

K.J. Temple, MD, FACEP
President

[Adriana Alvarez](#)
Chapter Executive

[Website](#)



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President's Letter
K.J. Temple, MD, FACEP

2020 is just around the corner. How has the year flown by. Crazy shifts and new experiences in the ER? Please share your stories.

ACEP19 - Denver

I had the opportunity to represent you at this years Council Meeting. A few resolutions that affect us as emergency physicians in North Dakota were discussed. You can read more about the resolutions that were passed here.

As a chapter, we submitted a memorial resoluton in Dr. Mickelson name. While at the Council Meeting, I had the privilege to accept the resolution. Dr. Mickelson will be missed!



Chapter Board Meeting

We are currently planning a chapter board meeting. The meeting will be held via conference call. I'm inviting all of you to join us for the meeting. As emergency physicians in a rural state, we have a lot to talk about. Have you experienced violence in the ED, want to get more involved at the chapter level, and have any ideas on how to get medical students more involved? Please join us for the meeting. The call-in details and agenda are below:

Thursday, December 19th

5:00PM CST

Agenda

Zoom Meeting

Meeting ID: 679 048 084

Dial by your Location: 855 880 1246 US Toll-Free

Medical Student Corner

Vaping as a Growing Health Concern from a North Dakota Emergency Medicine Department Perspective

North Dakota joined the list of 49 states reporting vaping illnesses, known as EVALI (E-cigarette, or Vaping, product use Associated Lung Injury). The state has nine confirmed cases, four probable, and three suspected. A cluster in northeastern North Dakota is under investigation. Nationally, there have been 1,888 cases and 37 deaths attributed to EVALI. **Otherwise, healthy males under 35 years old constitute the majority of cases. However, the median age of fatal cases is 53.**

Vaping involves inhaling a heated liquid (via an e-cigarette) which contains nicotine, marijuana, or other chemicals. When the vapor cools, oil coats the lungs. **THC was used in 86% of cases where product history could be reliably obtained.** For an ER patient with suspected EVALI, a detailed history (substances, sources, devices) becomes pertinent.

CDC criteria for EVALI

1. E-cigarette use within 90 days prior to symptoms;
2. Infiltrates on CXR or opacities on CT;
3. No other plausible diagnosis (cardiac, malignancy, rheumatologic), including infection (respiratory viruses, influenza, other respiratory)

Timelines range from days to weeks, **presenting with pleuritic, gastrointestinal, and constitutional symptoms in varying orders. They include tachypnea, tachycardia, respiratory distress, bilateral infiltrations, elevated WBCs without eosinophilia and occasional elevated liver transaminases.**

Treatment for EVALI is not well established. **Several cases have improved with IV corticosteroids.** If indicated by the clinical picture, empiric antibiotics and antivirals are reasonable. **Threshold for admission and critical care should be low.** The case for admission is strengthened by respiratory distress, O2 <95% on room air, or existing comorbidities. One half required ICU admission, and one fifth required mechanical ventilation.

EVALI should be considered in an adolescent or young adult with unclear respiratory, GI, or constitutional symptoms. The CDC recommends against vaping until safer practices (if any exist) are determined. **Suspected cases should be reported to local or state health departments.** Current reports and guidelines are available [here](#).

*Authors: Heather Kaluzniak MS3; Carissa Klarich MS3
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Adriana's Corner

Recently, a Chapter Exes Leadership Summit was held at the national office. Many chapter executives from small and large chapters attended. This summit was a great opportunity for the staff at the national office to see the different roles of a chapter executive. In addition, during this summit many chapter executives, like me, realized that we have many common goals for the chapters we support, can lean on each other to collaborate on chapter events and copy existing ideas rather than try to invent the wheel. I for one felt like I took away many helpful tips of which I think can be implemented in the chapter. I look forward to sharing those tips with you in the coming months!

FROM NATIONAL ACEP



Take Action to Prevent Reimbursement Cut

Your Medicare reimbursements will be cut unless Congress acts before the end of the year. Help us urge Congress to take action to improve MACRA and to stop the upcoming cuts to ensure Medicare patients continue to have access to high quality emergency care. [Click here](#) to learn more and send a message to Congress today.

CMS Releases Final 2020 Medicare Physician Fee Schedule

Recently, CMS released its final 2020 Medicare Physician Fee Schedule (PFS) rule that includes changes that will affect Medicare physician payments and MIPS starting Jan. 1. [The Regs & Eggs blog](#) breaks down the final rule, emphasizing policies that apply to EM.

Do You Give-A-Shift?

The number one issue facing emergency medicine in Congress today is [surprise medical billing](#). ACEP is working hard to make sure that your voice is heard in this debate and that Congress finds the right solution that takes patients out of the middle and levels the playing field between physicians and insurers. In this critical time in emergency medicine, political action is more important than ever. You can make a difference on this issue by joining the fight with NEMPAC. [Help ACEP fix surprise billing the right way by supporting NEMPAC today.](#)

New Member Benefit for Physician Wellness & Assistance

The ACEP Wellness & Assistance Program was rolled out during ACEP19. It offers ACEP members exclusive access to 3 FREE confidential counseling or wellness sessions. Support is available 24/7, and sessions can be face-to-face, over the phone, or via text and online messaging. Includes 30-minute consultations for individual legal/financial matters. [Learn more.](#)

ACEP Introduces Citizen First Responder Program

ACEP's new first responder training program, Until Help Arrives, was officially unveiled during ACEP19 in Denver with a series of events to highlight how emergency physicians can positively impact their communities by conducting training sessions to teach the public basic life-saving skills. [Read more.](#)

New Resources to Help Small Groups

ACEP has developed new resources specifically to benefit small groups. A new Small Group Advisory Group is a team of seasoned small group members who have volunteered to support the small group practice model by sharing their expertise with other small group members who are looking for guidance or wanting to tap into the experience of others as they face various challenges unique to small groups. If your small group is dealing with an issue that you'd like to ask the advisory group about, just send us an email at smallgroups@acep.org. ACEP has also developed an online community for small group members to share ideas and discuss issues. To join that group and see the other small group resources available, go to www.acep.org/smallgroups

ACEP and ENA Team Up to Tackle Violence in the ED

ACEP and ENA have joined forces to combat violence in the emergency department through a new campaign entitled “No Silence on ED Violence.” The campaign is aimed at raising public awareness of the frequency and severity of assaults against emergency physicians and nurses, and to advocate for action by stakeholders and policymakers to meaningfully address this crisis. Learn more about the campaign and help us demonstrate how widespread this problem is by sharing your story at www.stopEDviolence.org.

Nominate an Outstanding Medical Student

The ACEP/EMRA National Outstanding Medical Student Award recognizes 4th-year EM-bound medical students who excel in professionalism, leadership, service, research and academic excellence. [Nominate a deserving student by Jan. 1.](#)

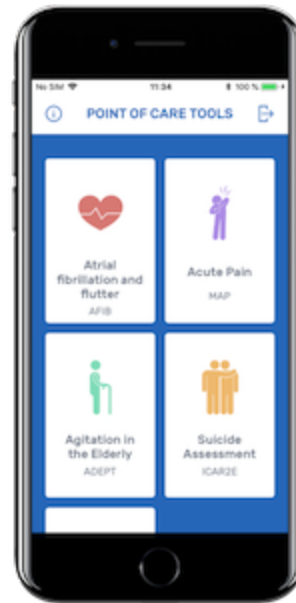
New online course on opioid use disorder is approved by ABEM for “Part IV”—and it’s free

You already know that opioid-related deaths have risen to epidemic proportions. And that your emergency department is the only point of access many at-risk patients have to lifesaving interventions. A new ACEP course—*free, thanks to a SAMHSA grant*—can teach you how to provide better care, make an immediate impact, save lives, and satisfy your ABEM PI requirement. Learn more about the [ABEM-approved pathway](#) and the [optional education module](#) now. Approved for *AMA PRA Category 1 Credits™*

ACEP seeks task force members for a new Point of Care App: emPOC

Now is your chance to get involved!

Working with no network? Are you offline? This **FREE, native app** with helpful bedside tools can be accessed even with the absence of an internet connection. emPOC is available exclusively to ACEP Members as a benefit to membership. All tools can be accessed on our [website](#). If you are interested in helping steer the direction of emPOC and giving expert advice on how ACEP's new and exciting app can be an even greater asset to our membership, please email Riane Gay at rgay@acep.org to receive more information on how you can get involved.



EMF Announces 2020/2021 Grant Opportunities

The Emergency Medicine Foundation (EMF) has announced its 2020/2021 research grant opportunities. Review the request for proposals and [apply for funding by the February 7, 2020 deadline](#). Four new directed research grants are available on Nasal High Flow Therapy for Respiratory Compromised Patients in the ED, Reducing Burnout through ED Design, Better Prescribing Better Treatment Program, and Diagnostics Research, in addition to EMF partnered grants.

Psych Coalition to Host Behavioral Emergencies Workshops

The Coalition on Psychiatric Emergencies is hosting an [interactive pre-conference workshop](#) Dec. 11 in Scottsdale, AZ in advance of the National Update on Behavioral Emergencies. The early bird rate (\$179) expires Dec. 1.

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](#).

Is Your ED Pediatric Ready?



All EDs need to have the appropriate resources and capable staff to stand ready to care for children of all ages, yet every day in the United States, children are treated in EDs with varying levels of pediatric readiness. Start now to be **PedsReady** before taking the assessment starting **June 2020**.



For more information and resources to be PedsReady:



Bookmark the [PedsReady.org](https://www.pedsready.org) website

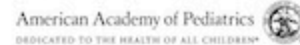


Download the 2018 guidelines: <https://tinyurl.com/PedsReady>



Like & share the PedsReady Facebook page: [@PedsReady](https://www.facebook.com/PedsReady)

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