

July 2005

PALMETTO STATE EPIC

PUBLISHED BY THE
SOUTH CAROLINA COLLEGE
OF EMERGENCY PHYSICIANS

EMERGENCY PHYSICIANS' INTERIM COMMUNIQUE



Legislative Year in Review

*Thomas E. Gibbons, MD, FACEP
Chairman, Government Affairs Committee*

2005 saw the passage of a number of pieces of legislation important to emergency medicine. Much of this success was due to the active participation in the legislative process by physicians from all around the state. We joined together, our collective voice WAS heard by our legislators, and we did make an impact. No doubt there will be legislation introduced in the next legislative year that will either positively or negatively affect our specialty, our practices, and our patients. Let us prepare for that now! Get to know your local representative on a first name basis! Educate and inform them about important issues that impact access to emergency medical care. Offer to serve as a resource of information for him/her on medical issues! Be involved! We can make a difference!

SOUTH CAROLINA LEGISLATIVE REPORT

Tort Reform: With the passage of the Medical Malpractice we now have a \$350,000 limit on non-economic damages without exceptions. Also, when providing care to a patient during a “genuine emergency situation”, we will not be liable for claims unless our actions are deemed as gross negligence. I am sure you share my concern as how the “genuine emergency situation” and “gross negligence” will be defined by the courts. This applies to the patient that is not medically stable and in immediate threat of death or immediate threat of serious bodily injury. We were fortunate to get any special protection as initially there was a strong push to not allow any amendments to be added that might give opposition forces an opportunity to stall or kill the bill.

Primary Seat Belt Law: The primary seat belt bill was passed into law without the governor’s signature. It was thought that the Governor would veto the bill because it was not strong enough. But, during a press conference, the governor pointed out that personal conversations with physicians, law enforcement, and other groups were instrumental in his decision to allow the bill to become law. (Editor’s Note: Dr. Gibbons, Chairman of the Board of Directors for the SC Safe Kids Coalition was instrumental in the passage of this important legislation).

Palmetto Poison Center – In mid-May, the Governor vetoed a \$200,000 appropriation for the Palmetto Poison Center which serves the entire state. Physicians were asked to call their legislators to ask them to override this veto and many responded to the call for action. Emergency physician, William Richardson, MD, FACEP, the Medical Director of the Poison Center met personally with a number of key legislators about this issue. The following week both the SC House and Senate voted overwhelmingly to override the veto. Another example of the importance of physician involvement!

Doctor ID Bill – On June 8, Governor Sanford let The Lewis Blackman Hospital Patient Safety Act become law without his signature. The governor thought the bill was over-regulation and voiced concern it might drive up medical costs, but he allowed it to pass because it “may help reduce medical errors.”

The new law requires all hospital clinical staff and trainees to wear badges containing certain identifying information; to require certain information to be provided by hospitals to patients prior to or on admission concerning the patient’s hospital care, including, among other things, the general role of medical students, interns and resident physicians in patient care; that the patient’s attending physician is the doctor responsible for the patient’s care, that the patient’s attending physician may change, and whether any resident physician or medical students may be participating in the patient’s care.

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Building For The Future!

*André Creese, MD, FACEP
President*

Theodore Roosevelt once said “I have a perfect horror of words that are not backed up by deeds.” – Oyster Bay, NY, July 7, 1915. In preparation of this year’s goals I have reflected upon Roosevelt’s words. Accordingly, it appears then the Chapter’s goals should be concise, easily attainable, and germane to the needs of our specialty. Equally important is the continuation of the momentum generated by my predecessor in addressing the dynamic and critical issues of South Carolina Emergency Physicians. Therefore, I have identified the following goals for 2005: 1) reaffirm and attain the Chapter’s vision through the execution of our mission, 2) maintain the level of success previously achieved regarding meaningful tort reform, and trauma legislation, 3) increase membership through enhancing services provided to the Chapter, 4) catalyze Chapter Committees and enable the true engines of our membership.

What is SC College of Emergency Physicians, and where are we going? This understanding and affirmation is essentially the Chapter’s first goal for 2005. A calibration check if you will to assure we are advancing in the right direction. To do this, we must affirm the vision and mission statements. We are a chapter of the American College of Emergency Physicians, formed “To promote the availability of high quality emergency medical services to all patients within the state of South Carolina, and to advocate for our members, our patients, and our specialty.” To attain this vision our Chapter must execute the mission “To be the voice of Emergency Medicine in the state of South Carolina; to increase respect in the House of Medicine by providing leadership at the local, state and national levels; to respond to the practice needs of our members, through education, information and advocacy; and, to provide a forum for social interaction and networking with other emergency physicians from around the state.” Through this means, we will achieve desired accomplishments in Emergency Care and advocacy for our members, patients, and specialty.

The second goal is related to political advocacy. On April 4, 2005, SC Governor Mark Sanford signed S.83, the medical malpractice bill into law. This is a momentous and wonderful victory for both South Carolina Emergency and non-Emergency Physicians. Unfortunately, the battle is not entirely over. There will be undoubtedly many challenges forthcoming to maintain the intentions of the original drafted legislation. We will need to maintain our vigilance, and our Chapter will be on alert. Our

Government Affairs Committee, the Board of Directors, and our lobbyist, will continuously monitor & report pertinent matters during this years legislative session. Through the Epic, email, and website, the Chapter will bring related information to each member.

Chapter membership is necessary to both adequately represent and be responsive to the various matters that arise throughout our state. The Chapter’s third goal is to bolster its membership so as to successfully fulfill its mission. Essential to this goal is the provision of valuable membership services. As we begin this year, the Chapter will focus on enhancing the SCCEP web site, increasing the frequency and delivery methods of the EPIC Newsletter, and lastly, return to regional membership quarterly meetings. In particular, the Chapter will host quarterly meetings open to all current and prospective members in the following areas: Upstate, Pee Dee, Midlands, and the Low Country. The specific locations will soon be announced. It is imperative that the Chapter reaches out to our many colleagues within the State fighting similar battles.

Finally, we must catalyze our Chapter’s committees as they are the specialty expertise areas of our College. Within our Chapter’s committees are dedicated professionals with specific talents and interests. The opinion, insight, and vigor of these established and/or upcoming leaders are essential to the success of our mission. This year, the Chapter will build committee membership by implementing the use of teleconference meetings. Through this means, members with interests in a given committee, who are prohibited from participating due to the commute distance from all portions of the state, will be able to phone in for a 15 minute quarterly or so meeting to discuss committee matters. Other concepts will also be aggressively pursued to increase committee participation and facilitate dialogue amongst the membership.

This year the SCCEP Chapter will see the reaffirmation of the mission and vision, while building upon previously achieved legislative success; additionally, membership and committee activity will propel the aforementioned goals. However, no matter what EM membership you hold, I encourage you to unite as colleagues, and speak loudly on key issues – this is a must for the prosperity of our specialty. If we are not prosperous as a specialty, then the care to the 4.2 million prospective patients within our State to which we serve will be compromised. Delays from hospital diversion, overcrowding, EMS, or physician shortage due to reimbursement and/or liability, may further worsen. I encourage all South Carolina emergency physicians to participate – send an E-mail, call the Chapter office, or go to the web site; bring your specific matters, comments, and / or concerns forward.

As Theodore Roosevelt once said “In a moment of decision the best thing you can do is the right thing. The worst thing you can do is nothing!”

WASHINGTON LEGISLATIVE REPORT

Congress passes Budget - Congress approved a \$2.6 TRILLION budget plan that sets the stage for another round of tax-cut extensions next fall and imposes savings targets of \$35 BILLION for entitlement programs over the next 5 years. This includes \$10 BILLION in Medicaid. Please don't give this a thought. It will all be good. Certainly, there is no way there would be a reduction in payments for emergency department Medicaid patients. IT WOULDN'T BE RIGHT! They would not need anyone to remind them. They will do the right thing. On second thought, perhaps you should keep an eye on this.

Medicare Program Announces Rate Cuts – Medicare program's trustees announced that physician payment rates will be cut 26% from 2006-2011 beginning with a 4.3% cut Jan. 1, 2006. This will result in Medicare payment rates in 2011 being at a little more than 50% of 1991 payments after adjusting for practice cost inflation. Rather than basing updates on increases in practice costs, these rates are driven by a flawed formula, the Sustainable Growth Rate (SGR). ACEP continues its support of efforts to repeal the SGR and provide a positive Medicare physician payment update for 2006 and beyond.

Legislation reforming the Medicare payment formula was introduced by Reps. Clay Shaw (R-FL) and Ben Cardin (D-MD). HR.2356 mandates a minimum 2.7% positive update in 2006 and replaces the SGR formula with a formula using the Medicare Economic Index in 2007 and beyond. The bill was referred to the House Energy and Commerce Committee and Ways and means Committee.

S.1081, the Senate bill addressing Medicare payment cuts was introduced by Senators Jon Kyl (R-AZ) and Debbie Stabenow (D-MI). S.1081 would provide update of not less than 2.7% in 2006 and an update in 2007 that reflects physician practice cost inflation, expected to be about 2.6.

ACEP will likely send out a "call to action" in the near future to ask members to contact their Senators and Representatives to ask for their support of legislation repealing the SGR. When the call comes – your response will be vital!

MISCELLANEOUS ISSUES

ACEP Rally at the US Capitol - Mark your calendars! During the ACEP Scientific Assembly the College and its allies have scheduled a rally on September 27th at 10 a.m. on the West Lawn of the US Capitol. This rally will call on Congress to Save America's Emergency Departments. (see more detailed information on the rally on Page 10).

CDC Releases Report on ED Visits – The CDC reported that more than 113 million visits were made to emergency departments in 2003, the highest number ever. From 1993 to 2003 the number of emergency department visits increased from 90.3 million to 113.9 million (up 26%), an average increase

of more than 2 million visits per year. During the same time period, the number of hospital emergency departments has decreased by about 14.1 percent. ACEP will be convening a major conference of stakeholders this month to discuss solutions to the problems this has caused such as overcrowding and boarding patients waiting for inpatient beds.

ELECTION RESULTS-ANNUAL MEETING

The SCCEP Annual Meeting was held on Friday, April 8, at the Renaissance Hotel in Charleston. Elections were held with the following results:

Board Members elected/re-elected for 3-year term:

Pamela P. Bensen, MD, FACEP
André Creese, MD, FACEP
Stephen A.D. Grant, MD, FACEP
Patrick S. Hunt, MD, FACEP

Councilors elected/re-elected to 2-year term:

William C. Gerard, MD, FACEP
Richard A. Schmitt, MD, FACEP
Alternates: Drs. Allison L. Harvey, Geoffrey E. Renk, and James P. Gillen.

At the end of the Annual Meeting, new President, Dr. André Creese called a meeting of the new Board of Directors to elect Officers for the 2005-2006 Term.

Officers Elected by the Board of Directors

President-Elect - Stephen C. Stanfield, MD, FACEP
Secretary - Geoffrey E. Renk, MD, FACEP
Treasurer - Randy L. Reinhardt, MD, FACEP

SCCEP DINNER

A MEMORABLE OCCASION

The SCCEP Dinner Meeting held in Charleston on April 9 was particularly memorable this year because of some very special guests in attendance - Judy and Katy Niles and Ellen and William Warren. They had been invited to present the awards named after their late husbands and fathers, Drs. Jack Niles and Jack Warren.

Dr. Jay Taylor shared some wonderful, and often funny, reminiscences of friend and colleague, Dr. Jack Niles. President Andre Creese then introduced Judy and Katy Niles, and Katy presented the Jack K. Niles Leadership Award, named after her father, to Immediate Past Present Allison L. Harvey, MD, FACEP.

Dr. Ralph Shealy shared fond memories of his longtime friend and colleague Dr. Jack Warren and Dr. Ken DeHart summarized the outstanding contributions and accomplishments of this years recipient. Then watched proudly by mother Ellen, William, a Citadel Cadet, presented the Jack Warren Emergency Physician of the Year Award, named after his father, to Dr. John Molnar.



President Allison Harvey passes the gavel to incoming President André Creese



Mrs. Judy Niles and President André Creese with Katy Niles as she prepares to present the Award, named after her father, to the 2004 recipient.



Katy Niles presents the Jack Niles Leadership Award to Immediate Past President Dr. Allison Harvey as Mrs. Judy Niles and Dr. André Creese look on



Accompanied by Ellen Warren and son William, Dr. Ken DeHart introduces the Jack Warren Emergency Physician of the Year Award recipient - Dr. John Molnar.



Mrs. Ellen Warren and son William with Dr. Molnar, the recipient of the Jack Warren Emergency Physician of The Year Award for 2004.



Dr. John Molnar and William Warren.



SCCEP members enjoy both the food and the company at the Annual Meeting.



Dr. Jay Taylor (Columbia) and John Limehouse (Medical Student-MUSC) enjoy a chat..



Presidents "3". Past Presidents Steve Grant (Aiken) and Geoff Renk (Charleston) with current President André Creese (Florence)



Dr. John Molnar (Myrtle Beach), Pamela Bensen (Anderson), and William Richardson (Columbia) take time for a chat after dinner.



Mrs. Judy Niles listens as memories of her husband are shared by Dr. Jay Taylor.



Dr. Hugh Sammons (Lexington) and Larry Raney (Charleston) relaxing after dinner

RANEY'S TRIVIA CORNER

The Origin of Boerhaave's Syndrome

Laurence H. Raney, MD, FAAEM, FACEP



Herman Boerhaave (hr'män bûr'hävY)³, Dutch, 1668-1738 -- Regarded by many as one of the most influential physicians of the 18th century. His contributions to medicine include the use of post-mortem examinations to find the cause of death, and the use of the thermometer as a part of physical diagnosis. Perhaps most importantly, he is credited with reviving the Hippocratic (and current) system of teaching students at the bedside – clinical instruction^{3,4}.

On October 26th, 1723, the Dutch Grand Admiral, and Prefect of the Rhineland, the Baron J van Wassenauer gorged himself on a sumptuous meal of roast duck and wine. The 51 year-old Baron had a history of gout and heavy eating and drinking. After the meal, he felt full (bloated?) and per his custom took several doses of olive oil and beer attempting to induce emesis. During one attempt to vomit, he experienced sudden and severe chest pains. He declared himself dying and began to pray. Boerhaave was called to his side near midnight on the 29th, where he was still alert and able to speak. He was dead by the next day. Boerhaave conducted an autopsy and concluded that the Baron had died from a rupture of the oesophagus with mediastinal contamination of gastric contents – what we now know as Boerhaave's syndrome.



CXR of Boerhaave's Syndrome

I find it interesting that the Baron survived three days, especially considering his was a transverse esophageal tear – the least common type. Boerhaave's is a rare condition, with a rate of about 1 in over 6000 patients, but accounts for about 15% of esophageal tears. Even with early diagnosis and treatment the mortality approaches 50%. With delay in diagnosis it is over 90%.

Let's Rally at the US Capitol

As part of a historic gathering of emergency medicine physicians, members of the South Carolina chapter are urged to participate in ACEP's Capitol Hill Rally during the 2005 Scientific Assembly.

More than 1,000 emergency physicians will convene on the **West Lawn of the Capitol from 10-11am, Tuesday, September 27** to declare a state of emergency in the nation's emergency departments, & illustrate the impact on patient care.

"Every available South Carolina emergency physician should make plans to attend this important event," said SCCEP President, Dr. André Creese. "The issues that will be addressed in the Rally impact our emergency departments in South Carolina, and we cannot stand idly by and simply hope something changes. Now is the time to get involved and make a change ourselves!"

ACEP Executive Director Dean Wilkerson said this Rally will position ACEP as a force in Washington, DC. "ACEP should be viewed as an action-oriented organization – one that is a do-good organization concerned about patient care and patient safety, one that is not afraid to voice its opinion, and one that the public, the media, and policy makers cannot afford to ignore."

The educational program of Scientific Assembly will be put on hold and ACEP is providing buses to the Rally location.

Dr. Creese strongly encourages SCCEP members to participate in this event and show that the South Carolina College of Emergency Physicians is committed to advocating for the best emergency care for patients.

Need More Information? - Go to ACEP.org for updates and to confirm your participation.

SCCEP SHOW GOES ON THE ROAD

SCCEP Meetings Go Mobile - New SCCEP President, Dr. André Creese, has elected to take the SCCEP Board of Directors to the four regions of the state to meet with area emergency physicians. The regional meetings are designed to further reach out and advocate those issues germane to emergency medicine for our members. The first of these "whistle stops" will take place in the Greenville area, on Tuesday, August 30 at the Thornblade Club, 1275 Thornblade Boulevard, in Greer.

There will be a Board of Directors meeting from 4-6 pm (all members are encouraged to attend). This will be followed by a "Meet and Greet" Social from 6 pm to 8 pm. Attend this session to meet and discuss important regional, statewide, or national issues impacting your practice with your colleagues. Available will be ACEP resources, live bedside ultrasound demo (with EM instructor) and heavy hor d'ouevres!

Don't miss this very important meeting please RSVP to Joy Zimmer at 800/241-2237 or via e-mail to sccep@sc.rr.com.

PALMETTO STATE EPIC

is the newsletter of the South Carolina College of
Emergency Physicians

Editor: Joy Zimmer

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Carolina. The opinions expressed in this newsletter
are not necessarily those of the Chapter or the
American College of Emergency Physicians.

2005-2006 CHAPTER OFFICERS

André Creese, MD, FACEP
President

Stephen C. Stanfield, MD, FACEP
President-Elect

Geoffrey E. Renk, MD, FACEP
Secretary

Randy L. Reinhardt, MD, FACEP
Treasurer

Allison L. Harvey, MD, FACEP
Immediate Past President

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William C. Gerard, MD, FACEP

Stephen A.D. Grant, MD, FACEP

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COUNCILLORS

William C. Gerard, MD, FACEP

Stephen A.D. Grant, MD, FACEP

Richard A. Schmitt, MD, FACEP

RESIDENT LIAISONS - PRMH

Jill Feezell, DO (PGYIII)

MEDICAL STUDENT LIAISONS

Robby Jones (USC)

John H. Limehouse (MUSC)

EXECUTIVE DIRECTOR

Ms. Joy Zimmer

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ADVANCED PEDIATRIC LIFE SUPPORT COURSE

Location: Embassy Suites Hotel, Charleston
(located near the convention center)

Date: October 14-15, 2005

Course fee: \$425 includes the text book

CME: 16 hrs applied for, from ACEP and AAP
Course has been approved by ACEP and AAP

Course Director: Sam Kini, MD, FACEP
Assoc. Prof., Div. of Emerg. Med., MUSC

For more information contact Dr. Kini at:
samkini@gmail.com or kinis@musc.edu
or call: 843-792-9705 (ask for Ms. Riley)

Registration limited to 40

WELCOME NEW MEMBERS AND TRANSFERS

Following is a list of new members and transfers who have
joined the chapter since the last EPIC was published. We
welcome them to South Carolina and SCCEP.

Jennifer A. Adair, MD (Resident-PHR)

Joseph B. Cantey (Student-MUSC)

Danielle Davis, MD (Resident-PHR)

Erik Dehlinger, MD (Florence)

Neely E. Green, MD (Resident-PHR)

Steven D. Guyton, MD (Resident-PHR)

Dusty A. Moses, MD (Resident-PHR)

Stephen J. O'Connor, MD (Mt. Pleasant)

Cheryl M. Slone, MD (Resident-PHR)

Christopher A. Souder, MD (Resident-PHR)

James Stumpff, MD (Anderson)

Cameron M. Thurman (Student-MUSC)

Antoinette R. Tolbert, MD (Port Royal)

Lucy B. Traxler (Student-USC)

Thomas R. Vajen, MD, FACEP (Hilton Head)

Lisa R. Walchalk, MD (Resident-PHR)

SCCEP Committee Interest

The Chairs of SCCEP Committees for 2005-2006 are:
Gov. Affairs/Pract. Mgt. - Tommy Gibbons, MD, FACEP
EMS/Disaster Committee - Mac Nowell, MD
Education - Troy Privette, MD, FACEP
Membership - Pamela Bensen, MD, FACEP

If you are interested in serving on one of these committees
you can contact the Chair of the committee through the
Chapter Website at www.sccep.org or through Joy
Zimmer at sccep@sc.rr.com.

UPCOMING EVENTS

SCCEP SHOW GOES ON THE ROAD

Tuesday, August 30, 2005, 4-8 p.m.

Thornblade Club, 1275 Thornblade Boulevard, Greer

(See more information on Page 6)



SCCEP ORAL BOARD COURSE

September 9-11, 2005 - Las Vegas, Nevada

Contact Joy Zimmer or visit the SCCEP Website

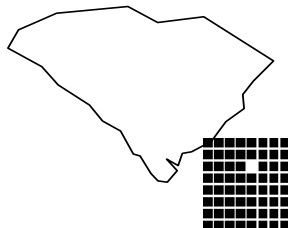
at www.sccep.org for more information

800-241-2237 (803) 434-6690 in Columbia

(803) 434-3946 (fax) - sccep@sc.rr.com

SCCEP EMERGENCY ULTRASOUND COURSES

For information on scheduled courses visit the
Ultrasound Website at www.emergencyultrasound.com



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