

Alaska Chapter Update

A Newsletter for the Members of Alaska ACEP



Fall 2012

From the President Carlton Heine, MD, PhD, FACEP, FAWM

I have several things relevant to Emergency Physicians in Alaska to share with you!

First, you have two opportunities to network with colleagues from around the state. One of the opportunities is at the ACEP [Scientific Assembly](#) in Denver, Colorado. Alaska ACEP has organized a social gathering for all attendees with an Alaska connection on Monday, October 8th at [Katie Mullen's Irish Restaurant & Pub](#) in the "Back of Gaelic" room at 8:30pm. Katie Mullen's is located at the Sheraton Hotel.

The second important opportunity to network with colleagues will be at our Annual Chapter Meeting / Alaska ACEP social to be held on Friday, November 9th at the [Glacier Brewhouse](#) located in downtown Anchorage at 737 West 5th Avenue, Suite #110, Anchorage, Alaska 99501, Phone: (907) 274-2739. The chapter will provide a range of appetizers and you are welcome to purchase drinks and dinner.

The event will start with meeting activities at 6pm and will include reports of interesting / educational case studies from Alaska. At the meeting this year, we will hold elections for the chapter Officers. The Board has recommended nominating the current chapter Officers to serve a second 2-year term. They are the following: Carl Heine-President, Anne Zink-Vice President, Nancy Kragt-Secretary, and Ben Shelton- Treasurer. We will still welcome you if you want to skip the meeting and just come late to socialize with your emergency medicine colleagues.

In addition, this fall we will be doing a brief survey on your experience with **Violence in the Emergency Department** to gauge how much of a problem it is in Alaska and how much work we should put into this issue. The survey will be web based and I ask that all of you fill it out when it hits your e-mail.

In a fortuitous accident, we just discovered that Alaska has a **Prescription Monitoring Program** in place. As of yet, we have not had time to explore the program in detail but want to alert you to its existence and encourage you to sign up and try it out. I can report that using a similar system down in Washington State has been a great tool to help stem the abuse of narcotic medicines and patients shopping for these drugs by visiting multiple emergency departments and providers.

Please see below for more details.

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Alaska Chapter ACEP



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Prescription Monitoring Program

Prescription Monitoring Program is here in Alaska! Information is available to you, the practitioner in the emergency department! The state has been requiring pharmacies to report all schedule II - V drugs since 2008.

All you need to do is go to the [web site](#) and register to use the program. "Alaska's on-line reporting application allows authorized users to generate customized reports 24 hours a day, seven days a week. A report shows information for all the scheduled prescriptions a specified patient has had for a specified period." - **Relay web site**

Again, click on the [web site](#) and register.

Use it, let us know how it is going, and let's make it work for us!



2012 All Alaska Pediatric Symposium

Save the Date!

Friday, November 2 and Saturday, November 3rd - The [2012 All Alaska Pediatric Symposium: New Practices in the last Frontier](#). Alyeska Resort in Girdwood, Alaska.

For more information click on the above link or contact [Stephanie Monahan](#).



Chapter Business

Need coverage for a month? Want to see a different part of the state? Alaska ACEP chapter is thinking about making a database of emergency department providers who are licensed in the State of Alaska who would want to work somewhere else for a bit. We were thinking this would be a database where you could put what your work interest are and link to a resume so other hospitals and providers and find someone near by. Are you interested? Do you think this would help you? Give us your feedback via [e-mail](#) and we can start to look into it.



From the Vice-President Anne Zink, MD

This summer we spent a great deal of time plowing through the [Alaska Trauma Registry](#) to get a better sense of what is being done for traumatic head injuries in the state. The data was fascinating. We are working on the final stages of the paper for publication, but wanted to share our conclusions. Our hope is to use this data to create a clearer standard of care for head injuries in our state. Please contact me via e-mail if you have any questions, concerns or feedback. I will present the data at our yearly meeting in November.

Background

In 2004, the State of Alaska adopted new guidelines in the transfer and care of patients sustaining head traumas in order to manage the burden of a population spread across vast geographical locations and limited numbers of neurosurgical personnel. These guidelines categorize head traumas into minimal, mild, moderate, and serious cases and then follow an algorithm based on risk factors, GCS, and imaging studies to determine whether or not patients should be transferred to neurosurgical care.

Method

Data from 2004 to 2010 was obtained from the Alaska Trauma Registry. The head traumas were categorized following the

Alaska guidelines and then analyzed to determine their course of care. Head traumas from outside of Anchorage, where no neurosurgical specialists practice, were especially analyzed to determine how and when they were transferred. When evaluating transfer, only isolated head injuries were evaluated in order to eliminate other traumas as a confounding factor leading to transfer.

Results

The study showed that for patients outside of Anchorage who experienced minimal head trauma, 29.4% were transferred. The final discharge for 56.4% of those who were transferred was to an acute care hospital. For patients outside of Anchorage who experienced serious head trauma, only 35.7% were transferred. 14.1% of the serious cases expired immediately in the emergency department. Of the serious cases that were not transferred and did not expire in the emergency department, 21.1% eventually expired.

Conclusions

The Alaska guidelines recommend that no minimal head traumas be transferred and that all serious head traumas should be transferred. The data clearly shows that these guidelines are not being followed very closely. For the minimal head traumas, 29.4% were transferred while for serious head traumas 64.3% of patients were not transferred. Looking into the final discharge shows that many of the minimal head traumas required further care. The expiration rate for the serious cases that stayed was comparable to that of the serious cases that were transferred. These results show that the care of head trauma can be very unpredictable and as we move forward to find evidence based solutions to caring for head traumas, it is clear that more research needs to be done. It is difficult to make conclusions based on the data presented on if the guidelines are appropriate for all isolated head injuries.

Clinical News

Reducing Emergency Admissions- Easier Said Than Done

Everyone seems to agree that it's a great idea to reduce emergency hospital admissions – but no one has developed an effective way of doing so.

[Read the Entire Article](#)

Arboviral Disease Season: It's On!

The number one cause of pediatric neuroinvasive arboviral disease in the United States turns out to be – to the surprise of most physicians – La Crosse virus.

[Read the Entire Article](#)

Hyperglycemia in Cardiac ICU Treated With Exenatide

Intravenous exenatide appeared to be as effective and safe as IV insulin to treat hyperglycemia patients in the cardiac ICU, but caused nausea in a fifth of patients in a small study.

[Read the Entire Article](#)

National Assessment of Pediatric Readiness Launches in January 2013

The Emergency Medical Services for Children (EMSC) Program working with representatives from the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA) has designed a multi-phase quality improvement initiative to ensure that all emergency departments (EDs) are ready to care for children. Called the National Pediatric Readiness Project, it is the first national survey of pediatric readiness in emergency departments across the United States.

The Project includes a national assessment of EDs, immediate feedback in the form of a "Pediatric Readiness" score and gap analysis report; and a clearinghouse of resources to empower EDs to align themselves with the 2009 National Guidelines on

pediatric readiness through quality improvement and performance initiatives.

Beginning in January 2013, using a staggered deployment plan, EDs will be invited to access a secure web-based portal and complete a pediatric readiness assessment that is designed to indicate a facility's pediatric readiness.

The EMS for Children program is utilizing their infrastructure of State Managers to assist in deployment of the assessment, and we are asking our key partner organizations for assistance in identifying champions in each state. Volunteers will raise awareness of the project; encourage ED staff to participate in the assessment; and increase utilization of the free on-line resources available to EDs who embark on quality and performance improvement measures targeted at increasing their readiness score.

We believe that collaboration with national organizations is vital to the success of this project. Specifically we ask that state/regional champions perform the following:

- Champion the Project within your state/region;
- Educate fellow members about the Pediatric Readiness Project and importance of ED participation;
- Encourage your colleagues to complete the assessment;
- Share resources that can improve an ED's capability to provide appropriate pediatric care; and
- Visit the [National Pediatric Website](#) to stay informed about relevant literature, pediatric readiness champions in your state, and the latest news about the Project.
- Link to the [Pediatric Readiness Project](#) on state and region ACEP web pages.

If you are interested in becoming a champion in your state or region, please contact [Karen Belli](#) or call 301-244-6227.

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