984 |
| *FY 18/19 Life/Other Fellow Members* | 3220 | 3229 | 3214 | 3213 | 3208 | 3204 | 3208 | 3206 | 3194 | 3200 | 3190 | 3187 |

| **Board Certified Summary** | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ABEM Dipolomates | 37578 | 37578 | 37578 | 37578 | 38052 | 38052 | 38052 | 38052 | 38052 | 38052 | 38052 | |
| AOBEM Diplomates | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | 4025 | |
| Certified Members | 21236 | 18669 | 17680 | 17716 | 17741 | 18711 | 17318 | 18599 | 18905 | 19095 | 19200 | |
| Fellows | 12165 | 12123 | 11721 | 11729 | 12213 | 12235 | 12252 | 12195 | 12249 | 12290 | 12313 | |

2019-20 Membership Activity Report
SECTIONS OF MEMBERSHIP

## SECTIONS OF MEMBERSHIP

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | *MONTHLY BREAKDOWN* | | | | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | *Mbr* | *Cand* | *Comp* | *Non-Mbr* | |
| **AEROSPACE MEDICINE (NEW)** | **0** | **0** | **1** | **6** | **9** | **10** | **25** | **26** | **27** | **27** | **28** | 6 | 2 | 12 | 8 | |
| **AIR MEDICAL TRANSPORT** | 554 | 564 | 528 | 559 | 575 | 577 | 593 | 598 | 608 | 629 | 644 | 194 | 13 | 437 | 0 | |
| **AMER ASSOC OF WOM EMER PHYS** | 1,573 | 1,651 | 1,563 | 1,635 | 1,675 | 1,673 | 1,736 | 1,804 | 1,888 | 1,997 | 2,067 | 493 | 34 | 1539 | 1 | |
| **CAREERS IN EM** | 1,010 | 1,057 | 978 | 1,011 | 1,039 | 1,027 | 1,069 | 1,106 | 1,165 | 1,243 | 1,296 | 61 | 110 | 1123 | 2 | |
| **CRITICAL CARE** | 1,154 | 1,194 | 1,116 | 1,137 | 1,165 | 1,135 | 1,157 | 1,188 | 1,259 | 1,350 | 1,421 | 462 | 216 | 740 | 3 | |
| **CRUISE SHIP MEDICINE** | 166 | 159 | 152 | 149 | 147 | 147 | 150 | 149 | 148 | 151 | 158 | 105 | 11 | 36 | 6 | |
| **DEMOCRATIC GROUP PRACTICE** | 100 | 97 | 90 | 91 | 92 | 110 | 110 | 114 | 119 | 129 | 131 | 92 | 13 | 24 | 2 | |
| **DISASTER** | 651 | 665 | 625 | 646 | 656 | 654 | 665 | 669 | 704 | 748 | 797 | 357 | 167 | 269 | 4 | |
| **DIVERSITY AND INCLUSION** | 239 | 249 | 235 | 262 | 268 | 273 | 277 | 286 | 298 | 333 | 354 | 160 | 88 | 106 | 0 | |
| **DUAL TRAINING SECTION** | 133 | 138 | 134 | 142 | 146 | 140 | 141 | 147 | 157 | 166 | 171 | 81 | 41 | 49 | 0 | |
| **EM LOCUM TENENS** | 147 | 146 | 137 | 143 | 144 | 148 | 149 | 146 | 150 | 161 | 169 | 98 | 39 | 31 | 1 | |
| **EM INFORMATICS** | 321 | 322 | 309 | 312 | 318 | 320 | 321 | 325 | 336 | 344 | 349 | 257 | 26 | 65 | 1 | |
| **EMS** | 1,086 | 1,085 | 1,033 | 1,056 | 1,065 | 1,069 | 1,088 | 1,092 | 1,109 | 1,145 | 1,176 | 801 | 138 | 237 | 0 | |
| **EM PRAC MGMT & HLTH POL** | 358 | 356 | 335 | 342 | 341 | 337 | 340 | 346 | 355 | 379 | 391 | 215 | 63 | 111 | 2 | |
| **EM RESEARCH** | 322 | 317 | 286 | 295 | 302 | 293 | 296 | 296 | 314 | 337 | 351 | 147 | 114 | 89 | 1 | |
| **EM WORKFORCE** | 140 | 137 | 131 | 133 | 135 | 129 | 129 | 133 | 135 | 143 | 151 | 103 | 24 | 20 | 4 | |
| **EMERGENCY ULTRASOUND** | 1,368 | 1,392 | 1,315 | 1,346 | 1,362 | 1,341 | 1,371 | 1,399 | 1,465 | 1,522 | 1,581 | 907 | 291 | 378 | 5 | |
| **EVENT MEDICINE** | 158 | 159 | 150 | 157 | 160 | 158 | 159 | 159 | 171 | 177 | 183 | 114 | 32 | 35 | 2 | |
| **FORENSIC MEDICINE** | 99 | 98 | 93 | 95 | 101 | 103 | 105 | 111 | 111 | 117 | 125 | 69 | 30 | 26 | 0 | |
| **FREESTANDING EMERGENCY CENTERS** | 162 | 152 | 142 | 140 | 142 | 140 | 141 | 142 | 140 | 140 | 142 | 127 | 8 | 7 | 0 | |
| **GERIATRIC EM** | 140 | 138 | 138 | 147 | 150 | 153 | 155 | 155 | 157 | 161 | 163 | 130 | 14 | 19 | 0 | |
| **INTERNATIONAL EM** | 2,621 | 2,588 | 2,350 | 2,359 | 2,336 | 2,232 | 2,255 | 2,280 | 2,671 | 2,891 | 3,001 | 492 | 178 | 2328 | 3 | |
| **MEDICAL DIRECTORS** | 325 | 326 | 332 | 348 | 354 | 356 | 358 | 358 | 360 | 378 | 391 | 348 | 26 | 12 | 5 | |
| **MEDICAL HUMANITIES** | 116 | 114 | 105 | 106 | 108 | 106 | 106 | 109 | 115 | 124 | 131 | 66 | 29 | 35 | 1 | |
| **OBSERVATION MEDICINE** | 235 | 234 | 222 | 226 | 225 | 222 | 217 | 209 | 211 | 217 | 218 | 188 | 10 | 10 | 10 | |
| **PAIN MANAGEMENT** | 162 | 161 | 155 | 161 | 164 | 162 | 163 | 169 | 175 | 189 | 201 | 120 | 51 | 29 | 1 | |
| **PALLIATIVE MEDICINE** | 178 | 177 | 167 | 174 | 172 | 169 | 169 | 169 | 173 | 182 | 191 | 138 | 32 | 20 | 1 | |
| **PEDIATRIC** | 912 | 915 | 875 | 878 | 887 | 877 | 890 | 903 | 926 | 967 | 990 | 660 | 182 | 133 | 15 | |
| **QUALITY IMPR & PATIENT SAFETY** | 374 | 374 | 361 | 368 | 371 | 366 | 362 | 365 | 372 | 384 | 390 | 322 | 37 | 28 | 3 | |
| **RURAL EMERGENCY MEDICINE** | 322 | 317 | 302 | 316 | 327 | 328 | 337 | 347 | 363 | 380 | 399 | 220 | 100 | 68 | 11 | |
| **SOCIAL EMERGENCY MEDICINE** | 232 | 234 | 221 | 229 | 234 | 232 | 237 | 246 | 261 | 282 | 300 | 135 | 94 | 71 | 0 | |
| **SPORTS MEDICINE** | 340 | 349 | 328 | 337 | 345 | 335 | 339 | 355 | 372 | 397 | 416 | 140 | 116 | 158 | 2 | |
| **TACTICAL EMERGENCY MEDICINE** | 532 | 539 | 510 | 522 | 530 | 524 | 531 | 537 | 547 | 566 | 591 | 334 | 157 | 100 | 0 | |
| **TELEMEDICINE SECTION** | 282 | 279 | 274 | 273 | 274 | 272 | 274 | 273 | 292 | 320 | 339 | 263 | 38 | 36 | 2 | |
| **TOXICOLOGY** | 302 | 305 | 287 | 296 | 306 | 301 | 310 | 310 | 328 | 351 | 366 | 196 | 103 | 66 | 1 | |
| **TRAUMA & INJURY PREVENTION** | 225 | 224 | 211 | 221 | 230 | 232 | 239 | 252 | 266 | 293 | 321 | 139 | 142 | 39 | 1 | |
| **UNDERSEA & HYPERBARIC MEDICINE** | 141 | 141 | 132 | 136 | 135 | 138 | 140 | 143 | 147 | 153 | 160 | 100 | 40 | 19 | 1 | |
| **WELLNESS** | 281 | 282 | 267 | 267 | 267 | 272 | 272 | 272 | 283 | 299 | 312 | 204 | 59 | 42 | 7 | |
| **WILDERNESS MEDICINE** | 872 | 884 | 817 | 850 | 861 | 844 | 866 | 883 | 915 | 964 | 1,011 | 377 | 312 | 319 | 3 | |
| **YOUNG PHYSICIANS** | 16,245 | 16,687 | 15,299 | 15,703 | 15,962 | 15,053 | 15,419 | 15,709 | 16,124 | 16,660 | 17,079 | 1,215 | 0 | 15861 | 3 | |
| **TOTALS** | **34578** | **35206** | **32706** | **33574** | **34080** | **32958** | **33661** | **34280** | **35717** | **37396** | **38655** | **10636** | **3180** | **24727** | **112** | **0** |
| ***FY 18/19 Total Section Counts*** | **33064** | **33909** | **31304** | **31987** | **32396** | **31520** | **32148** | **32830** | **33435** | **34108** | **34822** | | | | | **35851** |

| | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Current Unique Members** | 22496 | 22917 | 19840 | 20363 | 20677 | 21057 | 21454 | 21735 | 22495 | 23176 | 23648 | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***FY 18/19 Total Current Unique Members*** | 22303 | 20730 | 21064 | 21390 | 21653 | 22009 | 22386 | 22830 | 22798 | 19877 | 20251 | 20485 |

**2019-20 Membership Activity Report**
**CANCELLED MEMBERS**

| CANCELLED MEMBER STATS | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MEMBERS CANCELLED FOR NON-PAYMENT OF DUES:** | | | | | | | | | | | | | |
| Regular Less Life | 100 | 214 | 1459 | 339 | 233 | 195 | 92 | 176 | 1 | 0 | 0 | | |
| Candidate | 1 | 6 | 1499 | 4 | 2 | 1235 | 30 | 29 | 0 | 1 | 0 | | |
| International | 13 | 89 | 105 | 95 | 56 | 26 | 11 | 13 | 0 | 0 | 0 | | |
| Life | 15 | 23 | 38 | 24 | 23 | 24 | 21 | 21 | 0 | 0 | 0 | | |
| Other | 1 | 2 | 12 | 11 | 7 | 5 | 4 | 6 | 0 | 0 | 0 | | |
| **SUBTOTAL** | **130** | **334** | **3113** | **473** | **321** | **1485** | **158** | **245** | **1** | **1** | **0** | **0** | **6261** |
| **MEMBERS RESIGNED:** | | | | | | | | | | | | | |
| Regular Less Life | 12 | 6 | 1 | 4 | 5 | 3 | 2 | 2 | 0 | 3 | 6 | | |
| Candidate | 9 | 6 | 9 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | | |
| International | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | | |
| Life | 0 | 3 | 3 | 2 | 2 | 1 | 2 | 4 | 2 | 0 | 0 | | |
| Other | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | | |
| **SUBTOTAL** | **22** | **16** | **14** | **8** | **8** | **7** | **7** | **8** | **4** | **6** | **9** | **0** | **109** |
| **MEMBERS LOST CONTACT:** | | | | | | | | | | | | | |
| Regular Less Life | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Candidate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| International | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Life | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| **SUBTOTAL** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **MEMBERS DECEASED:** | | | | | | | | | | | | | |
| Regular Less Life | 2 | 0 | 2 | 2 | 2 | 0 | 2 | 1 | 0 | 1 | 2 | | |
| Candidate | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | |
| International | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Life | 1 | 1 | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | | |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | | |
| **SUBTOTAL** | **5** | **1** | **3** | **4** | **4** | **1** | **3** | **2** | **2** | **1** | **3** | **0** | **29** |
| **OTHER CANCELLATIONS (ineligible):** | **10** | **15** | **10** | **9** | **3** | **4** | **2** | **4** | **5** | **3** | **21** | | **86** |
| **GRAND TOTAL** | **167** | **366** | **3140** | **494** | **336** | **1497** | **170** | **259** | **12** | **11** | **33** | **0** | **6485** |

| Summary of Cancellation Stats | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cancelled - non-payment | 130 | 464 | 3577 | 4050 | 4371 | 5856 | 6014 | 6259 | 6260 | 6261 | 6261 | |
| Cancelled - resigned | 22 | 38 | 52 | 60 | 68 | 75 | 82 | 90 | 94 | 100 | 109 | |
| Cancelled - lost contact | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Deceased | 5 | 6 | 9 | 13 | 17 | 18 | 21 | 23 | 25 | 26 | 29 | |
| Other - Ineligible to move into next category of membership | 10 | 25 | 35 | 44 | 47 | 51 | 53 | 57 | 62 | 65 | 86 | |
| **Total** | **167** | **533** | **3673** | **4167** | **4503** | **6000** | **6170** | **6429** | **6441** | **6452** | **6485** | **0** |

**2019-20 Membership Activity Report**
**REASONS GIVEN FOR RESIGNATION**

| REASONS GIVEN FOR RESIGNATION/SURVEY | FY 19-20 YTD | | FY 18-19 YTD | |
|---|---|---|---|---|
| Financially unable | 12 | | 10 | |
| Group/employer does not pay | 8 | | 5 | |
| Cost of Annual Dues | 25 | | 17 | |
| Cost of Chapter Dues | 1 | | 0 | |
| Does not want to pay Chapter dues | 0 | | 0 | |
| **Financial - Total** | | 46 | | 32 |
| Personal reasons - unspecified | 3 | | 2 | |
| Ill health | 5 | | 2 | |
| Traveling | 0 | | 0 | |
| Military | 0 | | 0 | |
| Working less hours | 0 | | 0 | |
| **Personal - Total** | | 8 | | 4 |
| No longer practicing | 19 | | 14 | |
| Training in another specialty | 10 | | 9 | |
| Will join when a resident | 0 | | 0 | |
| Retired | 44 | | 55 | |
| Did not match with EM Residency | 0 | | 0 | |
| Sabbatical | 0 | | 0 | |
| **Left Specialty - Total** | | 73 | | 78 |
| No specifics provided | 24 | | 9 | |
| Chapter membership (no specifics provided) | 1 | | 2 | |
| ACEP Leadership | 0 | | 1 | |
| Excessive renewal contacts | 0 | | 0 | |
| Political stance (unrest) | 0 | | 1 | |
| Supports Groups rather than Individual | 0 | | 0 | |
| Healthcare Reform issues | 0 | | 0 | |
| Focused too much on Corporate Money rather than EM | 0 | | 0 | |
| ACEP fellow status requirements | 0 | | 0 | |
| Joint Membership (ACOEP) | 0 | | 0 | |
| Not interested in membership (Doesn't see value in benefits) | 0 | | 0 | |
| ACEP Policy on Healthcare Reform | 0 | | 0 | |
| Conferences | 0 | | 0 | |
| ACEP Website Difficulties | 0 | | 0 | |
| Dissatisified with EMRA | 1 | | 0 | |
| Take donations request off of invoice statements | 0 | | 0 | |
| **Dissatisfied with ACEP - Total** | | 26 | | 13 |
| No specifics given | 1 | | 2 | |
| ABEM eligibility restrictions | 0 | | 0 | |
| ABEM EMCC | 0 | | 0 | |
| ABEM recertification | 0 | | 0 | |
| ACEP's role regarding ABEM eligibility | 0 | | 0 | |
| ABPS/ BCEM recognition | 0 | | 0 | |
| AAPS Recognition | 0 | | 0 | |
| Wants to wait until exams are completed | 0 | | 0 | |
| Unhappy with ABEM testing process | 0 | | 0 | |
| **Board Certification Issues - Total** | | 1 | | 2 |
| Other (not specified) | 2 | | 1 | |
| AAEM | 0 | | 0 | |
| AAFP | 0 | | 0 | |
| AAP | 0 | | 0 | |
| AAPS | 0 | | 0 | |
| ACP | 0 | | 0 | |
| ACOEP | 0 | | 0 | |
| AMA | 0 | | 0 | |
| AOA | 0 | | 0 | |
| AAEP | 0 | | 0 | |
| NAEMSP | 0 | | 0 | |
| CMA | 0 | | 0 | |
| SAEM | 0 | | 0 | |
| ACPE | 0 | | 0 | |
| **Joined Another Organization - Total** | | 2 | | 1 |
| **No Reason Provided - Total** | | 28 | | 14 |
| **TOTAL RESIGNATIONS/SURVEY** | | 184 | | 144 |

**2019-20 Membership Activity Report:**
**MEMBERS BY CHAPTER**

| ***MEMBERS BY CHAPTER*** **JULY 2019-JUNE 2020** | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | Prior Year: May 2019 | JUNE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ALABAMA** | 337 | 345 | 325 | 341 | 341 | 336 | 340 | 345 | 352 | 349 | 354 | 322 | |
| **ALASKA** | 104 | 105 | 96 | 96 | 101 | 100 | 111 | 112 | 114 | 113 | 114 | 105 | |
| **ARIZONA** | 808 | 799 | 771 | 780 | 791 | 787 | 795 | 795 | 818 | 841 | 842 | 775 | |
| **ARKANSAS** | 204 | 212 | 202 | 207 | 207 | 216 | 224 | 226 | 228 | 227 | 230 | 206 | |
| **CALIFORNIA** | 3567 | 3606 | 3364 | 3393 | 3388 | 3278 | 3304 | 3319 | 3397 | 3482 | 3573 | 3418 | |
| **COLORADO** | 737 | 757 | 737 | 758 | 764 | 751 | 752 | 757 | 773 | 791 | 787 | 692 | |
| **CONNECTICUT** | 510 | 509 | 493 | 500 | 501 | 495 | 501 | 501 | 507 | 512 | 532 | 523 | |
| **DELAWARE** | 187 | 186 | 185 | 184 | 183 | 177 | 178 | 179 | 180 | 193 | 193 | 180 | |
| **DISTRICT OF COLUMBIA** | 327 | 325 | 309 | 317 | 317 | 308 | 309 | 310 | 315 | 325 | 339 | 306 | |
| **FLORIDA** | 2235 | 2284 | 2189 | 2193 | 2196 | 2160 | 2188 | 2213 | 2263 | 2318 | 2343 | 2106 | |
| **GEORGIA** | 895 | 928 | 887 | 890 | 888 | 871 | 873 | 875 | 886 | 914 | 916 | 864 | |
| **HAWAII** | 170 | 174 | 173 | 178 | 179 | 179 | 180 | 179 | 178 | 180 | 185 | 162 | |
| **IDAHO** | 179 | 188 | 182 | 178 | 184 | 183 | 182 | 182 | 184 | 185 | 184 | 172 | |
| **ILLINOIS** | 1443 | 1465 | 1381 | 1407 | 1415 | 1356 | 1365 | 1385 | 1434 | 1471 | 1491 | 1398 | |
| **INDIANA** | 657 | 650 | 614 | 630 | 643 | 634 | 637 | 638 | 650 | 655 | 655 | 625 | |
| **IOWA** | 226 | 240 | 201 | 225 | 229 | 221 | 227 | 227 | 231 | 229 | 227 | 233 | |
| **KANSAS** | 278 | 277 | 228 | 231 | 231 | 310 | 316 | 316 | 322 | 321 | 317 | 269 | |
| **KENTUCKY** | 361 | 367 | 350 | 347 | 346 | 333 | 339 | 343 | 351 | 363 | 369 | 352 | |
| **LOUISIANA** | 494 | 491 | 454 | 465 | 465 | 453 | 460 | 462 | 469 | 486 | 482 | 446 | |
| **MAINE** | 250 | 249 | 232 | 238 | 239 | 236 | 239 | 237 | 241 | 251 | 249 | 247 | |
| **MARYLAND** | 708 | 701 | 677 | 679 | 685 | 677 | 692 | 696 | 707 | 721 | 727 | 685 | |
| **MASSACHUSETTS** | 1010 | 1017 | 965 | 977 | 974 | 947 | 951 | 960 | 974 | 1004 | 1008 | 981 | |
| **MICHIGAN** | 2094 | 2098 | 1957 | 1988 | 2062 | 2020 | 2056 | 2076 | 2108 | 2165 | 2182 | 2057 | |
| **MINNESOTA** | 746 | 743 | 711 | 723 | 727 | 720 | 728 | 726 | 737 | 747 | 751 | 712 | |
| **MISSISSIPPI** | 240 | 238 | 228 | 237 | 240 | 237 | 243 | 244 | 244 | 244 | 247 | 229 | |
| **MISSOURI** | 688 | 708 | 675 | 686 | 696 | 677 | 683 | 685 | 707 | 725 | 735 | 655 | |
| **MONTANA** | 92 | 92 | 85 | 90 | 92 | 92 | 94 | 94 | 94 | 96 | 99 | 92 | |
| **NEBRASKA** | 158 | 155 | 148 | 147 | 147 | 147 | 155 | 156 | 161 | 163 | 172 | 155 | |
| **NEVADA** | 319 | 325 | 305 | 307 | 308 | 304 | 311 | 313 | 319 | 325 | 339 | 319 | |
| **NEW HAMPSHIRE** | 171 | 168 | 164 | 161 | 164 | 162 | 165 | 167 | 170 | 171 | 176 | 169 | |
| **NEW JERSEY** | 1007 | 1027 | 974 | 991 | 993 | 972 | 982 | 981 | 1003 | 1017 | 1027 | 967 | |
| **NEW MEXICO** | 230 | 243 | 226 | 229 | 233 | 227 | 230 | 232 | 234 | 241 | 240 | 220 | |
| **NEW YORK** | 3162 | 3183 | 2996 | 3067 | 3087 | 2990 | 3030 | 3064 | 3134 | 3214 | 3267 | 3084 | |
| **NORTH CAROLINA** | 1122 | 1129 | 1076 | 1085 | 1061 | 1048 | 1059 | 1060 | 1075 | 1102 | 1121 | 1072 | |
| **NORTH DAKOTA** | 49 | 51 | 47 | 50 | 52 | 51 | 51 | 52 | 54 | 53 | 53 | 51 | |
| **OHIO** | 1623 | 1628 | 1528 | 1541 | 1552 | 1517 | 1546 | 1559 | 1587 | 1632 | 1663 | 1568 | |
| **OKLAHOMA** | 357 | 360 | 337 | 337 | 341 | 329 | 332 | 334 | 343 | 347 | 351 | 333 | |
| **OREGON** | 484 | 486 | 449 | 468 | 473 | 467 | 476 | 478 | 496 | 492 | 506 | 465 | |
| **PENNSYLVANIA** | 1885 | 1893 | 1818 | 1855 | 1872 | 1826 | 1852 | 1862 | 1909 | 1978 | 2012 | 1835 | |
| **RHODE ISLAND** | 230 | 237 | 230 | 233 | 232 | 227 | 227 | 229 | 234 | 232 | 245 | 233 | |
| **SOUTH CAROLINA** | 540 | 551 | 523 | 522 | 528 | 516 | 525 | 527 | 535 | 553 | 573 | 520 | |
| **SOUTH DAKOTA** | 74 | 75 | 67 | 67 | 69 | 67 | 68 | 69 | 71 | 71 | 72 | 74 | |
| **TENNESSEE** | 489 | 500 | 479 | 487 | 491 | 473 | 477 | 475 | 481 | 486 | 503 | 461 | |
| **TEXAS** | 2326 | 2369 | 2211 | 2184 | 2205 | 2148 | 2190 | 2205 | 2254 | 2280 | 2311 | 2236 | |
| **UTAH** | 338 | 341 | 324 | 334 | 337 | 333 | 337 | 340 | 345 | 352 | 360 | 331 | |
| **VERMONT** | 105 | 108 | 107 | 110 | 112 | 113 | 114 | 113 | 113 | 116 | 124 | 100 | |
| **VIRGINIA** | 959 | 959 | 892 | 901 | 908 | 917 | 938 | 948 | 967 | 982 | 993 | 919 | |
| **WASHINGTON** | 839 | 861 | 803 | 817 | 819 | 805 | 802 | 803 | 822 | 832 | 842 | 816 | |
| **WEST VIRGINIA** | 240 | 241 | 228 | 233 | 234 | 227 | 229 | 230 | 231 | 227 | 229 | 234 | |
| **WISCONSIN** | 546 | 575 | 546 | 543 | 545 | 503 | 506 | 515 | 527 | 534 | 536 | 531 | |
| **WYOMING** | 50 | 49 | 46 | 47 | 48 | 47 | 48 | 49 | 50 | 51 | 51 | 49 | |
| **GOVERNMENT SERVICES** | 1242 | 1238 | 1083 | 1088 | 1099 | 1080 | 1104 | 1105 | 1139 | 1168 | 1181 | 1245 | |
| **PUERTO RICO** | 149 | 146 | 131 | 133 | 131 | 128 | 130 | 130 | 136 | 140 | 144 | 149 | |
| **NO CHAPTER US POSSESSION** | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| **FOREIGN** | 1794 | 1762 | 1604 | 1604 | 1570 | 1484 | 1497 | 1511 | 1871 | 2017 | 2100 | 1682 | |
| ***TOTAL*** | **40036** | **40415** | **38014** | **38480** | **38696** | **37863** | **38349** | **38590** | **39727** | **40686** | **41324** | **38632** | **0** |

**NEMPAC QUICK FACTS**

**May 31, 2020**

## *NEMPAC HARD DOLLARS*

**May 31, 2020**

| | |
|---|---|
| **BEGINNING BALANCE AS OF 1/1/20** | **$362,716.09** |
| **INCOME - YTD** | |
| ACEP MEMBER CONTRIBUTIONS | $207,796.54 |
| REFUND OF CONTRIBUTION MADE | $0.00 |
| INTEREST INCOME | $4.63 |
| **TOTAL REVENUE** | **$207,801.17** |
| **PAYMENTS - YTD** | |
| CONTRIBUTIONS TO CANDIDATES | $291,500.00 |
| INDEPENDENT EXPENDITURES | $0.00 |
| OTHER EXPENDITURES | $0.00 |
| MEMBER / STAFF TRAVEL | $0.00 |
| TAXES | $0.00 |
| MISC EXPENSE / BANK FEES | $2,211.38 |
| **TOTAL PAYMENTS** | **$293,711.38** |
| **HARD DOLLAR BALANCE** | **$276,805.88** |

## *NEMPAC SOFT DOLLARS*

**May 31, 2020**

| | |
|---|---|
| **INCOME YTD CONTRIBUTIONS** | $9,302.57 |
| **EXPENSES YTD - POLITICAL EDUCATION EXPENSE** | $32,769.00 |
| **NET INCOME AFTER CONTRIBUTIONS** | **($23,466.43)** |
| **UNREIMBURSED NEMPAC SUPPORT EXPENSE** | $119,197.94 |

NEMPAC Board of Trustees Activities Update
(1/31/2020)

Fundraising Update

- Working toward a goal of $1 million for the FY20. As of 6/19, total raised is approximately $888,240 including a Vituity pledge of $50k by June 30. Members of the NEMPAC Board of Trustees are reaching out to 160 lapsed Give-a-Shift donors asking for their renewal. Some are long time donors (10-15 years+).
- Our receipts for the first five months of the calendar year of 2020 in comparison to 2019 have seen a 57% decrease of $63,332. This is primarily due to canceling LAC20 which provides the opportunity for many VIP donors to renew their NEMPAC commitment.
- In the month of May, we also saw a 50% decrease in the amount raised through the dues check-off: May, 2019 - $26,607 from 384 contributors/May 2020, $13,132 from 314 contributors.
- Since the onset of the COVID-19 pandemic in early March, we have pivoted to virtual events for NEMPAC fundraising, education and candidate interaction and support. This includes:
  - NEMPAC Virtual Happy Hours for VIP Donors. Guests have included Rep. Raul Ruiz, MD, FACEP, Rep. Ami Bera, MD, Dr. Hiral Tipirneni, AZ candidate and emergency medicine trained physician, Nathan Gonzales, Election Expert and Political Analyst, Rep. Phil Roe and ACEP member candidate in GA, Dr. Rich McCormick, TN Senate candidate Dr. Manny Sethi. Future guests include Sen. Bill Cassidy and Rep. Raja Krishnamoorthi.
- Special COVID-19 editions of the NEMPAC Pulse Newsletter featuring resources for ACEP members.
- NEMPAC instituted a Charity PAC Match in the month of June to stimulate donations to the PAC and boost ACEP's charitable giving during the pandemic. All donations in June are matched 10 cents on the dollar to one of three charities selected by the NEMPAC Board of Directors: GetUsPPE; EMF COVID-19 Research Fund, American Society for Suicide Prevention. Funds to match are capped at $30K and are taken from existing ACEP administrative funds previously budgeted for the NEMPAC VIP reception at LAC20 and other donor recognition events and gifts.
- Working with ACEP Meetings Department and outside consultants to replace NEMPAC activities at ACEP20 (Council Challenge, VIP Reception, Give-a-Shift hospitality suite ) with virtual events to raise awareness and funds prior to the November elections.

**NEMPAC Political Giving in the 2020 Election Cycle**

- Donated $1,197,000 to date to federal candidates and committees in the 2020 election cycle.
- Our giving ratio is 52% Democrat and 48% Republican
- We developed a NEMPAC 2020 Candidate Questionnaire to help evaluate non-incumbent candidates who are requesting NEMPAC support. The questionnaire is available on the NEMPAC website: www.acep.org/nempac Only ACEP member can access with the member log-in credentials. There is additional detailed information there as well about other criteria taken into account when the NEMPAC Board approves support for a candidate.
- There are many physicians running for congress in 2020 for the first time. The NEMPAC staff and chapter representatives are meeting with them to evaluate their campaigns and whether to support. Thus far, we are supporting:
  - Dr. Hiral Tipirneni – physician trained in emergency medicine and Democratic challenger candidate in AZ-06
  - Dr. Knute Boehler, orthopaedic surgeon, republican in OR-02, running to replace Rep. Greg Walden who is retiring. Was defeated in the primary.
  - Dr. Ronny Jackson, emergency physician, former White House physician, republican, run-off candidate in open seat of Rep. Mac Thornberry in TX-13 who is retiring.
  - Dr. Bill Clifford, republican, ophthalmologist and former head of OPHTHPAC, is running in the Rep. Marshall open seat in KS (Dr. Marshall is running for Senate and being supported by NEMPAC in the republican primary)
  - Dr. Cameron Webb, democrat, running in VA-5. Married to an ACEP member. Will have competitive primary on June 23 and competitive general election if he makes it through the primary.
  - Dr. John Cowan, republican neurosurgeon running in GA-09 open seat. He will be in an August run-off.
  - Rep. Roger Marshall, MD, ob-gyn retiring to run for KS Senate.
  - Dr. James St. George (R-FL-03) Open Seat Interventional Radiologist
  - Dr. Manny Sethi (R-TN) Open Seat Senate Race, Orthopedic Surgeon

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Sonja Montgomery, CAE

**Date:** June 8, 2020

**Subj:** Conflict of Interest Disclosure Statement

The Board of Directors and Council officers are required annually to complete a conflict of interest disclosure statement. Updates to your conflict of interest disclosure may be provided electronically at any time during the year through this link.

https://cmeapproval.acep.org/index.cfm?do=usr.signInClient

Copies of the disclosure statements are included in the General Reference Notebook (GRN) and are available at each Board meeting. This allows for easy review if it becomes necessary.

Please let me know if you have any questions.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# Memorandum

**To:** Dean Wilkerson, JD, MBA, CAE

**From:** Pamela Autrey, SPHR, SHRM-SCP

**Date:** June 6, 2020

**Subj:** Staff Benefits Information for 2020 Plan Year

For 2020, ACEP budgeted $1,647,000 in premiums anticipating a 0% increase for ACEP's medical plan, the driver of ACEP's cost for the healthcare benefit budget. This plan is effective through 12/31/20.

The plan covered 129 employees at renewal and included 243 covered lives. The following factors are the data points insurers use in compiling renewal quotes:

- Favorable age/gender demographics and general trend (inflation);
- Increase or decrease in the number of single claims costing over $25,000;
- Pooling ACEP's claim costs compared with insurer's claim costs for other groups;
- Premiums ACEP paid compared to claims paid by insurer (claims loss ratio).

At renewal, ACEP had three favorable factors in the "look back" period from the previous 12-months (9/30/2019 back to 10/1/2018):

- A decrease in single claims costing over $25,000;
- Actual claims loss ratio decrease (61% to 59%) for second year;
- Favorable age/gender demographics and trend.

As a result, BCBS offered a 12.5% blended premium decrease of $252,695 for the 2020 plan year. ACEP was also given a $50,000 Wellness credit on the premium cost on the February invoice. The dental plan premium did receive a 5% increase (approximate annual increase of $7,000) for 2020 Plan Year. Employees' premiums for the medical plan remained the same for the third year in a row.

Disability and Accident /Life insurance through Mutual of Omaha did not experience rate changes due to a 2-year rate guarantee obtained in the 2019 Plan Year. The cost of the administration of the Health and Dependent care reimbursement accounts through Employee Benefits Corporation did not increase this year.

We continue to value our consulting partnership with Lockton Dunning in providing benefits to employees.

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# Memorandum

**To:** Board of Directors
Council Officers

**From:** Raquel M. Schears, MD, MPH, MBA, FACEP
Chair, Ethics Committee

Gabor D. Kelen, MD, FACEP
Board Liaison, Ethics Committee

**Date:** June 8, 2020

**Subj:** Ethical Issues in Access to Emergency Care for Undocumented Immigrants – Information Paper

The Ethics Committee was assigned an objective for the 2019-20 committee year to develop an information paper regarding ethical issues in access to emergency care for undocumented immigrants.

Attachment A is the draft information paper "Ethical Issues in Access to Emergency Care for Undocumented Immigrants." The paper focuses on helping emergency physicians understand difficult ethical issues that impact access to emergency care for undocumented immigrants, including issues related to the Emergency Medical Treatment and Labor Act (EMTALA), the Immigration and Customs Enforcement (ICE), scope of practice, limitations of care delivery, and economic cost.

After review by the Board, the information paper will be finalized and submitted to *Annals of Emergency Medicine* for publication consideration.

Please review and submit your comments to Leslie P. Moore, JD, lmoore@acep.org, by July 8, 2020.

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**Ethical Issues in Access to Emergency Care for Undocumented Immigrants**

*An Information Paper*

Draft, June 2020

## Introduction

Emergency physicians (EPs) have embraced moral and legal duties to provide emergency care for all patients who present to an emergency department (ED) in the United States (US). Among those patients are many undocumented immigrants who present unique ethical issues to consider. This paper will not address the economic and geopolitical reasons for the presence of undocumented immigrants in the US. It will simply recognize that they are here, and at times need emergency medical care. Nor will this paper address the ethical issues of addressing international health care disparities, or the health crises at the border in detention camps. This paper will instead focus on helping EPs navigate the complex ethical issues in access to emergency care in the ED for undocumented immigrants, by examining the definition of undocumented immigrants, the Emergency Medical Treatment and Labor Act (EMTALA), the role of Immigration and Customs Enforcement (ICE), the scope and limits of the duty to treat, the practice of medical repatriation, and the economic cost of providing and withholding treatment for undocumented immigrants.

## Undocumented Immigrants

Undocumented immigrants' struggle to access emergency services poses ethical issues for policy makers and public health officials. Undocumented immigrants are residents of the US. They either entered the US in violation of border laws (38%) or overstayed their legal visas (62%). [1] In 2019, there were an estimated 10.5 to 12 million undocumented immigrants in the US, which is 3.2% to 3.6% of the population. [2] Because they are not legal residents, undocumented immigrants do not pay federal taxes or vote, and they are not eligible for most public assistance programs. Undocumented immigrants struggle to access emergency care services. A series of political and public health obstacles are associated with a decline of undocumented immigrant health over time. [3]

Collectively, immigrants tend to be mentally and physically healthier and have fewer chronic medical problems than native-born homeless individuals. [4] Despite this, undocumented immigrants are sometimes stigmatized for bringing rampant disease into the US and for using large amounts of health resources.

In 2018, the United Nations (UN) Global Compact for Safe, Orderly and Regular Migration promoted the nondiscriminatory access to health services for migrants, regardless of status, a concept endorsed by all UN members except the United States. [5] Improved access to care can limit the spread of highly contagious infections including tuberculosis, an illness thought to be 15 times higher among foreign born than US-born individuals. [6] Sporadic treatments and the lack of preventative care for undocumented immigrants may also lead to antimicrobial resistance.

## EMTALA

Today, EMTALA is the legal mandate underpinning the role of EDs in our nation's healthcare safety net. [7] Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) in 1986 to ensure that all persons in

37 the US had access to emergency services. [8] EMTALA is a federal mandate that applies to all Medicare-participating
38 hospitals that offer emergency services. When persons present to EDs for medical complaints, EMTALA entitles all
39 persons to a medical screening examination and treatment and stabilization of any emergent medical conditions,
40 including active labor. If a hospital is unable to stabilize a patient within its capacity, then an appropriate transfer to a
41 facility that can care for the patient is initiated. While EMTALA mandates emergency care regardless of a person's
42 ability to pay at the time, it does not prevent the hospital from issuing a bill. [8,9] EMTALA was initially designed as an
43 anti-dumping law to prevent private hospitals from transferring uninsured patients to public hospitals. EMTALA also
44 makes EDs more vulnerable to the market forces of healthcare. [10]
45 EMTALA is critically important for undocumented immigrants to access healthcare, since the Affordable
46 Care Act explicitly excludes them from most Medicaid and Medicare health insurance programs. [11] Furthermore, the
47 ACA excludes undocumented immigrants from purchasing health coverage through its health exchanges. [9] Although
48 approximately 80% of undocumented immigrants are in the labor force, they are often in lower income fields with
49 jobs that typically do not offer employer-subsidized health insurance or wages that would enable the purchase of
50 private health insurance. [11] As a result, the majority of undocumented immigrants do not have a primary care doctor
51 and they receive preventative care at far lower rates than US citizens. [11] In addition to these financial and insurance
52 barriers, undocumented immigrants face other barriers in access to care including language barriers, lack of
53 transportation, jobs with limited or no sick leave benefits, and reduced power to negotiate time off due to their
54 undocumented status. [9] The exclusions and barriers from most sources of healthcare in the US elevate the importance
55 of EMTALA and EDs for undocumented immigrants to access medical care.
56 While EMTALA was initially an unfunded mandate, the federal government has passed legislation in recent
57 years providing hospitals with some reimbursement for the care of undocumented immigrants. Title XIX of the Social
58 Security Act, 42 U.S.C. § 1396b (v) permits Medicaid for undocumented persons requiring emergency care. [12] The
59 Medicare Modernization Act of 2003 allocated a total of $1 billion for fiscal years 2005-2008 to reimburse hospitals
60 for the care of undocumented immigrants; however, the funding did not cover all costs incurred by hospitals. [12]
61 The EMTALA mandate continues to apply to the care of patients admitted to the hospital until their emergent
62 medical condition is stabilized. [7] In 2004, the Department of Health and Human Services extended the obligations of
63 hospitals in § 1396b (v) by requiring that hospitals prepare a discharge plan for *every* patient requiring continuing
64 care, including undocumented immigrants. [12]
65 EMTALA provides EPs with the legal foundation to uphold the principles of the Code of Ethics for
66 Emergency Physicians. Principle 2 states that "Emergency physicians shall respond promptly and expertly, without
67 prejudice or partiality, to the need for emergency medical care." [13] Principle 10 states "Emergency physicians shall
68 support societal efforts to improve public health and safety, reduce the effects of injury and illness, and secure access
69 to emergency and other basic health care for all." In a healthcare system that is unwelcoming to undocumented
70 immigrants, EMTALA enables EPs to provide healthcare for this vulnerable population, thereby promoting the core
71 value of equitable access to emergency care.
72
73 **Immigration and Customs Enforcement (ICE)**
74
75 ICE is the program of the US Department of Homeland Security that is responsible for enforcement of US

76 immigration law. Its Enforcement and Removal Operations directorate is composed of 20,000 law enforcement
77 officials and support staff who conducted 226,199 removals in 2017. [14] ICE currently has a policy of not taking
78 enforcement actions at "sensitive locations," including hospitals. [15] Nonetheless, undocumented immigrants
79 sometimes avoid presenting to the ED because of fear of deportation. In 2017-2018, 24% of undocumented Latino
80 immigrants (UDLI) and 26% of Latino legal residents/citizens (LLRC) reported that they had friends or family
81 members who had not come to the ED because of fear of discovery. [16] For the 12% of UDLI who had previously
82 reported fear of coming to the hospital because of discovery in 2009-2010, 71% of them said that their primary
83 concerns were being reported and deported. [17]
84 The fears of UDLI are not unfounded. In 2019, Rosamaria Hernandez, a 10 year-old child with cerebral palsy,
85 was detained during ambulance transport between hospitals for emergency surgery. [18] Previously in 2005,
86 Congressman James Sensenbrenner proposed that hospitals be required to identify undocumented immigrants to law
87 enforcement officials, contrary to current ICE policy. [19]
88 Best practices with regard to EP interactions with ICE as emergency physicians include the following:
89 1) Uphold our oath and do not call ICE: Dr. Jeffery Starke was quoted as saying, "My Hippocratic oath
90 doesn't say anything about what country a person is from." [20]
91 2) Think practically about public health and do not call ICE: A prime example of this is management of
92 tuberculosis (TB). As mentioned above, rates of TB are 15 times higher among foreign-born vs. US-born
93 persons. Making sure that undocumented immigrants present to the ED or other health care access points
94 to receive treatment is critical to our success in protecting the general population from infectious diseases.
95 This concept has also been described in HIV and measles. [21]
96 3) Cooperate with ICE for appropriate reasons, especially near the border: When an undocumented
97 immigrant (UDI) is brought to the hospital by ICE or Border Patrol agents, the patient is likely being
98 brought for a good medical reason, such as dehydration or rhabdomyolysis. [22]
99
100 **Scope of Practice and Limitations of Care Delivery**
101
102 As has been previously noted, undocumented immigrants are specifically excluded from federal health
103 insurance programs and from many social safety-net services. [23] This, coupled with often-exorbitant charges in the US
104 healthcare system, creates a significant barrier to health care for undocumented immigrants living in the US. These
105 barriers to care are not unique to undocumented immigrants, as uninsured status is also common in noncitizen
106 immigrants who reside in the US legally. [24] There are inherent limitations to follow-up, specialty care, social services,
107 and other medical resources not mandated by EMTALA. EPs should therefore anticipate being faced with the
108 decision whether to provide care beyond their typical scope of practice for undocumented immigrants.
109 Chronic hypertension, cholesterol and weight management, home durable medical equipment prescriptions
110 for chronic conditions, and smoking counseling are not typical parts of emergency medicine training and hence
111 practice. Yet, despite the previously mentioned barriers to accessing even ED care for undocumented immigrants, the
112 ED is the only point of access in the US healthcare system obliged to provide medical care to these patients. Without
113 the ability to pay, undocumented immigrants face significant difficulties accessing primary care or specialty care
114 services. [25] As a result, although EPs' approach to non-emergent conditions may typically involve referral to primary

care or specialty follow-up, it may be clinically reasonable and beneficial to change their practice for undocumented immigrants. It may also include initiating chronic hypertension, hyperlipidemia, or diabetes management. This may include smoking cessation counseling and prescriptions. In general, it may include attempting to address many more of the patients' healthcare needs beyond their chief complaint for any given ED visit.

Provision of primary or specialty care in the ED may be suboptimal, but it may nevertheless be morally permissible, because it is best care available to an undocumented patient. The former becomes ethically permissible only when the proposed course is an example of the latter. [26] This practice beyond the scope of emergency training must be balanced with the risk of harm by embarking on non-emergent treatment without the appropriate follow-up and management mechanisms available, as well as the potential impact to care of other ED patients with more urgent needs. Standards do not exist for the training and certification of emergency physician for non-emergency care, and the judgment to embark on such an expanded scope of practice for this patient population will be highly individualized and situation-dependent. One EP may not have adequate experience or knowledge of chronic hypertension management and hence should not initiate or adjust chronic hypertensive medication management, but another EP, in the same practice setting and with the same patient may ethically provide such active medical care if his or her experience and knowledge is sufficient. This practice of beneficent care should be accompanied with broader advocacy to meet healthcare needs.

Patients with end-stage renal disease on dialysis present a unique circumstance. Some states, individually managing their federal Medicaid funds, have elected to include undocumented immigrants on Medicaid specifically for dialysis in order to control the cost of their inevitable care more effectively, rather than relying on individual hospitals to shoulder the burden of being obliged to stabilize the emergent de-compensation only. This approach for the specific condition of dialysis has been shown to reduce costs and improve morbidity and mortality for these patients, suggesting that even complex, expensive, non-emergent care such as routine hemodialysis could be provided to undocumented immigrants for the benefit of public health. [27] This should provide a model for how to approach the management of undocumented immigrant healthcare on a state and national level; it carries the most promise for a more equitable and affordable system of providing healthcare to undocumented patients.

**Medical Repatriation**

The federal EMTALA mandate is a limited legal requirement; it does not include continuing medical care for patients in stable condition. Many US hospitals provide continuing medical care for undocumented patients who are indigent and uninsured, but such care can impose a heavy financial burden on facilities that care for large numbers of undocumented patients. The high cost of indigent care raises a difficult moral problem of determining the scope and limits of institutional and individual duties to provide unreimbursed medical care.

To address this problem over the past several decades, some hospitals have engaged in a practice called "medical repatriation." [28] In this practice, hospitals provide or arrange transportation back to their home countries for immigrant patients who require ongoing medical care. Some commentators criticize medical repatriation as tantamount to deportation, but others argue that it is morally justifiable in at least some circumstances. [29,30] Despite growing attention and criticism, this practice remains unregulated in the United States. [31,32]

The practice of medical repatriation can vary along a spectrum of options, at opposite ends of which the moral evaluation of this practice is reasonably obvious. At one end, a hospital might forcibly transport an unwilling immigrant patient out of the country without adequate medical care at the destination. This hospital is engaging in a morally indefensible kind of extralegal deportation that has also been characterized as "international patient dumping." Medical repatriation of this kind requires false imprisonment and exposes the patient to grave risk of harm. [28] At the other end of the spectrum of options, a hospital may transport an immigrant patient who desires to return to his or her country of origin, with that patient's informed consent, and when it has verified that a receiving facility is willing and able to provide continuing treatment in accord with that patient's goals. Medical repatriation of this kind shows clear respect for patient self-determination and patient welfare. [30]

Data on the prevalence of medical repatriation is scarce, but it is likely that few instances of this practice are examples of the extreme ends of the spectrum described above. A more common situation, we believe, is this: A hospital has provided emergency care for serious illness for an undocumented immigrant patient who is indigent and uninsured. The patient is admitted to the hospital, and his condition is stabilized, but the patient needs high-cost continuing treatment (a novel chemotherapeutic drug regimen, or a solid organ transplant, for example) for his advanced disease. Hospital leaders decide that they cannot provide that high-cost treatment without reimbursement. They offer the patient the following choice: discharge from the hospital, with continuing palliative care on an outpatient basis, or transportation at the hospital's expense to the patient's country of origin, where a hospital has agreed to provide palliative care, but is unable to provide high-cost life-prolonging treatment. Of these two limited options, the patient chooses repatriation based on a desire to reunite with family and friends. Is this hospital's denial of high-cost medical treatment and offer of medical repatriation morally permissible, or is it an inappropriate departure from its mission and moral responsibility to the patient? Should hospitals consider the cost-effectiveness of medical treatment when medical repatriation is an option? This is just one example of the ongoing and highly contentious US public policy debate over access to health care.

**Cost and Undocumented Immigrants**

Healthcare reform has been and continues to be debated. Undocumented immigrants have often been politicized due to their higher rates of uninsurance, stigma of legal status and perceived higher cost burden to the system. A growing number of individuals perceive immigrants as burdensome to the health care system.[33]

While 8% of US citizens lack insurance coverage, 45% of undocumented immigrants are uninsured. Children of undocumented immigrant families are uninsured at a rate of 31% compared to their citizen counterparts at 4%. Limitations of employer sponsored coverage and restrictions of federally funded programs contribute to these discrepancies.[34]

Despite their lack of insurance, undocumented populations spent 40%-50% less in medical expenditures than their citizen counterparts.[34] In 2009, undocumented immigrants accounted for 5% of the population while accounting for only 1.4% of US health expenditures.[35] Immigrants were found to have contributed a greater amount to Medicare's Trust Fund than they withdrew. When analyzed from 2002 to 2009, immigrants generated surpluses in Medicare revenue between $11.1-$17.2 billion annually in contrast to US-born individuals who generated a $30.9 billion deficit.[36]

192 Undocumented immigrants and families are falsely perceived to be a higher cost burden to the health care
193 system due to their high-uninsured rates. In reality, families lack preventative and primary care services resulting in
194 high utilization of tertiary care. Emergency physicians should continue to stabilize critical conditions and provide care
195 to undocumented individuals. It may be prudent to identify uninsured populations including undocumented
196 immigrants with the goal of providing community resources for follow up, reassessment and preventative services.
197
198 **Conclusion**
199
200 In conclusion, we contend that the primary responsibility of medical institutions and of health care
201 professionals is to provide beneficial treatment for patients in need. To protect the primacy of this responsibility,
202 institutions and professionals should not accept roles that undermine it, including denying emergency care to patients
203 who are undocumented immigrants and reporting undocumented patients to law enforcement agents for the purpose of
204 detention and possible deportation.
205 This paper has defined undocumented immigrants and addressed the ethical issues related to their access to
206 emergency care including an examination of ethical issues related to EMTALA, ICE, the scope of practice, limitations
207 of care delivery, medical repatriation, and economic cost. A few observations (Table 1) and a few recommendations
208 (Table 2) have arisen from our examination of these issues. It is hoped that the advice contained within this article
209 will empower emergency physicians to continue justly providing emergency care to vulnerable populations such as
210 undocumented immigrants. Limitations to our analysis include, but are not limited to: (1) there are limited studies
211 pertaining to the ED-based care of undocumented immigrants, and (2) it is difficult to measure the political effects of
212 undocumented care. Further study is needed to determine the health outcomes of these patients if the
213 recommendations contained within this article are followed.

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| **Table 1: Summary of Observations** |
|---|
| 1. Undocumented immigrants are a vulnerable population. |
| 2. Hospitals are considered sensitive locations where ICE should not enforce immigration violations. |
| 3. Health care, including emergency care, for undocumented immigrants actually costs less than many Americans anticipate. |

| **Table 2: Summary of Recommendations** |
|---|
| 1. EPs should provide emergency care to undocumented immigrants because of EMTALA and Principle 2 of the Code of Ethics. |
| 2. Medical repatriation can be an option for post-emergency care when patients are given informed consent for a viable treatment plan. |
| 3. Emergency care may include comprehensive care, such as chronic disease management, for vulnerable populations, such as undocumented immigrants. |

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Nidhi Garg, MD
Chair, Research, Scholarly Activity and Innovation Section

John T. Finnell, MD, MSc, FACEP
Board Liaison, Scholarly Activity and Innovation Section

**Date:** May 28, 2020

**Subj:** Patterns and Trends of Scholarly Activity in Emergency Medicine Residency Training Programs – Information Paper

The Research, Scholarly Activity, and Innovation Section (RSI Section) developed an information paper examining how residency programs, both allopathic and osteopathic, define scholarly activity. The information paper also serves as a resource by outlining practical methods for determining how scholarly activity meets established criteria of scholarship (Boyer and Glassick). In light of the merger to a Single Accreditation System (SAS), the section believes it is important to provide a resource for programs to better define and align their scholarly activities according to objective criteria.

Attachment A is the information paper "Patterns and Trends of Scholarly Activity in Emergency Medicine Residency Training Programs" developed by the RSI section. The plan is to submit the paper to the *Annals of Emergency Medicine* after Board review. Attachment B is the supplement to the information paper and Attachment C is the accompanying cover letter.

Please review the information paper and submit your comments to Loren Rives (lrives@acep.org) by June 28, 2020.

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# Patterns and Trends of Scholarly Activity in Emergency Medicine Residency Training Programs

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**Author Contribution Statement:** NG, CC, RGW, MRG, and JPD conceived the study. JB, EH, VT, MRG, and CC contributed towards the concept of the paper, the methodology, and the writing of the paper. ATJ, WLB, LR, and JTF contributed towards refining the idea and the background research for the paper. JB and EH contributed towards manuscript writing and editions. CC contributed significantly to the flow of concepts. NG chaired the writing framework, table creation, and takes responsibility for paper as a whole.

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## Abstract

Background: Allopathic and osteopathic emergency medicine programs are merging into a Single Accreditation System. Scholarly activity is an essential part of the advancement of emergency medicine. Physicians need to know how new knowledge is garnered, tested, translated into practice; then questioned and re-studied. The term, "scholarly activity" has been interpreted in many ways, and not consistently between allopathic and osteopathic programs; indeed, not even among them. Additionally, since the requirements were first established, the advent of a cyberworld has dramatically changed education. The intent of scholarly activity requirements remains valid, but the acceptable methods to achieve this intent must be re-evaluated in the light of the Single Accreditation System.

Objective: This paper describes the results of a consensus from a series of meetings of the Research, Scholarly Activity, and Innovation section of American College of Emergency Physicians. We examined various scholarly activities from a variety of programs' requirements. We herein propose practical methods to determine if a given activity is adequately "scholarly". We also propose the Individual Scholarly Activity Plan as a method to set agreed-upon goals and track resident and faculty progress towards completing that goal.

Methods: We systematically reviewed the scholarly activity models in academic literature. The most highly regarded criteria for scholarship are those of Boyer and Glassick et al. We then compared the allopathic and osteopathic emergency medicine scholarly activity requirements and make recommendations about how to evaluate proposed scholarly activities.

Results: Osteopathic programs have traditionally required "research" while allopathic programs have instead required "scholarly activity," which includes more types of activities. Traditionally, allopathic programs have provided more structural support and faculty involvement in resident scholarly activity than have osteopathic programs. Boyer's and Glassick's criteria can be used to evaluate the variety of proposed activities to determine if they are scholarly enough to satisfy the scholarly activity requirement.

Conclusion: Objective criteria should be used to determine if a given activity is truly scholarly. The criteria of Boyer and Glassick provide such objective criteria. A residency which determines that a proposed activity meets these objective criteria is less likely to be cited by the ACGME, and more likely to fulfill the scholarly activity requirements. Furthermore, an Individual Scholarly Activity Plan may be useful to operationalize the activity. Adopting the recommended approach would facilitate career advancement among both residents and faculty. It is incumbent upon the academic emergency medicine community to propose a new unified set of requirements.


## Background

It is the application of the scientific method which has advanced the practice of medicine. Therefore, it is essential that a physician, as a humanistic scientist, understand, and is able to critique the scholarly process of finding, disseminating, and adopting new knowledge[1]. Scholarly activity (SA) is an essential component of residency training.

*The Single Accreditation System*

The final end-product of EM residency is to produce a competent, self-educating physician capable of independent practice. Separate residency-accrediting bodies (American Osteopathic Association (AOA), the American Association of Colleges of Osteopathic Medicine (AACOM), and the Accreditation Council for Graduate Medical Education (ACGME) are a historical result of the many competing medical philosophies of the 1800s. As both medical philosophies adopted evidence-based medicine, their medical school and residency curricula have become nearly identical[16]. Over 50% of DOs train in allopathic programs[32]. Duplication of accreditation is inefficient. Therefore, the Single Accreditation System (SAS) was proposed [15,17]. By June 30, 2020, all United States Graduate Medical Education (GME) programs will be accredited by the ACGME [15,18].

50 *Scholarship in Emergency Medicine*

51 Prior to the merger, no consistent interpretation of SA requirements existed [20]. The term, "Scholarly Activity" has
52 been interpreted in many ways, not consistently between allopathic and osteopathic programs; indeed, not even
53 among them[25]. There are, however, good lists of academically acceptable scholarly activities recommended for
54 university faculty [50]. Additionally, the advent of a cyberworld has dramatically changed all education, no less medical
55 education, all since the core requirements were first established [26,27]. The intent of the SA requirement remains valid,
56 but the acceptable methods to achieve this intent must be re-evaluated in the light of both the SAS and the cyber
57 world.

58

59 The ACGME defines a physician as "humanistic scientist who cares for patients" [4]. In Section IV.D, the ACGME
60 says the physician must be able to "think critically, evaluate the literature, appropriately assimilate new knowledge,
61 and practice lifelong learning" [4]. To that end, the faculty "must establish and maintain an environment of inquiry and
62 scholarship with an active research component.

63

64 *Knowledge Translation as a Scholarly Activity*

65 Additionally, since the core requirements were first established, the advent of a cyberworld has dramatically changed
66 education [26,27]. The intent of the SA requirement remains valid, but the acceptable methods to achieve this intent must
67 be re-evaluated in the light of the new opportunities. Hitherto, the delay between discovery and change in practice has
68 been measured in decades rather than in years[6]. McMaster University has spearheaded efforts to reduce this the KT
69 period from almost 20 years to less than 2 years[7]. Efforts to bring scientific discoveries to the bedside and are
70 certainly of value to the overall practice of medicine and fit the definition of SA[28].

71 In EM, the strongest KT reduction champions have been Ken Milne and the team at "The Skeptic's Guide to
72 Emergency Medicine" and the ever-expanding Free Open Access Medical Education ("FOAMed" or just plain
73 "FOAM") movement pioneered by Joe Lex [8,9]. Other well regarded KT reduction instruments have included Life in
74 the Fast Lane, REBEL EM and in the paid realm, Emergency Medical Abstracts (EMA) and its successor, EM Rap
75 which is a subset of HIPPO Education, itself found at HippoEd.com. Social media, apps, Google searches and You-
76 Tubes provide "just in time" learning[10,11,13]. However convenient these resources may be, short their KT, FOAM does
77 not cover all the EM core contents equally[35]. Furthermore, unlike the peer review process for journals, there is no
78 established method of assuring that scholarship was integral to developing these products[14].

79

80 **Objective**

81 This study aimed to describe differences between EM allopathic and osteopathic SA requirements for resident faculty
82 and residents and to scrutinize different SA using the Boyer and Glassick et al. models. The Individual Scholarly
83 Activity Plan (ISAP) as a method to set agreed-upon goals and track resident and faculty progress towards completing
84 that goal is briefly discussed.

85

86 **Methods**

87

88 We compared the allopathic and osteopathic EM SA requirements. Based upon a 2015 survey of allopathic EM

89 program directors/research directors, EM programs that required original research were more likely to have accepted
90 presentations and formal SA presented by residents[25]. They also were found to have higher rates of residents entering
91 fellowships, implying a more scholarly focus. Some programs have created longitudinal SA tracks [29]; others have
92 broadened the definition[30]. However it is done, the curriculum must advance residents' 'knowledge of the principles
93 of research and how it is conducted'.
94
95 Osteopathic EM residencies require original research[33]. None the less, they receive less grant funding[22], and publish
96 fewer papers [21,23]. In light of the SAS, we have focused on the ACGME definitions.
97
98 The ACGME lists a number of faculty activities which qualify as scholarly: "Research in basic science, education,
99 translational science, patient care, or population health; Peer-reviewed grants; Quality improvement and/or patient
100 safety initiatives; Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports;
101 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials;
102 Contribution to professional committees, educational organizations, or editorial boards; (or) Innovations in education"
103 [4]. Furthermore, Section IV.D.: Scholarship, goes on to say "some programs may concentrate their SA on quality
104 improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of
105 biomedical research as the focus for scholarship." This leaves faculty with wide latitude to choose their academic
106 foci.

107 Unfortunately, the requirements for residents only specifies that "Residents should participate in scholarly activity",
108 which gives little direction to residents. Without objective guidance, many residencies are unclear as to which resident
109 activities meet the SA requirements and which do not. In 2011, 6.5% of 402 citations issued by Residency Review
110 Committees (RRC) were for deficiencies in SA[5,30].
111
112 We searched for the most exhaustive list of SA in academics, not limited to EM, to be inclusive of all types of
113 academic activities. First, the ACGME provides references for DIOs. We also searched for models of SA described in
114 the literature by google search using a term "scholarly activity models", and PubMed search using MeSH term
115 "scholarly activity models". We found the two most used models were those of Boyer and Glassick.
116
117 *Boyer and Glassick*
118 Ernest L. Boyer's seminal 1990 work, *Scholarship Reconsidered: Priorities of the Professoriate* described SA as
119 having four separate, but overlapping functions: discovery, integration, application, and teaching[2]. According to
120 Boyer's criteria, each component is equally important. If an activity met at least one criterion, it was considered
121 acceptable, although an ideal SA should meet all four components of Boyer's criteria. For medicine, Grady et al
122 interpreted 'discovery' to be equivalent to advancing knowledge, 'integration' to mean synthesizing knowledge,
123 'application' to mean applying existing knowledge, and 'teaching' to mean the dissemination of existing knowledge[5].
124
125 The scholarship of discovery aligns closely with the concept of research[31]. It is the process of asking a question and
126 designing a method to find its answer. The scholarship of integration is the process of critical analysis and contextual

127 interpretation that allows for the understanding of isolated facts derived from the scholarship of discovery within the
128 broader context of general knowledge. Meta-analysis, replication, and scholarly critique of new discoveries can place
129 the discovery into context. The scholarship of application brings new knowledge to the bedside for the care provided
130 to an individual patient. The final dimension of SA described by Boyer is the scholarship of teaching where the gains
131 made from the other three dimensions of scholarship are promulgated and expounded to a new set of learners who can
132 then build upon the new foundation provided. Knowledge Translation (KT) is the process by which new discoveries
133 translate into changed practice[6].
134
135 In 1997, Glassick provided a different dimension from which to evaluate scholarship with the publication of
136 *Scholarship assessed: Evaluation of the professoriate*[3]. Glassick, Huber and Maeroff identified six characteristics that
137 all works of scholarship should have in common. They are: 1. Clear goals – the educator explicitly states the basic
138 purposes for the work, and defines realistic, achievable objectives, including desired goals and outcomes. 2. Adequate
139 preparation – the educator shows an understanding of existing scholarship relevant to the endeavor and has skills and
140 resources drawn from this research and from prior experience to advance the project. 3. Appropriate methods – in
141 conjunction with the material and the context, the educator chooses, applies and, if necessary, modifies methods
142 wisely. 4. Significant results – the educator achieves the goals and contributes notably to the field in a manner that
143 invites further exploration. 5. Effective presentation – the educator uses a suitable style and organization to present the
144 work with clarity and integrity in appropriate forums to reach the intended audience. 6. Reflective critique – the
145 educator thoughtfully assesses the work him/herself and uses the resulting perceptions, along with reviews and
146 critique from others, to refine, enhance or expand the original concept. Glassick's criteria seems to be more inclusive
147 of different types of scholarly activities as compared to Boyer's model. Potentially, that was the reason why Glassick
148 refined Boyer's model. Together, the criteria of Boyer and those of Glassick are best used in conjunction to assess the
149 "scholarliness" of any given activity.
150
151 **Results**
152 *Osteopathic versus Allopathic Residencies*
153 Although studies have shown little consensus in the interpretation of "scholarly activity" there are differences
154 between the schools of thought[5,20,24,25,30]. The differences for residents and for faculty between allopathic and
155 osteopathic programs are summarized in Table 1 (residents) and Table 2 (resident faculty) respectively.
156
157 We found that osteopathic programs have traditionally accepted only original research as SA for residents. However,
158 the allopathic residents have been given more latitude. Allopathic programs focused on ensuring that residents
159 understand methodology, whereas, osteopathic programs have traditionally monitored research execution. In other
160 words, osteopathic requirements have been more stringent for residents. Yet studies have shown that osteopathic
161 residencies devote fewer resources to research support and produce fewer papers[22,23].
162
163 Allopathic programs have traditionally emphasized the combined SA output of the entire faculty and residents
164 together. These programs are more focused on the ability of the faculty to provide resources to residents, and do not
165 include specific SA output requirements for individual faculty. Conversely, osteopathic programs provide specific

166 major and minor criteria which must to be met by individual faculty members. The osteopath faculty have a longer
167 timeline for review (4 years versus 1 year) than allopathic faculty (Table 2).
168
169 *Determining what activities are "scholarly"*
170 In 1999, Summers et al. tried to simplify the role of SA through a consensus-building approach[20]. The authors wrote
171 that there were 4 key principles to a scholarly project. The first is identification and hypothesis development; the
172 second is data collection; third is data analysis; and fourth is interpretation. These are basically Boyer's criteria. These
173 all define the classic original research. Clearly, then, original research resulting in publication, is a SA.
174
175 However, a whole host of other activities have been accepted by program directors: invention disclosures, journal
176 articles, manuscripts, posters, and professional meeting papers; more newly, blogs, podcasts, YouTube and other
177 cyber-activities. Case reports and quality improvement projects have been accepted [25].
178
179 A variety of common types of SAs were evaluated to determine which of Boyer's and Glassick's models these SAs
180 would satisfy (Tables 3 & 4). The following met all of Boyer's criteria: producing a documentary, composing an
181 invention disclosure, writing journal articles (refereed, or other), writing a manuscript, writing a professional meeting
182 paper, and creating a refereed workshop (Table 3). The following activities met all six criteria described in Glassick's
183 model: invention disclosure, presenting a patent, writing journal articles (refereed, or other), manuscript or monograph
184 writing, writing a professional meeting paper, making and presenting a refereed poster, presenting research
185 (contributed, invited, or local), and producing a software program (Table 4).
186
187 *Recommendations about how to evaluate proposed scholarly activities.*
188 When a project is proposed, determine which of Boyer's aspects of Scholarship the activity might lie. Then evaluate it
189 in light of Glassick's. Does the proposed project have Clear goals? And is it achievable? Does the resident have
190 'Adequate preparation' including the background skills, time and mentorship needed? Ask if there would be a simpler
191 way to address the issue. Are proposed methods appropriate? Is the question even worth asking? Will the results be
192 Significant, and if so, to whom? Once obtained, how will the results be distributed? Finally, 'Reflective critique' is
193 essentially the limitations of the project. For research questions, using both PICO (Population, Intervention,
194 Comparison and Outcome) and FINER (Feasible Interesting, Novel, Ethical, Relevant) mnemonics correctly will
195 fulfill all of both Boyer's and Glassick's criteria. For other projects, a faculty member should review the resident's SA
196 Plan to evaluate how well it meets scholarly goals.
197
198 Several Ph.D programs use and have found success after implementing Individual Development Plans (IDPs) as a
199 mechanism to augment career development[40]. It is with this knowledge that we suggest the Individual Scholarly
200 Activity Plan (ISAP) as a method to set agreed-upon goals and track resident and faculty progress towards completing
201 that goal is briefly discussed.
202
203 **Discussion**
204

205 The SA requirements for faculty and residents have remained a topic of debate over the years. The interpretation of
206 what constitutes SA is neither consistent nor uniform. Evolving specialty needs inform how the interpretation of the
207 requirements have been changed. When EM was founded, original research was key for EM to become recognized as
208 an independent specialty.
209
210 Since then, there has been tremendous growth of research productivity and innovation in EM. However, EM still lags
211 in NIH-funded grants; if chosen as a measure of our scholarliness, a lot of EM-based treatments still stem from non-
212 EM-based research. Conversely, EM has pioneered Free Open-Access Medical education (FOAM) and is probably
213 one of the most active specialties in utilizing social media for dissemination and integration of knowledge. Other
214 specialties are following suit.
215
216 The number of EM residencies continues to increase. The EM RRC requirements include the presence of other
217 residencies, and therefore, traditionally, EM residencies have been developed by medical schools in their teaching
218 hospitals. Recently, however, EM residencies are being started at non-medical school hospitals. Such hospitals often
219 lack the research infrastructure that medical schools traditionally have. Evolving ACGME faculty requirements
220 regarding protected time and dissolution of mandated core faculty time cause further challenges to the attainment of
221 SA goals for the program, both for residents and faculty.
222
223 According to the recent ACGME faculty requirements, having a single faculty who produces SA is allowable, and is
224 the new minimum. We do not anticipate large academic programs to have just a single faculty member with SA skills.
225 However, it is very likely that in some new or smaller program, this model might be adopted.
226
227 During the decade 1993-2002, residents at the UC Davis EM Program were required to produce original research[36].
228 This study demonstrated that most residents were able to accomplish the goal, although the majority of their research
229 was retrospective. Unfortunately, in this study, the faculty support and design used to engage the residents in research
230 was not thoroughly described.
231
232 We came across a commentary that represents a very striking view that EM residency does not allow adequate time
233 for SA[37]. The residents completing the high-quality projects were found to be an exception rather than the rule. The
234 commentary, however, does suggest that literature reviews, surveys, and case reports are potential options for quick
235 scholarly projects. The commentary again focuses on the need of support from the faculty advisors and mentors in
236 addition to proper planning.
237
238 In 2015, the Scholarly Activity Program Requirements: The Review Committee-Emergency Medicine Perspective
239 was published[38]. According to the paper, faculty requirements were aimed at identifying qualified teaching faulty who
240 not only updated themselves with the current literature, but also harbored the skills needed to do peer-reviewed
241 publications. The requirements were broadened to include peer acknowledgement of the faculty’s skill in up to date
242 knowledge and then propensity to actively teach this knowledge to residents. The horizon was expanded to include

243 quality, safety, clinical research, basic science, or any other relevant area. It was also noted the importance of a
244 research faculty's constant interaction with the residents, instead of remaining isolated within the program.
245
246 As the GME training programs for allopathic and osteopathic EM residencies prepare to merge under the SAS, it is
247 incumbent upon the academic EM community to propose a new unified set of requirements. Currently, there are two
248 main differences in the way the two accreditation organizations provide guidance regarding the requirement for
249 scholarship: 1) terminology differences, and 2) faculty requirements. Allopathic residencies have replaced the term
250 "research" with the term "scholarly activity". Conversely, osteopathic residencies continue to use the term "research".
251 As academic EM enters into a new era of combined accreditation, we encourage further exploration of the following
252 questions:

253 1. Is the ACGME definition of SA deliberately broad, and intentionally left open for interpretation?
254 *2.* Which academic endeavors would fulfill the mandate of participation in SA? *(e.g. case report, clinical*
255 *project, book chapter, Primary Investigator of an Institutional Review Board approved research project*
256 *resulting in an abstract or manuscript, a systematic review, or perhaps an online blog)*
257 *3.* How should SA output be evaluated and measured? *(e.g. number of presentations, number of publications,*
258 *number of followers for online media?)*
259 *4.* Several specialties have focused upon faculty-supervised/mentored projects in their requirements. Is defined
260 mentorship a pathway that should be encouraged? Should faculty be encouraged to perform SA and be
261 mentors for residents, in achieving the established tenet *"the curriculum must advance residents' knowledge*
262 *of the basic principles of research, including how research is conducted, evaluated, explained to patients, and*
263 *applied to patient care."?*
264 5. What activities satisfy the previous requirement that the 'curriculum advances residents' research
265 knowledge'? Would Journal Club meet this requirement?
266 6. Should a system be developed to assign a program's level of SA in terms of degree of involvement, the
267 support given, and productivity? This would be similar to the levels of evidence that are assigned during the
268 formulation of guidelines[65]. Applicants could use this information to help rank programs so that they best
269 align with the applicant's academic aspirations.
270
271 One component of this merged program may be the addition of an individualized scholarly activity plan (ISAP) which
272 would ensure adequate faculty support and resources. Setting objectives early on, combined with comprehensive
273 planning, would provide students with the tools necessary for impressive scholarly accomplishments.
274
275 Based on these insights, we believe that EM residency training program should have individualized guidelines for
276 their residents for SA based on one of the two models and set an acceptable minimum. Programs should consider
277 supplementing these guidelines with individualized development program or ISAP.
278
279 At the time of writing this paper, the Common Program Requirements for 2020 are still being processed are more
280 elaborate and inclusive than in the past.

281 **Conclusions**
282 It is more important now than ever before to have clear guidelines for residents entering the program. Hence, we
283 highly recommend having written guidelines for the program for scholarly work evaluation in accordance with
284 Boyer's and Glassick's criteria in addition to an ISAP.
285
286 Objective criteria should be used to determine if a given activity is truly scholarly. The criteria of Boyer and of
287 Glassick provide such objective criteria. A residency which determines that a proposed activity meets these objective
288 criteria is less likely to be cited by the ACGME, and more likely to fulfill the SA requirements. Furthermore, an
289 individual SA plan (ISAP) may be useful to operationalize the activity. Adopting the recommended approach would
290 facilitate career advancement among both residents and faculty.
291
292 Based on our objective assessment, we found that invention disclosure, writing journal articles (refereed, or other),
293 creating a manuscript, and creating and writing a professional meeting paper are the forms of scholarly activities
294 which best satisfy both Boyer's and Glassick's criteria.
295
296 ACGME requirements are now more inclusive; and permit scholarly activities which take advantages of recent
297 advancements in social media and technology. It is important to note that social media outlets for SA dissemination
298 may also decrease the Knowledge Translation time.

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Table 1: Comparison of allopathic and osteopathic requirements for scholarly activity by residents

| | Allopathic Programs | Osteopathic Programs |
|---|---|---|
| Terminology | “Scholarly activity” | “Research project” |
| Timeline | None | Provides specific stepwise timeline |
| Criteria | Includes no specific criteria | Provides major and minor criteria |
| Allowable projects | Includes performance improvement projects (now referred to as Quality Assurance, QA and Quality Improvement, QI) and case reports | Only original research is allowed |
| Focus of research knowledge | Research methodology | Research execution |

Table 2 Comparison of allopathic and osteopathic requirements for scholarly activity by faculty

| | Allopathic Programs | Osteopathic Programs |
|---|---|---|
| Terminology used | “scholarly activity” | “scholarly activity” |
| Timeline | 1-year timeline over 5 years | 4-year average time line |
| Criteria | Includes no specific criteria | Provides major and minor criteria |
| Individual vs group | Focus on group scholarly activity production | Focus on individual core faculty productivity |
| Resources | Focus on providing resources to residents | No specification of direct support provided to residents by faculty |

Table 3: Scholarly activities according to Boyer's model of scholarship

| Type of scholarly activity | Discovery | Integration | Application | Teaching |
|---|---|---|---|---|
| Abstract | | | | |
| Abstract, Research | x | x | x | |
| Abstract, Teaching | | x | x | x |
| Book | | | | |
| Book, Invited | | x | x | x |
| Book, Chapter | | x | x | x |
| Book Chapter, Invited | | x | x | x |
| Book Chapter, Non-refereed | | | x | x |
| Book Review | | | x | x |
| Case Study, Refereed | x | | x | x |
| Colloquia, Invited | | x | | x |
| Commentary | | x | | x |
| Conference Article | | x | x | |
| Conference Paper | | x | x | |
| Conference Paper, Refereed | | x | x | |
| Conference Proceeding | | x | | |
| Conference Proceeding, Applied Research/Extension | x | x | | |
| Conference Proceeding, Refereed | x | x | x | |
| Documentary | x | x | x | x |
| Edited Book | | x | x | x |
| Editorial | | x | x | |
| Electronic Media | | x | | |
| Exhibition | | | | x |
| Extension Publication, Non-Refereed | | | | x |
| Extension Publication, Refereed | | x | | x |
| FOAM Content | | x | x | x |
| Foreword | | | | x |
| Internet Publication | | | | x |
| Interview (TV or Radio) | | | | x |

| | | | | |
|---|---|---|---|---|
| Invention Disclosure | x | x | x | x |
| Journal Article, Refereed | x | x | x | x |
| Journal Article, Other | x | x | x | x |
| Laboratory Manual | | | x | x |
| Magazine Article | | | | x |
| Manual | | | x | |
| Manuscript | x | x | x | x |
| Monograph | | x | x | x |
| New Cultivars | | | | |
| Newsletter | | x | x | x |
| Newsletter Article | | x | | x |
| Opinion Article | | | x | |
| Patent | x | x | x | |
| Performance/ Show, Juried | | | x | |
| Performance/ Show, Non-Juried | | | x | |
| Poetry Book/Publication | | | | |
| Poetry Performance | | | | |
| Popular Article | | x | x | x |
| Poster, Refereed | x | x | x | |
| Poster, Non-Refereed | x | x | | |
| Poster Presentation | | x | x | x |
| Presentation | | | x | x |
| Presentation, Invited | | | x | x |
| Presentation, National | | | x | x |
| Presentation, Regional | | | x | x |
| Proceeding, Invited | | | x | x |
| Proceeding, Refereed | | x | x | x |
| Proceeding, Teaching | | | x | x |
| Professional Licenses | | | x | |
| Professional Meeting Paper | x | x | x | x |
| Project | | | | |

| | | | | |
|---|---|---|---|---|
| Public Lecture | | | x | x |
| Research Presentation, Contributed | | | x | |
| Research Presentation, Invited | | | x | x |
| Research Presentation, Local | | | x | x |
| Research Report | | | x | |
| Scientific Blog | | x | x | x |
| Seminar, Invited | | x | x | |
| Slide Set, Non-Refereed | | | x | |
| Slide Set, Refereed | | | x | |
| Software Application, Refereed | | | x | |
| Software Program | x | x | x | |
| Talk, Invited | | | x | x |
| Trade Magazine Article | | | x | |
| Translation | | | x | |
| Technical Report, Non-Refereed | | | x | |
| Technical Report, Refereed | | | x | |
| Translation | | | x | |
| Virtual Tour Video | | x | x | x |
| Web Page | | | x | |
| Workshop, Refereed | x | x | x | x |

Table 4: Scholarly activities according to Glassick's criteria of scholarship (3), (8)

| Type of scholarly activity | Clear Goals | Adequate Preparation | Appropriate Methods | Significant Results | Effective Presentation | Reflective Critique | Percentage |
|---|---|---|---|---|---|---|---|
| Abstract | | | | | | | |
| Abstract, Research | x | x | x | x | | | 67% |
| Abstract, Teaching | x | x | | | x | x | 67% |
| Book | | | | | | | |
| Book, Invited | | x | x | | | x | 50% |
| Book, Chapter | | x | x | | | x | 50% |
| Book Chapter, Invited | | x | x | | | x | 50% |
| Book Chapter, Non-refereed | | x | | | | x | 33% |
| Book Review | | | x | x | | x | 50% |
| Case Study, Refereed | | x | | x | x | x | 67% |
| Colloquia, Invited | | x | | | x | x | 50% |
| Commentary | | | | x | | x | 33% |
| Conference Article | | x | | x | x | | 50% |
| Conference Paper | | x | | x | x | x | 67% |
| Conference Paper, Refereed | | x | x | x | x | x | 83% |
| Conference Proceeding | x | | | x | x | | 50% |
| Conference Proceeding, Applied Research/ Extension | x | x | | x | x | | 67% |
| Conference Proceeding, Refereed | x | x | | x | x | | 67% |
| Documentary | x | x | | x | x | | 67% |
| Edited Book | | x | x | | | x | 50% |
| Editorial | | | | | | x | 17% |
| Electronic Media | | | | | x | x | 33% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Exhibition | | | | | x | x | 33% |
| Extension Publication, Non-Refereed | | | | | x | | 17% |
| Extension Publication, Refereed | | | | | x | x | 33% |
| FOAM Content | x | x | | | | x | 50% |
| Foreword | | x | | | | | 17% |
| Internet Publication | | x | | | x | | 33% |
| Interview (TV or Radio) | | x | | | x | | 33% |
| Invention Disclosure | x | x | x | x | x | x | 100% |
| Journal Article, Refereed | x | x | x | x | x | x | 100% |
| Journal Article, Other | x | x | x | x | x | x | 100% |
| Laboratory Manual | x | x | | | | | 33% |
| Magazine Article | x | x | | | | | 33% |
| Manual | x | x | | | | | 33% |
| Manuscript | x | x | x | x | x | x | 100% |
| Monograph | x | x | x | x | x | x | 100% |
| New Cultivars | | | | | | | 0% |
| Newsletter | x | x | | | x | | 50% |
| Newsletter Article | x | x | | | x | | 50% |
| Opinion Article | x | | | | x | x | 50% |
| Patent | x | x | x | x | x | x | 100% |
| Performance/ Show, Juried | x | x | | | x | | 50% |
| Performance/ Show, Non-Juried | x | x | | | x | | 50% |
| Poetry Book/Publication | x | x | | x | | | 50% |
| Poetry Performance | x | x | | | x | | 50% |
| Popular Article | x | x | | | x | | 50% |
| Poster, Refereed | x | x | x | x | x | x | 100% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Poster, Non-Refereed | x | x | x | x | x | | 83% |
| Poster Presentation | x | x | x | x | x | x | 100% |
| Presentation | | | | | | | 0% |
| Presentation, Invited | x | x | | x | x | | 67% |
| Presentation, National | x | x | | x | x | x | 83% |
| Presentation, Regional | x | x | | x | x | x | 83% |
| Proceeding, Invited | x | | | | | x | 33% |
| Proceeding, Refereed | x | | x | | | x | 50% |
| Proceeding, Teaching | x | x | | | x | | 50% |
| Professional Licenses | x | | | | | | 17% |
| Professional Meeting Paper | x | x | x | x | x | x | 100% |
| Project | | | | | | | 0% |
| Public Lecture | x | x | | x | x | | 67% |
| Research Presentation, Contributed | x | x | x | x | x | x | 100% |
| Research Presentation, Invited | x | x | x | x | x | x | 100% |
| Research Presentation, Local | x | x | x | x | x | x | 100% |
| Research Report | x | x | | | | | 33% |
| Scientific Blogs | x | x | | | | x | 50% |
| Seminar, Invited | | | | | x | x | 33% |
| Slide Set, Non-Refereed | | x | | | | | 17% |
| Slide Set, Refereed | | x | | | | x | 33% |
| Software Application, Refereed | x | x | | | | x | 50% |
| Software Program | x | x | x | x | x | x | 100% |
| Talk, Invited | x | x | | | x | | 50% |
| Trade Magazine Article | x | x | | | x | | 50% |
| Translation | x | | | | | | 17% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Technical Report, Non-Refereed | x | x | | | | | 33% |
| Technical Report, Refereed | x | x | | | | | 33% |
| Translation | x | | | | | | 17% |
| Virtual Tour Video | x | x | | | x | | 50% |
| Web Page | x | x | | | x | | 50% |
| Workshop, Refereed | x | x | x | | x | | 67% |

# Patterns and Trends of Scholarly Activity in Emergency Medicine Residency Training Programs

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Supplement 1:

According to ACGME, program requirements as of 2017 are:

> What are examples of acceptable scholarly activity for faculty members? [Program Requirements: II.B.6.d)-II.B.6.d).(1).(a)]
>
> It is critical that faculty members participate in scholarly activity in order to appropriately mentor residents and enhance the educational program.
>
> Acceptable faculty scholarly activity includes:
> 1. Peer Review - This includes original contributions of knowledge published in journals indexed in PubMed and listed in Thomson Reuters (formerly ISI) Web of Knowledge or MEDLINE®. Abstracts, editorials, or letters to the editor do not qualify. Submissions to online venues, with the exception of Med Ed PORTAL, do not qualify.
> 2. Non-Peer Review - This includes all submissions to journals or online venues that do not fulfill peer-review criteria. This also includes abstracts, editorials, or letters to the editor submitted to peer-reviewed journals that have not undergone the rigorous, blinded, multiple peer-review process. This category also includes educational videos, DVDs, and podcasts.
> 3. Textbooks/Chapters - This includes submissions for which the faculty member served as editor, section editor, or chapter author.

4. Presentation at Local/Regional/National Organizations - This includes invited presentations, such as abstracts (posters), expert panel discussions, serving as a forum leader, grand rounds presentations, or interdisciplinary grand rounds presentations within the Sponsoring Institution. Grand rounds or other didactic presentations do not qualify unless presented at a department other than emergency medicine. The expectation is that this presentation is of original work. Instruction of or participation in certification courses, such as Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), or Pediatric Advanced Life Support (PALS), do not qualify.

5. Committee Leadership - This includes elected or appointed positions in nationally recognized organizations. Membership alone does not qualify.

6. Editorial Services - This includes serving as an editor, editorial board member, reviewer, or content expert. Serving as an abstract reviewer or grant reviewer also qualifies.

7. Grants - This can only be satisfied by receipt of a grant.

What are the Review Committee's expectations for resident scholarly activity?

The Review Committee expects all residents to "participate in scholarly activity by the end of residency." Examples of acceptable resident scholarly activity include:

1. Peer Review – This refers to resident participation in the dissemination of knowledge through the preparation of a scholarly paper published in journals indexed in PubMed, including original contributions of knowledge published in journals listed in Thomson Reuters (formerly ISI), Web of Knowledge, or MEDLINE®. Abstracts, editorials, or letters to the editor do not qualify.
Submissions to online venues, with the exception of Med Ed PORTAL, do not qualify.

2. Non-Peer Review – This includes all submissions to journals or online venues that do not fulfill the peer-review criteria. This also includes abstracts, editorials, collective review, case reports, letters to the editor of peer-reviewed journals, educational videos, DVDs, and podcasts.

3. Textbooks/Chapters – This includes resident participation in the writing and submission of such works where the faculty mentor served as the chapter author.

4. Conference Presentations – This refers to presentations at local, regional, or national organizational meetings, including the presentation of abstracts and posters, panel discussions, and serving as forum leader.

5. Participation in Research – This refers to active participation in a research project, or formulation and implementation of an original research project, including funded and non-funded basic science or clinical outcomes research, as well as active participation in an Emergency Department quality improvement project.

II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)

II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)

II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; (Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)

II.B.5.b).(4) participation in national committees or educational organizations. (Detail)

II.B.5.c) Faculty should encourage and support residents in scholarly activities. (Core)

II.B.6.c) Core physician faculty members must include the program director and the chair/chief of emergency medicine. (Core)

II.B.6.d) All core physician faculty members must be involved in scholarly activity. (Core)

II.B.6.d).(1) At minimum, each individual core physician faculty member must produce at least one piece of scholarly activity per year (averaged over the past five years). (Core)

II.B.6.d).(1).(a) At minimum, this must include one scientific peer reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period). (Core)

IV.B. Residents' Scholarly Activities

IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Residents should participate in scholarly activity. (Core)

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

6.3 Scholarly Activity: Each core faculty member shall demonstrate scholarly activity prior to and throughout the duration of their appointment. Scholarly activity is the academic pursuits that serves either the specialty or profession and/or involves creative, intellectual work that is peer-reviewed and publicly disseminated.

6.3.1 Scholarly activity shall occur within a four-year period. Acceptable activities may include a minimum of 2 major or 1 major and 2 minor scholarly activity within this time frame for each core faculty member. Other activities may be accepted on an individual basis at the discretion of the ACOEP Committee on Graduate Medical Education. Scholarly activities for each core faculty member shall be well documented, to include dates, locations, and details.

6.4. Major Scholarly Activities: Major scholarly activities shall be defined as follows:

6.4.1 Serving as chair or vice chair of a national, regional or state medical society committee.

6.4.2 Serving as an active member of a committee of a national, regional or state medical association.

6.4.3 Publication of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.

6.4.4 Receipt of grant funding for medical, educational or service research.

6.4.5 Presentation or publication of case reports or clinical series at national, regional or state professional and scientific society meetings and conferences.

6.4.6 Member of an editorial review board of a national, regional or state peer-reviewed publication.

6.4.7 Participation in item writing or as an examiner for a national medical certification board. 6.4.8

Presentation at a national, regional or state CME meeting or seminar.

6.5 Minor Scholarly activities shall be defined as:

6.5.1 Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.

6.5.2 Preparation of grant funding request material for medical, educational or service research.

6.5.3 Visiting professorship (guest emergency medicine lecturer to peers or residents at an outside institution).

6.5.4 Item writing for the ACOEP Resident In-Service Examination.

6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.

6.5.6 Publication of an article or chapter in a non-peer reviewed medical or scientific journal

Supplement 2:

According to AOA, program requirements as of 2012 are:

7.4 The resident shall complete a research project during the course of the emergency medicine training program that will be sent to the ACOEP in the following manner. The resident shall submit an outline for the project by the end of the OGME-2 training year, implementation and data collection methods and provide an interim report by the end of the OGME-3 year, and a final product suitable for publication six months prior to the completion of the OGME-4 year of residency. A permanent copy shall be retained in the resident's file at the institution. All research projects shall be approved by the program Director.

Supplement 3:

Table 1
Scholarly Activity Citations for Core Emergency Medicine Programs: Extracted From the Accreditation Data System (ADS) for the Six-year Period 2009–2015

| | Core EM Citations July 1, 2009–July 1, 2015 | |
|---|---|---|
| | Number of Citations | Citation Areas |
| Resident scholarly activity | 2 | Lack of full resident participation |
| | 1 | No evidence of scholarly activity provided |
| | 3 | Inadequate scholarly activity |
| *Total* | 6 | |
| Faculty scholarly participation | 13 | Inadequate faculty participation —one scholarly product annually |
| | 6 | Inadequate faculty participation —one scholarly product annually and peer-reviewed publication per every five core faculty per year |
| | 24 | Inadequate faculty participation —peer-reviewed publication per every five core faculty per year |
| | 4 | Lack of faculty participation in conferences and didactics |
| *Total* | 47 | |
| Faculty scholarly support | 1 | Faculty support of resident research activities |
| | 3 | Lack of protected time for scholarly activity (pre-2013 PRs) |
| | 3 | Lack of scholarly environment |
| | 1 | Lack of support services for scholarly activity (pre-2013 PRs) |
| *Total* | 8 | |

PR = program requirements.

Supplement 4:

ACGME Program Requirements for Graduate Medical Education in Emergency Medicine, pgs. 35-37

IV.D. Scholarship

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.

The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.

IV.D.1. Program Responsibilities
IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)
IV.D.1.b) The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)
IV.D.1.c) The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)

Background and Intent: The scholarly approach can be defined as a synthesis of teaching, learning, and research with the aim of encouraging curiosity and critical thinking based on an understanding of physiology, pathophysiology, differential diagnosis, treatments, treatment alternatives, efficiency of care, and patient safety. While some faculty members are responsible for fulfilling the traditional elements of scholarship through research, integration, and teaching, all faculty members are responsible for advancing residents' scholarly approach to patient care. Elements of a scholarly approach to patient care include:

Asking meaningful questions to stimulate residents to utilize learning resources to create a differential diagnosis, a diagnostic algorithm, and treatment plan

- Challenging the evidence that the residents use to reach their medical decisions so that they understand the benefits and limits of the medical literature
- When appropriate, dissemination of scholarly learning in a peer-reviewed manner (publication or presentation)
- Improving resident learning by encouraging them to teach using a scholarly approach

The scholarly approach to patient care begins with curiosity, is grounded in the principles of evidence-based medicine, expands the knowledge base through dissemination, and develops the habits of lifelong learning by encouraging residents to be scholarly teachers.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

Background and Intent: For the purposes of education, metrics of scholarly activity represent one of the surrogates for the program's effectiveness in the creation of an environment of inquiry that advances the residents' scholarly approach to patient care. The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, for a five-year interval, for both core and non-core faculty members, with the goal of assessing the effectiveness of the creation of such an environment. The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

IV.D.2.b).(1) faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer- reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)

## References:


1. Emergency Medicine. ACGME Main Page. https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/7/Emergency accessed 4/21/2020. Accessed May 22, 2020.
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3. Sullivan, C., Davis, F. and Ling, L. (2015), Scholarly Activity Program Requirements: The Review Committee-Emergency Medicine (RC -EM ) Perspective. Acad Emerg Med, 22: 1345-1347. doi:10.1111/acem.12800
4. Common Program Requirements - Accreditation Council for ... https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements. Accessed May 22, 2020.

May 22nd, 2020

Michael L. Callaham, MD
Editor-in-Chief
*Annals of Emergency Medicine*

Dear Dr. Callaham,

We are submitting our manuscript entitled "Patterns and Trends of Scholarly Activity in Emergency Medicine Residency Training Programs" for consideration as a Concepts article in *Annals of Emergency Medicine.*

Allopathic and osteopathic emergency medicine residency programs are merging into a Single Accreditation System for scholarly activity requirements. These requirements are in place because physicians need to know how new knowledge is garnered, tested, translated into practice; then questioned and re-studied. The term, "Scholarly Activity" has been interpreted in many ways, and not consistently between allopathic and osteopathic programs; indeed, not even among them. Additionally, since the requirements were first established, the advent of a cyberworld has dramatically changed education. The intent of scholarly activity requirements remains valid, but the acceptable methods to achieve this intent must be re-evaluated in the light of the Single Accreditation System. This paper describes the results of a consensus from a series of meetings of the Research, Scholarly Activity, and Innovation section of American College of Emergency Physicians. This section consists of more than 300 members who are primarily practicing Emergency Physicians and academicians with a core researcher interest. We examined various scholarly activities from a variety of programs' requirements. In our paper, we propose practical methods to determine if a given activity is adequately "scholarly". We also propose the Individual Scholarly Activity Plan (ISAP) as a method to set agreed-upon goals and track resident and faculty progress towards completing that goal.

All authors have read and approved the submitted manuscript. The manuscript has not been submitted elsewhere nor published elsewhere in whole or in part.

We hope that you will find this original contribution for publication. Please feel free to contact me directly if there is any additional information I can provide.

Thank you for your consideration of this submission.

Sincerely,

Nidhi Garg, MD, FACEP

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# Memorandum

**To:** Board of Directors
Council Officers

**From:** Alan Heins, MD, FACEP
Chair, Public Health & Injury Prevention Committee

Stephen Anderson, MD, FACEP
Board Liaison, Public Health & Injury Prevention Committee

**Date:** June 7, 2020

**Subj:** Smart Phrases

The Public Health & Injury Prevention Committee (PHIPC) was assigned an objective to "Develop talking points or "smart phrases" for discharge summaries and/or educational resources on public health and injury prevention issues." This is an ongoing objective for the committee. The following "Smart Phrases" are currently available on the ACEP Point of Care webpage:

- CT Scans for Minor Head Injuries
- Emergency Naloxone Programs - Patient Information
- Emergency Naloxone Programs - Provider Information
- MRI For Low Back Pain
- Sexually Transmitted Infection
- Suicide Prevention
- Tobacco Cessation
- Why Antibiotics Were Not Prescribed For A Viral Infection
- Why Narcotic/Opioid Medications Were Not Prescribed

Attachment A provides background information followed by the "smart phrases" developed by the PHIPC for your review.

- Asymptomatic hypertension
- Influenza-like illness
- Coronavirus concern — confirmed or suspected
- Asthma exacerbation
- Ethanol intoxication
- Motor vehicle crash
- Injection drug use
- Antitussive medications for children

Please review this document and submit your comments to Margaret Montgomery, RN, MSN, mmontgomery@acep.org, by July 7, 2020.

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Attachment A

**Smart Phrases**

Draft, June 2020

The Public Health & Injury Prevention Committee Objective #7: Develop talking points or “smart phrases” for discharge summaries and/or educational resources on public health and injury prevention issues.

William Weber, MD, MPH, chair
Kimberly A. Collins, MD, MPH, FACEP
Wendy L Macias-Konstantopoulos, MD, MPH, FACEP
John Westhoff, MD, MPH, FACEP

Issue:
- Discharge instructions are time-consuming for physicians.
- Sparse discharge instructions can put physicians at legal risk.
- EMR stock discharge instructions are often 4+ pages of vague and unhelpful material.

Goals of smart phrases:
- Provide useful, concise information for patients.
- Save time for physicians discharging patients with:
  - Common public health related chief complaints
  - Incidental/chronic issues that should be followed up but are not addressed in the visit
- Help protect physicians from poor legal outcomes.

Framework of smart phrases:
- Information about what happened and their condition.
- Next steps for home - concise, including clear follow-up (med-legal best practice).
- Return precautions and medication precautions (med-legal best practice).
- Return precautions: common red flags as well as a general “worsening symptoms.”
- Medication precautions: physicians have been found culpable for not warning patients of side effects. This helps protect physicians who may not review each rare side effect with patients.

Notes:
- We tried to keep these short and avoid jargon.
- The bold titles will not be included in the instructions
- We occasionally use both drug and brand names for common medications (eg, Tylenol), not as an endorsement, but because patients are better able to identify the medications.
- We tried to choose websites with short addresses, so that people could easily type them in.
- While our physician assistant and nurse practitioner colleagues in the ED can adapt these resources as well, the focus of the American College of Emergency Physicians is to lead physicians, so we use the terms “doctor” or “physician.”
- These are general instructions and may require adjustments based on individual patients.

## Asymptomatic Hypertension

Your blood pressure was elevated today. An elevated blood pressure alone without new symptoms is not immediately dangerous and is generally not treated in the emergency department (ED). Things like stress and pain can temporarily raise your blood pressure. However, chronically elevated blood pressure (hypertension) can put you at risk for serious conditions such as stroke, heart attack, or kidney failure. You can receive a diagnosis of 'hypertension' if your blood pressure is consistently elevated over multiple visits to the doctor. After evaluating you, we feel that you are safe to go home.

Steps to take at home:

- Take any medications as prescribed.
- Eat a healthy diet, avoiding high salt foods such as chips, pickles, and pizza.
- Exercise and try to maintain a healthy weight.
- Avoid tobacco and street drugs.
- Avoid over-the-counter decongestant medications unless recommended by a doctor.
- Monitor your blood pressure, ideally with an automatic blood pressure machine at home.
- Bring a list of your blood pressure values to your follow up appointment.
- Follow up with your primary care doctor within one to two weeks to monitor your blood pressure and general health.

Please speak to your doctor or come back to the ED for new symptoms, such as severe headache, dizziness, confusion, weakness in an arm or leg, trouble speaking, abdominal pain, chest pain, difficulty breathing, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Influenza-Like Illness

You were evaluated in the emergency department (ED), and we believe you have influenza (the flu). This diagnosis may have been made based upon a positive flu test or upon your symptoms alone. Influenza is a viral illness, which means that antibiotics do not treat it. The symptoms typically last several days to a week, although the cough may last for two to three weeks.

Steps to take at home:

- Get lots of rest and stay hydrated by drinking plenty of fluids.
- Cover your cough and wash your hands frequently to decrease your risk of infecting others.
- Stay at home until your symptoms have resolved, especially if you are waiting for other test results such as for COVID-19.
- You can take acetaminophen (eg, Tylenol) or ibuprofen (eg, Motrin or Advil) for fevers or body aches.
- Some doctors will prescribe an antiviral medication such as oseltamivir (Tamiflu). If taken within two days of your symptoms starting, this may help reduce symptoms by around 12 hours. The medication is not always recommended and only necessary under certain circumstances, such as a weakened immune system (eg, pregnant mothers or the elderly).
- Follow up with your primary care doctor within two weeks if you have ongoing symptoms.

Please speak to your doctor or come back to the ED for new symptoms, such as severe headache, confusion, chest pain, difficulty breathing, vomiting to the point that you cannot drink fluids, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Coronavirus Concern — Confirmed or Suspected

You were evaluated in the emergency department with symptoms concerning for infection with coronavirus COVID-19. COVID-19 is a new strain of a common viral illness. While a diagnosis of coronavirus may feel scary, most cases of coronavirus are mild and resolve on their own without hospitalization. At this time, we feel that you are safe to go home.

Steps to take at home to care for yourself:

- Get lots of rest and stay hydrated by drinking plenty of fluids.
- You can take acetaminophen (eg, Tylenol) or ibuprofen (eg, Motrin or Advil) for fevers or body aches.
- If you have questions, call your primary care doctor, contact your local health department, or visit the CDC's website at www.cdc.gov/coronavirus.
- Speak with your primary care doctor within two weeks to discuss a plan to follow up.

How to avoid spreading the virus to others:

- Stay at home, except if seeking medical care.
- Cover your coughs (with a tissue or in your elbow) and avoid touching your face unnecessarily.
- Wash your hands often (using soap and water for 20 seconds) to decrease your risk of infecting others.
- Try to avoid close contact with others in your home, including pets. If possible, use a different bathroom, and sleep in a separate room. If you must be near others, be sure to wear a face mask and wash your hands before interacting with them. Disinfect and avoid sharing commonly used items like phones, towels, and dishes with others.
- If a test was sent and is positive, your local health department will contact you. Follow their directions about when to go back to work or school.
- If you were not tested, you may stop quarantine 10 days after the start of your symptoms as long as your symptoms have been completely gone (without using medications) for at least 72 hours (three days).

If you or those around you are concerned about COVID-19, call your primary care doctor for advice about steps to take. Your health system may have specific locations to go to for testing if you are not extremely sick. This lowers the risk that you could catch a virus or pass it on in the emergency department waiting room. If you are extremely sick and going to the emergency department, call ahead, so they can prepare for your visit.

Speak to your doctor or come back to the emergency department for new or worsening symptoms, such as severe headache, confusion, chest pain, difficulty breathing, or vomiting to the point that you cannot drink fluids. Review medication inserts for side effects and call the emergency department if you have any questions about the medications or care you received.

## Asthma Exacerbation

We evaluated you in the emergency department (ED) and believe that you have an exacerbation (worsening) of your asthma. Asthma is caused by inflammation and tightening of muscles in the airway. You were given breathing treatments and steroids, and your breathing improved. These medications will help with your current attack. A visit to the ED is a warning sign that your asthma may not be managed adequately. Asthma is a chronic condition that cannot be cured, but medications can help control your symptoms.

Steps to take at home:

- Use your albuterol (inhaler or nebulizer) as directed for your symptoms. If you have a spacer, we recommend using it to help deliver the medication to your lungs more effectively.
- Take the steroids (dexamethasone or prednisone) as directed to help reduce lung inflammation and decrease the risk of another attack in the next few days.
- Take your other home medications as directed.
- Follow up with your primary care doctor or pulmonologist (lung doctor) within one week to discuss your symptoms. They can talk with you about daily medications to help prevent asthma attacks. Ask them about writing an "asthma action plan" (www.aafa.org/asthma-treatment-action-plan) to prepare for future asthma exacerbations.

Please speak to your doctor or come back to the ED for new symptoms, such as difficulty breathing that doesn't improve with your medications, chest pain, voice changes, high fevers, confusion, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Ethanol Intoxication

You were seen in the emergency department (ED) for intoxication. We evaluated you and monitored you until you appeared safe to go home. We are concerned that your alcohol use puts you at risk for health problems (such as liver failure) and injury to yourself or others. Many people in the US struggle with overuse of alcohol and we are here to support you if that is the case.

Steps to take at home:

- Never drink alcohol and operate motor vehicles, as this endangers yourself and others
- You may feel nauseous or tired tomorrow; please stay hydrated and eat a balanced diet
- If you choose to drink alcohol, please do so in moderation. The US Dietary Guidelines recommend that only non-pregnant adults over age 21 drink alcohol. Women should limit their alcohol to one standard drink daily and men should limit their alcohol to two standard drinks daily. For more information on calculating a standard drink, visit: niaaa.nih.gov/what-standard-drink
- Follow up with your primary care doctor within 1 week to discuss your alcohol use and symptoms

Below are confidential resources for alcohol use support. We recommend that you reach out to them:

- National Confidential Hotline for Alcohol and Substance Use Resources: (800) 662-4357
- Alcoholics Anonymous: www.AA.org or (212) 870-3400 to find local chapters

Please speak to your doctor or come back to the ED for new symptoms, such as chest pain, shortness of breath, bloody vomit, black stool, yellowing of the eyes/skin, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Motor Vehicle Crash

You came to the emergency department (ED) after being in a car crash. We evaluated you and did not find any life-threatening injuries. You will likely be sore after the accident from bruising and stretching of your muscles and ligaments - this generally improves within two weeks.

Steps to take at home:

- You can use ice packs or take acetaminophen (eg, Tylenol) or ibuprofen (eg, Motrin or Advil) for pain.
- You can use over-the-counter lidocaine patches or cream to help with pain at a certain area - do not use it over open wounds.
- Always wear your seatbelt while in a moving car and practice defensive driving.
- Minimize distractions while driving and never text and drive.
- Follow up with your primary care doctor within two weeks to monitor any ongoing symptoms.

Please speak to your doctor or come back to the ED for new symptoms, such as a severe headache, weakness in your arms or legs, vision changes, shortness of breath, chest pain, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Injection Drug Use

You were seen in the emergency department (ED) for injection drug use, a method for delivering substances into the body that involves a needle injection. We are concerned about your health, as people who use injected drugs are at risk of dependence and overdose, in addition to complications of injecting. For instance, injections can cause deep skin infections, viral infections such as human immunodeficiency virus (HIV) and allow bacteria to get into the blood and infect the heart, lungs, or spine. Many people want support to stop their drug use, and we want to help in whatever way we can.

Steps to take at home:

- We strongly recommend that you stop using all drugs except for those that are prescribed by a doctor. This can be difficult, but there are resources below to help you on your journey.
- If you choose to continue injecting drugs, the following recommendations can decrease your risk of many complications:

- Always wash the skin at the site of the injection with soap and water, followed by rubbing alcohol swabs, before each and every injection.
- Always use new clean needles and mixing water with each injection.
- Never take larger doses than what you are used to.
- Please follow-up with your primary care doctor within one week to monitor your symptoms and to discuss your drug use.

New clean needles, rubbing alcohol swabs, and sterile mixing water can be obtained through syringe exchange programs (SEPs) or sterile syringe programs (SSPs). The following resources can help you find programs and substance abuse support in your area:

- North American Syringe Exchange Network: www.NASEN.org/map or (253) 272-4857
- National Drug Information Treatment and Referral Hotline: (800) 662-4357
- Your state's Department of Health website may also have information about such programs

Please speak to your doctor or come back to the ED for new symptoms, such as fever (100.4°F or higher), chest pain, shortness of breath, painful redness and swelling at the site of an injection, pain over your spine, or any other new concerns. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

## Antitussive Medications for Children

Your child came to the emergency department (ED) with a cough. The majority of new coughs are due to a virus ("cold") irritating the airway and will go away on their own. We believe that this is the case with your child's cough. Coughing serves important purposes, such as clearing mucus from the lungs, but it can be frustrating when it interferes with sleep or daily life.

Parents often ask about cough medications ("suppressants") for their children. Currently, the FDA (Food and Drug Administration) as well as emergency medicine and pediatric organizations do NOT recommend cough medications for children under 18 years old. Neither medicated nor herbal cough suppressants have been consistently found to prevent or lessen coughing in children, and they can have dangerous side effects.

Steps to take at home:

- Make sure your whole family covers their mouths when coughing and washes their hands frequently.
- For children under the age of one, using a nose suctioning device or a humidifier can help improve their congestion and decrease coughing.
- For children OVER the age of one, two teaspoons of honey (10 ml) can be given by mouth or in warm water every four hours as needed and may decrease the amount of coughing.
- For children OVER the age of two, medicated vapor rubs with camphor and menthol may decrease coughing and help with sleep.
- Most fevers are not dangerous to children over two months old but can be treated for comfort with acetaminophen (eg, Tylenol). Children over the age of six months can also be given ibuprofen (eg, Advil or Motrin). All medications should be dosed based on your child's weight to prevent overdose.
- Follow up with your pediatrician within two weeks, especially if the cough has not improved. Coughs lingering more than three weeks should be evaluated and may require further testing.

Please speak to your doctor or return to the ED immediately if your child develops difficulty breathing, rapid breathing, bloody coughing, inability to drink fluids due to coughing or vomiting, or other new or worsening symptoms. Please review medication inserts for side effects and call the ED if you have any questions about the medications or care you received.

This report will be provided when available.