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President's Message

North Dakota ACEP Members,

This "President's Message" is written during the worst pandemic that the specialty of Emergency Medicine has ever seen.

We'd like to hear from you.

- What is the PPE status in your ER?
- Is there a specific issue you'd like for the chapter to address?
- During this pandemic, many of you have gone above and beyond, would you like for the chapter to spotlight a specific member?

Send an [email](#) and let us know how you are doing.

Stay safe and healthy!

Take the ConCert Examination at Home
Sarah McCullough, MD, FACEP
North Dakota ACEP Chapter Secretary/Treasurer

Due to the COVID-19 pandemic, ABEM has made some changes to options for recertification. If your board certification expires in 2025 or earlier, you may take the ConCert examination as an open book test at home. The exam will be offered during a three-week period during Summer and Fall for 2020. It will be offered in 2021 and 2022 during the Spring and Fall. After 2022 you no longer have the option to take the ConCert exam and will need to transition to MyEMCert for board certification. The ConCert examination can be taken at home or place of your choosing and is open book so you can use whatever resources you have available. You cannot ask a colleague for help, copy questions, or share information. Cheating could result in lifetime decertification. The exam is scheduled for 5.25 hours with actual testing time of 4 hours and 45 minutes to complete the 190 questions.

The 5-year LLSA and PI activities are still required to renew certification.

If your certification expires in 2020, there has been an extension until June 30, 2021 to complete your required activities.

I obtained of this information from the [ABEM](#) website and you are encouraged to log in to get details regarding your personal requirements to maintain board certification.

Fostering Medical Student Engagement with Emergency Physicians
Jon Solberg, MD, FACEP

To help foster engagement between emergency physicians and medical students at University of North Dakota, we wanted to take time to highlight a couple students interested in pursuing a career in emergency medicine.

Connor Schweitzer, MS3

About Me: I'm originally from Fargo, ND and am an alumnus of Fargo South. I attended undergraduate at the University of Minnesota - Twin Cities. After graduating, I spent a couple years working in Minneapolis as an Emergency Department scribe at Methodist hospital. I'm married with an adorable 1-year-old cocker spaniel-poodle named Ollie. In my free time, I enjoy running marathons, playing squash, reading science-fiction and fantasy novels, and travelling with my wife. I will be spending my 4th year in Fargo.

Why EM: Being an emergency department scribe taught me a lot about what traits I would come to value in a medical specialty. I chose emergency medicine because I enjoy treating patients in all stages of life, evaluating a wide variety of afflictions, and working with urgency to alleviate the suffering of patients. In addition, I desire to be part of the incredible camaraderie between staff and providers in the Emergency

Department. All-in-all, I am thrilled with my choice and can't wait to apply to residency this fall.

Kirsten Hager, MS2

About Me: I am originally from Roseau, MN, the second eldest of eight kids. I was always intrigued by the rapidly changing practices and constant learning required to maintain proficiency in the field of medicine, so during high school I started considering medicine as a future career. I volunteered on a local ambulance squad as an EMT which only cemented my desire to pursue medicine, specifically emergency medicine. I continued as an EMT, then paramedic, as I finished my undergraduate degrees at UND and applied to medical school. I currently live in Grand Forks with my husband and stepson where we enjoy hockey, camping, fishing, and motorcycling. I will be based out of Grand Forks for both my 3rd and 4th year rotations.

Why EM: Working alongside EM physicians in the ER has made me realize the breadth of skills and knowledge required to bring order to the chaos of the emergency department daily. EM physicians have the privilege of taking care of patients at the most vulnerable moments of their lives; they are the team captain, the detective, and the metaphorical bartender to both their patients and coworkers. I am excited to be pursuing this field of medicine and I am honored to have the opportunity to learn from you all in the future.

We hope that that this gives you a small glimpse at some of the students looking to pursue emergency medicine. We look forward to engaging with you all more down the road!

Medical Student Corner

Community Acquired Pneumonia: New Guidelines and the Role of Local Antibiograms in North Dakota Emergency Rooms

Community Acquired Pneumonia (CAP) is a frequent Emergency Department diagnosis, yet guidelines for treatment have remained largely unchanged since 2007. Emerging bacterial resistance has rendered monotherapy less effective, but newly released guidelines (2019) for CAP may better help North Dakota ER physicians meet the challenge.

Common Causes of CAP

Streptococcus Pneumoniae
Haemophilus Influenzae
Mycoplasma Pneumoniae
Staphylococcus Aureus
Legionella Species
Chlamydia Pneumoniae

Moraxella Catarrhalis

Changes in Guidelines

Seasoned clinicians will recognize the former 2007 guidelines treatment categories

- Community Acquired (CAP)
- Hospital Associated (HAP)
- Health Care Associated Pneumonia (HCAP)

The 2019 guidelines, endorsed by the American Thoracic Society, Infectious Diseases Society of America, and Infectious Disease Pharmacists, instead place emphasis on the **individualized patient and condition** by considering the following factors:

- Patient's clinical stability: out-patient vs. in-patient treatment
- Patient's risk of multi-drug resistant organisms (MDRO)
- Patient's co-morbid conditions
- The local antibiograms

The decision to admit is largely impacted by a clinician's general impression of the patient's condition but can also be guided by the Pneumonia Severity Index (PSI). This index provides information on the risk of CAP associated mortality in the adult population. This is a handy tool when clinicians use it within context. Additional factors affecting treatment include determining risk of Multi-Drug-Resistant-Organisms, specifically focusing on MRSA and P. Aeruginosa. There is also a push for de-escalation in treatment, based on culture results, to limit unneeded use of broad-spectrum antibiotics. Another change is stopping routine coverage of anaerobic bacteria. Listed in table 1 is a flow diagram to help guide aggressiveness of treatment.

Antibiograms in North Dakota

Recognition of local antibiograms will play a large role in the treatment of CAP. New guidelines recommend avoiding macrolide monotherapy in areas with >25% resistance. This is an increasing reality in many areas of the United States and North Dakota is not immune to it. The antibiogram is especially useful when treating without blood cultures. This economically tactful approach is based on the premise that the patient will return if symptoms do not improve or worsen. This information is usually accessible through the electronic medical record or by contacting your hospital's microbiology department. Awareness of year-to-year changes in your local antibiograms will provide an increase in the efficacy of treatment regimens and better patient outcomes. Below is a shortened summary of antibiotic susceptibility of common CAP infections as well as resistant bacteria in Bismarck, Fargo, and Grand Forks.

Strep. Pneumoniae

Susceptibility	Macrolide	Penicillin	Tetracycline	Fluoroquinolone
Bismarck (CHI St. Alexius 2018)	60	94	43	100
Bismarck (Sanford 2019)*	39	97	82	-
Fargo (Sanford 2019)	61	99	-	97
Grand Forks (Altru 2018)	61	100	92	-

MSSA

Susceptibility	Macrolide	Vancomycin	Tetracycline	Fluoroquinolone
Bismarck (CHI St. Alexius 2018)	82	100	97	93
Bismarck (Sanford 2019)*	69	100	95	-
Fargo (Sanford 2019)	96	100	96	78
Grand Forks (Altru 2018)	-	99	98	-

MRSA

Susceptibility	TMP/SMX	Vancomycin	Tetracycline	Linezolid
Bismarck (CHI St. Alexius 2018)	98	100	100	-
Bismarck (Sanford 2019)*	99	100	94	100
Fargo (Sanford 2019)	96	100	96	100
Grand Forks (Altru 2018)	97	100	98	-

P. Aeruginosa

Susceptibility	Meropenem	Pip/Tazo	Tobramycin	Fluoroquinolone
Bismarck (CHI St. Alexius 2018)	87	88	92	75
Bismarck (Sanford 2019)*	90	92	96	83
Fargo (Sanford 2019)	88	81	96	89
Grand Forks (Altru 2018)	94	93	100	94

*Antibiogram data taken from Bismarck Sanford included cultures from urine collections as well.

Summary

There has been a shift in emphasis from following guidelines to assessing the patient's individualized condition. The major emphasis is placed on deciding if a patient is stable enough to be treated on an out-patient vs. in-patient basis, the risk of MDRO's, co-morbid conditions present, and local antibiograms. The new guideline sets up a nice framework to practically approach each patient individually and places emphasis on the healthcare providers' clinical reasoning.

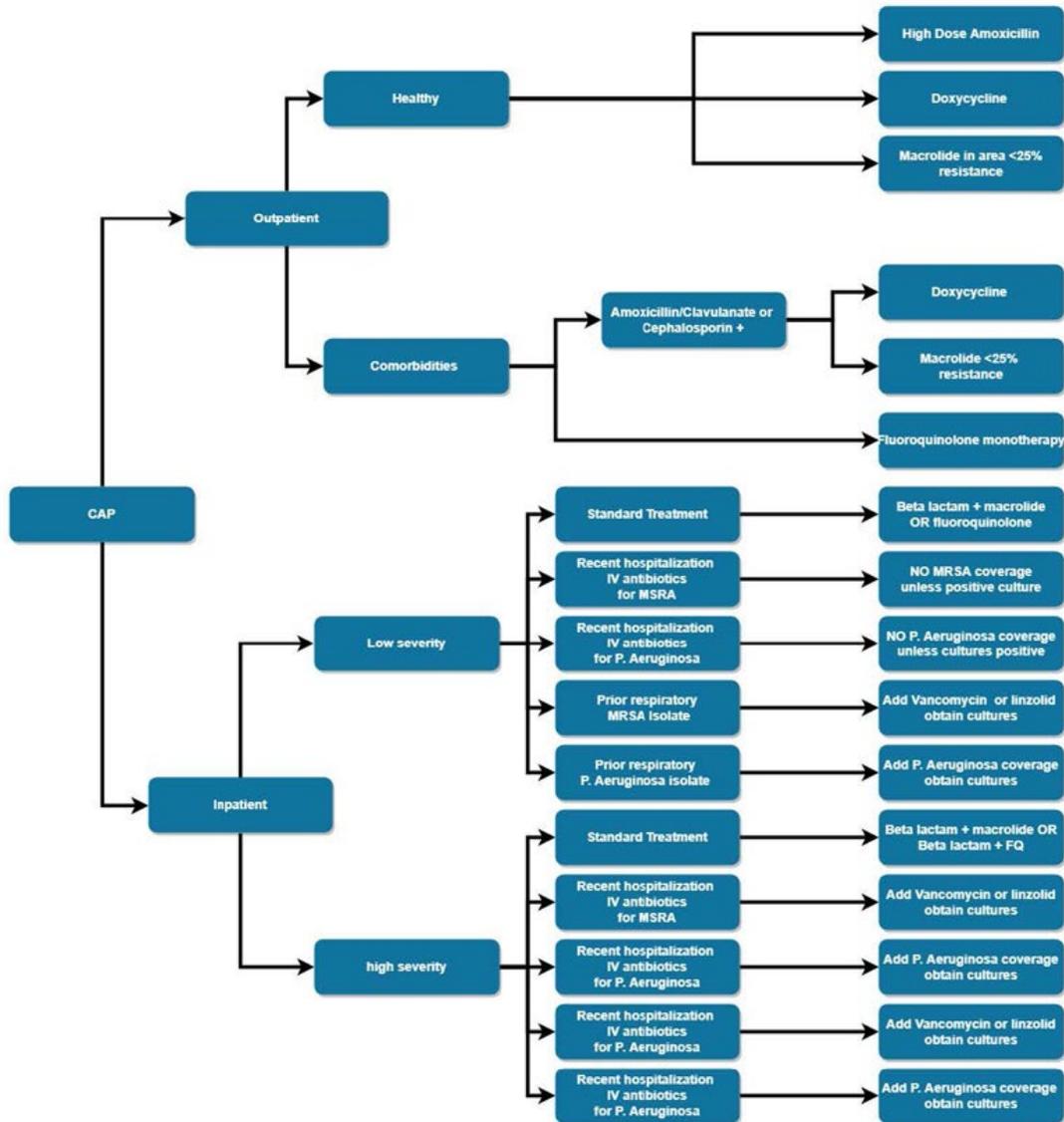


Table 1: The table above provides a systematic approach to treatment of CAP.

References

[Hatfield L. PHARMD BCPS, Shenvi, C. MD PHD. \(2019\). Recap: Key Updates from The New Cap Guidelines. Emergency Physicians Monthly, 26\(12\) pg. 3.](#)

Metlay, J. P., Waterer, G. W., Long, A. C., Anzueto, A., Brozek, J., Crothers, K., ... Musher, D. M. (2019). [AMERICAN THORACIC SOCIETY Diagnosis and Treatment of Adults with Community-acquired Pneumonia an Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. 200.](#)

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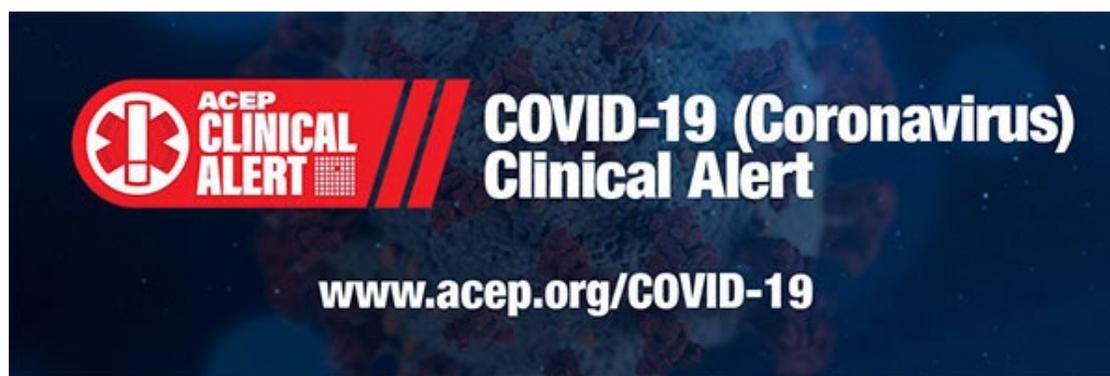
Adriana's Corner

A special thank you to all of you for your continued support of your patients during this pandemic. These are unprecedented times and many of you have made many sacrifices and have continued to risk your lives for others. Wishing you all the best during this crisis. Stay safe and healthy!

Take advantage of the useful resources that are posted on the chapter website:

[COVID-19](#)
[Mental Health](#)

FROM NATIONAL ACEP



We are updating our [COVID-19 Clinical Alert repository](#) daily to assist you with patient care, stay up-to-date with ACEP's efforts and resources and access free & discounted offers to healthcare workers. The site is organized by topic and also includes links to trusted external sources.

Public Poll: Emergency Care Concerns Amidst COVID-19

There is a worrisome trend across ERs of people who are avoiding getting the medical care they need. While it's important to stay home and follow social distancing guidelines, it's critical to always know when to go to the emergency department. [Read more.](#)

Another Week, Another Bundle of COVID-19 Regulatory Changes Regs and Eggs Blog - May 7, 2020

Last week, we mentioned that the Centers for Medicare & Medicaid Services (CMS) was planning on releasing a COVID-19 regulation any day—and in fact the reg came out later that same day, Thursday, April 30th. This is the second major reg CMS has released in response to the COVID-19 pandemic. While the first reg that CMS issued at the end of March had huge implications for emergency physicians, the reg released last Thursday won't have as much of a direct impact on emergency medicine. [Read more on ACEP's regulatory blog.](#)

COVID-19 Financial Survival Guide: What You Need to Know

ACEP is standing up for our members who, despite serving on the frontlines of the COVID-19 pandemic, are having their livelihoods threatened. Cutting benefits, reducing shifts or canceling contracts in today's environment is akin to signing a 'Do Not Resuscitate' order for many emergency departments and the physicians who care for patients, especially those in rural or underserved areas. [Access the guide.](#)

COVID-19 Physician Wellness Webinars & Crisis Support

ACEP collaborated with the American Association of Emergency Psychiatry on a webinar and podcast related to physician wellness and mental health during COVID-19. In this webinar, Dr. Jack Rozel, Medical Director at resolve Crisis Services and president of AAEP, and Dr. L. Anthony Cirillo, ACEP Board Member, share insights on why we are experiencing fear and grief, how to cope with different

types of stress, and how to help yourself and your team through this difficult time. [View the webinar and listen to the podcast.](#)

ACEP Member Benefit: Free Counseling and Support

Receive exclusive access to 3 free counseling sessions through ACEP's new Wellness & Assistance Program. Support is available 24/7, & you can conduct your sessions over the phone, face-to-face, via text message or through online chat.

[Learn more.](#)

COVID-19 Field Guide: New Updates

Our most popular COVID-19 resource, the Field Guide to COVID-19 Care in the ED, continues to be updated with the latest information. The following sections were updated: isolation, PPE, risk factors, and evaluation/management of COVID-19.

[View the guide.](#)

Member Benefits: COVID-19 No Cost, Discount & Other Offers

You are risking your lives to care for patients from this unprecedented pandemic, and we all appreciate the additional stress on you and your families. We want to help. And, so do a lot of companies out there. So, thanks to you and thanks to the companies willing to support our healthcare heroes. [View the benefits.](#)

Get Waiver Training on Zoom

Given the unprecedented crisis that COVID 19 poses to patients with opioid addiction Get Waivered, ED Bridge, and ACEP are providing the first ever seamless Zoom version of the traditional waiver training on May 20 at 10 a.m. EST. [Register here.](#)

COVID-19 Special Edition of Critical Decisions in EM

Our newest CDEM features lifesaving lessons focused on the ED evaluation and management of COVID-19, including timely information on risk factors, common examination findings, valuable diagnostic tests, and the safe use of pharmacological treatments. The issue also takes a deep dive into PPE, the provision of respiratory support, and what interventions should be avoided when managing these vulnerable patients. [Learn more.](#)

Geriatric Emergency Department Accreditation: Delivering Geriatric Care Standardization

Older adults account for 46 percent of all emergency department visits resulting in hospitalization. Approximately one out of every 10 hospital admissions are potentially avoidable, and the majority (60 percent) of those admissions are for patients 65 and older. Read More about GEDA in the latest [SAEM Pulse issue.](#)

Call for Research Forum Abstracts

Submit your abstracts to ACEP's Research Forum 2020 by June 11. Abstracts will be peer reviewed for presentation at the 2020 Research Forum during ACEP's Scientific Assembly. [See abstract requirements.](#)

Be Accredited to Provide Pain & Addiction Care in the ED

Show your community that your ED is part of the solution. ACEP is now accepting applications for the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org

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