



CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

JULY 2005

“God heals and the doctor takes the fee.” — Ben Franklin

J O B S I N C O N N E C T I C U T !

WINDHAM HOSPITAL — Full-time opportunity for an exceptional emergency physician to join group committed to providing quality emergency services within an enjoyable work environment. New ED is currently under construction. Competitive compensation, CME, and benefit package. This is an excellent opportunity. Contact Dr. Eric Hobert at ehobert@wcmh.org or (860) 456-6714 for details.

GREENWICH HOSPITAL — is looking for BE/BC per diem ED attendings. Very competitive salaries and benefit package. Contact: Kevin Brown, MD, Director, Emergency Services 203-863-3632. fax: 203-863-4274

M O R E C O N N E C T I C U T J O B S I N S I D E

ALSO INSIDE:

RESIDENTS GRADUATE!

NEW CCEP EXECS

**Spotlight On . . .
BRIDGEPORT ED**

Spring **SYMPOSIUM ON AUGUST 19**
FEATURES RICK BUKATA

Spotlight on . . .

Bridgeport Hospital Department of Emergency Medicine

For this edition of Spotlight we talked to Associate Chairman Bryan Jordan about his city hospital ED.

Can you give us a general overview of your shop?

We're a level one trauma center, a tertiary referral center for pediatrics and neonatal intensive care, and have the only burn unit between NYC and Boston. Our Chest Pain Center was the first to be accredited in Connecticut and is housed in the ED. We're committed to medical education and have freestanding Medicine, Med/ Peds, Radiology, and OB/Gyn residencies. We share programs with Yale in EM, Surgery and Pediatrics. Fellowships are in Pulmonology, Cardiology, GI and Burn Surgery.



A mixed bag (nurses, techs, reg, security, doc) of happy BH ED staffers, from left to right: Kim, Lili, Elvin, Jan, Stacy, Ebony, Rhiannon, Bryan, Cathy, and Carlos.

What's your census?

We're consistently between 62,000 and 65,000.

What's the layout?

Our main ED, is made up of three separate areas: "Sub acute", (8 beds, for stable patient with abdominal pain, vaginal bleeding, cough, etc); "Holding", (for more severe/critical care patients with SOB, chest pain, altered mental status, etc); and "Observation", a versatile unit that's used to treat an array of patients with fairly minor to critical care problems. All of these beds are monitored. Plain films are done in the ED. We have a four-bedded Urgent Care Center that is inside the department, open from 7am until 3 am everyday. 10-15% of our patients are children, and our pediatric ED is an extension of the main department. It's open from 3pm to midnight. This allows us to segregate the children from the adult population starting in waiting room through to examination and treatment. The decor is more child-oriented and less frightening. It also gives the medical provider more opportunity to tend to the age appropriate needs of the children, without having to adjust for adults.

Staffing?

About 53 hours of attending physician coverage daily. We make adjustments in the schedule on a seasonal basis to

accommodate the fluctuations in disease prevalence and seasonal injuries. All attendings have clinical appointments with the Yale Department of Surgery, Section of EM. We have about 40 hours of PA / APRN coverage daily. PA's and APRN's rotate through the acute care setting as well as the fast track area. EM Residents from Yale rotate with us and augment our staff as available. Mostly they are available round the clock, divided into shifts that shadow the attendings' shifts. Sometimes there is double coverage, but most always it's single coverage. We also host PA students from Yale, Quinnipiac, George Washington and North Carolina.

Any recent wins?

Just pulled through the JCAHO review last month, with the ED contributing to Bridgeport Hospital's renewed accreditation. We've just started a five-year ED expansion project. With this modernization, an in-ED CT, and a more user-friendly facility, we anticipate the ability to accommodate the increase in ED visits expected in the next ten years.

What are some of the things you're most proud of?

We're proud of the high quality of care we provide to our patients, especially under the adverse conditions of nursing

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NEW EXECUTIVE DIRECTORS JOIN CCEP

The Connecticut College of Emergency Physicians is pleased to announce the addition of its new executive directors, Tricia Dinneen Priebe and Lisa Winkler. After nearly sixteen years of loyal service to CCEP, Nancy Sullivan is retiring and ending a real legacy. We wish her well! Tricia and Lisa will be taking over effective June 1st. They bring a wealth of experience and expertise to the chapter, having served as lobbyists for several physician organizations and now working with several groups as executive directors.

After working separately as lobbyists for the Connecticut Hospital Association and a large lobbying firm, Lisa and Tricia joined the Sullivan and LeShane team where they lobbied for several years on a variety of key issues, including the Connecticut State Medical Society, the Connecticut Society of Eye Physicians and the Connecticut State Society of Anesthesiologists.

In 2001, Tricia and Lisa left the firm to start their own company to focus on the grassroots aspect of lobbying and raising awareness of client issues both in and out of the capitol. Association management became a key component of this new venture when they spearheaded the formation of a new organization and took over the management of another.

Although Tricia and Lisa will not "lobby" for CCEP, the two will liaison with the chapter's lobbyist and augment his efforts whenever possible. They will coordinate initiatives to increase membership involvement in the chapter and draft position papers to make us more effective in the legislative arena and at the grassroots.

Mobilizing those members who are inclined to get involved with CCEP and issues common to CT emergency physicians will be a top priority. Lisa and Tricia will look for new ways to



Lisa Winkler, on left, and Tricia Dinneen Priebe, CCEP's new execs.

activate our membership and raise revenue for the chapter. A regional meeting with other New England states may be on the horizon, as well as other projects and initiatives.

They will also work closely with ACEP to ensure a seamless transition and will look to identify trends and other opportunities for coordination through their involvement with other state directors.

The contact information for CCEP has changed. The new address is: CCEP, 60 Kings Highway, North Haven, CT 06473. Email addresses are: tricia@grassrootsct.com and lisa@grassrootsct.com. The telephone number is 203.234.8055 and the fax 203.234.2852. Tricia and Lisa are also available on their cell phones at 203.464.3793 and 860.614.6102 respectively.

They welcome your ideas and feedback!

OTHER LIVES *(what do you do with your spare time?)*



"The Remedies", are mostly Dempsey folks, from L-R: Rich Kamen (alto sax), barely visable Frank LaSala sorry Frank, Regan's stomach too big (mandolin/keyboards), Tom Regan (vocals/guitar), IT guy Sky Marcinczyk (trombone), Natalie Coleman Fuller (vocals), Rob Fuller (guitar), Mark Allen (bass).

Inside ACEP...

File under: An intriguing Turn of Events...

This "Proposal to Promote Unity in Organized EM", was passed by the American Academy of Emergency Medicine Board of Directors on May 26, 2005.

Whereas, there now exists two competing general professional societies, the AAEM and the ACEP, in the specialty of Emergency Medicine; and

Whereas, at the federal and state level there exist certain issues where the specialty and the organizations would mutually benefit from a cooperative effort; and

Whereas, there exist other issues mostly internal to the specialty of EM that are best handled by one or the other organization; therefore be it

Resolved, that the AAEM board of directors approves of the below steps and will request of ACEP that the two organizations take the following steps towards greater unity between these societies:

1. The organizations will unify federal political efforts by contributing on a per full member basis equal funds to federal legislative action that will be pursued out of a unified Washington, D.C. office.
2. The organizations will establish one government affairs committee with membership proportionate to the number of full members.
3. The organizations will unify their political action committees with that board's representation on a proportionate basis to the number of full members and each organization will recommend this as the preferred vehicle for PAC donations by their members.
4. The organizations will institute by-laws changes to allow for the restructuring and renaming of the state chapters of ACEP and AAEM to allow for unified state ACEP/AAEM chapters that will require national membership in at least one of the organizations.

We're told on the ACEP Council list serve that there will be "...a joint AAEM-ACEP task force to explore ways in which our two organizations might peacefully coexist and work cooperatively. The task force is scheduled to have its first meeting in a few weeks and plans to discuss a wide range of issues." We'll see. – ed.

ACEP'S ANNUAL LEADERSHIP AND ADVOCACY CONFERENCE

B. BRYAN JORDAN, D.O., FACOEP

April brought beautifully warm weather to Washington, D.C., a spectacular Cherry Blossom season, and ACEP's Annual Leadership and Advocacy Conference. Conducted in the prestigious Loews L'Enfant Plaza Hotel, this conference has continued to grow in size and diversity from its inception.

The conference itself is free to all ACEP members and provides a large range of topics that are useful to all emergency physicians on a variety of levels. Unlike clinically based conferences, the Leadership and Advocacy Conference provides information, instruction and examples of leadership as it relates to personal interactions (between colleagues or patients), group leadership, department leadership, hospital administrative relations, State Chapters and ACEP leadership.

Additionally, the conference provides up to date information concerning the key issues that affect Emergency Medicine and provides the tools to effectively communicate the needs and opinions of emergency physicians to the legislative leaders of our country. One of the unique aspects of the conference is the coordinated effort to personally present our issues to many members of Congress during scheduled visits to their offices.

This year's message concentrated on three issues that impact emergency medicine nationally and affect each of us personally.

First, Emergency Department overcrowding: Suffice it to say, it is a persistent problem for most, if not all departments in Connecticut and the country. The impact of boarding patients directly impacts the flow

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Capital Gang (L-R): Peter Jacoby, Dave Wilcox, Craig Mittleman, Bryan Jordan, Tom Terbiak, Steve Holland, Michael Carius, & Dave John

MORE JOBS IN CONNECTICUT

BRIDGEPORT

Great full and part time opportunities for residency trained Emergency Physician. Join 12 other emergency physicians at this Level 1, Yale EM residency training site. \$15 million expansion in progress. Participate in both bedside and lecture didactic training of residents and PA students. Work at a hospital with an exceptional medical staff and services including the only burn unit in CT., established PTCA and open heart programs, Pediatric unit with residency and PICU. Competitive salary and benefits. Contact Michael Werdmann, MD at pmwerd@bpthosp.org or 203-384-3923.

CHARLOTTE HUNGERFORD

A full time position will be available Sept '05. We are a private fee-for-service group and offer a partnership track, full benefits and profit-sharing. CHH sees 30,000 pts/yr, has a separate 12 hr Fast Track staffed by PA's, 16 hrs of double MD/PA coverage, T-system charting, computerized patient tracking and physician order entry. Must be BE/BC. Contact: Eric Salk MD (860)496-6319 or esalk@hungerford.org

MANCHESTER

Per-diem EM residency trained and BE/BC physicians to work in the ED at Manchester Memorial Hospital. We are also looking for PA/ APRNs with ED experience to staff our PromptCare. Please contact: Robert F. Carroll, MD, FACEP, RCarroll@echn.org, 860-647-6475 (Office) 860-647-6412 (Fax)

MIDDLESEX

Fulltime ED position for BE/BC ABEM MD. Contact Mike Saxe, MD, FACEP at msaxe@midhosp.org or 860-344-6693.

ST FRANCIS

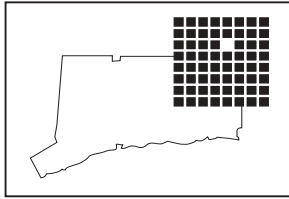
Two full time emergency physicians and 2 full time PAs/ APRNs needed for service expansion at St. Francis Hospital and Medical Center. Contact Steve Wolf, MD, Interim ED Chairman at 860-714-6107 or email:swolf@stfranciscare.org.

WATERBURY

Looking for BE/BC emergency physicians for both FT/ PT to join our group of all boarded, residency trained emergency physicians. We are a 58,000 volume, level II trauma center with rotating Yale IM residents. An unrivalled clinical schedule is only matched by the competitive salary and benefits package. Contact Craig Mittleman, MD, at 203-573-6295

WEST HAVEN VA

We are looking for additional staffing for nights and weekends. Our ED is primarily an adult, Internal Medicine-type patient population with no trauma, OB, or Peds. Emergency physicians or those boarded in Internal Medicine with ED experience would be most comfortable in this environment. Compensation has recently become extremely competitive for those with appropriate Boards. Contact: Craig Zalis, MD, Director, Emergency Services, West Haven VAMC, 950 Campbell Ave, West Haven, CT 06516. Craig.zalis@med.va.gov (203) 932-5711 x 2991 (private), x 4483 (secretary), x 4777 (ED)



Connecticut College of
Emergency Physicians
60 Kings Highway
North Haven, CT 06473
T. 203.234.8055
F. 203.234.2852

10th Annual SPRING SYMPOSIUM

with Dr. Rick Bukata

Meeting Schedule

Friday, August 19, 2005

*Foxwoods Resort & Casino
Grand Pequot Tower
Ledyard, Connecticut*

- 7:00am Registration/Breakfast
Welcome/Visit Vendors
Craig Mittleman, MD, President
- 8:00am **Rick Bukata, MD**
ED Efficiencies.
- 10:00am Break (Visit Vendors)
- 10:30am **Larry Nathanson, MD**
The Wireless ED: Experiences from the Deaconess
- 12:00Noon Lunch
- 1:00pm **Michael Gutman, MD**
Abu Ghraib; the EM Perspective
- 2:00pm **Ralph Miro and Phil Coco**
EMS
- 3:00pm **Rick Bukata, MD**
Myths in Emergency Medicine.
- 4:00pm Wrap Up and Closing Remarks

☒ Hotel Information

Grand Pequot Tower

A special room rate of \$140.00 plus tax has been secured for this meeting. Reservations must be made by **July 28, 2005**. Please call Foxwoods directly to reserve your room at 800.442.1000. Be sure to identify yourself as a member of the Connecticut College of Emergency Physicians and refer to group code #F21090 at the Grand Pequot Tower.

☒ Accreditation

CCEP has Applied to the American College of Physicians for 7 hours of ACEP Category 1 Credit.

Don't miss this exciting conference; send in your registration today. Complete this form and fax to 203.234.2852 to reserve your slot and mail together with your registration fee made payable to CCEP to:

Conference Fee:

The Connecticut College of Emergency Physicians
60 Kings Highway
North Haven, CT 06473

- _____ Physician \$200/CCEP member \$175
- _____ Physician Assistant \$125
- _____ EMT \$100
- _____ Emergency Nurse \$100
- _____ Paramedic \$100
- _____ EM Residents/Students (Free)

Fee Includes: Continental Breakfast, Lunch, Refreshment Breaks,
Educational Materials and Attendance/CME Certificate.

(Please Print)

Name _____ Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

RESIDENT'S CORNER

2005 EM GRADUATES AND WHAT THEIR FUTURES HOLD...

University of Connecticut grads:

Beth Bishop - Beverly Hosp, MA

Scott Brown - Middlesex Hospital

Zoe Casey - Pediatric EM Fellowship, UCONN

Alexis Cordiano - Vassar Brothers Hospital, Poughkeepsie, NY

Larry Lampson - Manatee Memorial, Bradenton, FL

Shawn London - Faculty, University of Connecticut/Hartford Hospital

Scott Macintosh - Univ of Utah, EMS Fellowship Program

Margarita Martino — Puerto Rico General Hospital

John Middlebrook - Conroe Regional Hospital, Houston, TEXAS

Chris Orelup - St. Vincent's Hospital, Bridgeport

Heather Sibley - Graduates in Sept, shamelessly pursued by Midstate

Audrey Tague - Kaiser Permanente, Sacramento, CA



Yale grads:

(minus a few beloved attendings)

Jeff Chen - Emergency Medicine Ultrasound fellowship, Alameda County Medical Center/Highland General Hospital, Oakland, CA

Amber Crowley - Southshore Hospital, South Weymouth, MA

Brian Duncan - Forsyth Medical Center, Winston, Salem, NC

Rockman Ferrigno - Bridgeport Hospital Emergency Department

Renita Kundu - New York – Presbyterian Hospital, Cornell Medical Center. Geriatrics fellowship in 2006.

Kristin Lynch - Bridgeport Hospital Emergency Department

Damian MacDonald - EMS fellowship, Yale.

Alex Molina - Palisades Medical Center New York Presbyterian Healthcare, North Bergen, NJ

Philip Sundberg - Lawrence & Memorial Hospital, New London, CT.

Richard Trepp - New York – Presbyterian Hospital, Columbia University Medical Center Campus, New York, NY

Nicholas Vasquez - St. Joseph's Hospital, Phoenix, AZ



In the last EPIC we ran an article that described the RVU-based incentive programs at four Connecticut EDs (see “Work Harder Get Paid More”, March, 2005). But we forgot to mention how the Middlesex docs are incentivized... our bad. So we asked Mike Saxe, Chairman of the ED at Middlesex to weigh in. Thanks Mike. - ed.

PERFORMANCE INCENTIVES AT MIDDLESEX HOSPITAL

For the past ten years, the Middlesex Hospital Department of Emergency Medicine has had a performance incentive system. We have found it to be an effective tool for rewarding physicians for excellent work. The performance incentive is based upon a performance review which has three components: Productivity, patient satisfaction, and professional activities.

Productivity is the most influential component, making up 60% of the performance review score. Monthly productivity reports provide each physician with his/her RVU's per clinical hour, which is then converted to a performance review score using a scale of national EM data. Patient satisfaction, making up 20% of the performance review score, is measured by each physician's Press-Ganey survey scores, and is also converted to a performance review score using national data. The third component, professional activities, makes up the remaining 20% of the performance review. Professional activities include Department meeting participation, ED and Medical Staff committee contributions, and feedback from other health professionals. All of this data is distributed to all Department members monthly.

We have found that the most effective performance reviews are those that are based upon the objective data above. Although we would like to be able to objectively measure quality, we do not feel that adequate measures of quality exist at present. However, we do see this changing and hope to include quality measurements in the future.

Once a year, each physician's "formal" performance review score is calculated, as described above. The performance review score then determines the performance incentive. At

present, this annual incentive ranges from zero to \$43,000, with the average physician in the midrange. Over the years, the amount of the performance incentive has increased relative to total physician compensation. Our current goal is for the incentive to grow to a maximum of \$60,000 per year as market conditions and budgets permit.

This system rewards physicians who strive to optimize patient flow, nurture excellent patient and professional relations, and make contributions via committee participation. It has enabled us to attract and retain outstanding emergency physicians who feel that their hard work is fairly measured and rewarded. It has resulted in a group of emergency physicians who sit on every major medical staff committee, who average 95th percentile on Press-Ganey surveys, and whose department was ranked #1 by our colleagues in our hospital's most recent Medical Staff survey.

This system has also resulted in our hospital-employed physicians being motivated to optimize documentation, coding, and reimbursement. This means that our incentives are aligned with those of the hospital administration. Hospital administrators, learning that this system nurtures physicians who strive for better financial performance, patient satisfaction, and Medical Staff harmony, have become advocates of this concept, and are currently expanding it to other hospital-employed specialists and midlevel providers.

The result is a stable group of hardworking emergency physicians who feel fairly compensated for their efforts, and who have unusual job security and satisfaction in today's turbulent world of Emergency Medicine. Who could ask for more?

From The Committees... GOVERNMENT AFFAIRS

BOOSTER SEAT BILL BECOMES LAW!

STEVE HOLLAND, MD, FACEP

Although the medical malpractice reform bill that passed was quite unsatisfactory, the 2005 Legislative Session was not a total loss for CCEP. One of the bills that passed was HB 6660, also known as the "Booster Seat Bill". CCEP has worked with CT SAFE Kids for the past four years in lobbying for its passage and doggedly presented public testimony before the Transportation Committee each of those years.

Motor vehicle crashes are actually the leading cause of death in children ages 5 to 15. The previous law covered children up to age 4 or 40 lbs. From that point on they were covered by the seatbelt law, but since 5 year olds aren't big enough for lap belts or shoulder harnesses, they weren't well covered. The new law, which goes into effect on October 1, 2005, requires that children under age 7 or weighing less than 60 lbs must be in an "approved child restraint system".

Presently in Connecticut, car seat use is at 91% for 4 year olds. Seat belt use is around 69% for ages 5 to 15. Booster seat use without the law has been amazingly low at only 6%. This law should increase booster seat use until the child can wear a seatbelt safely.

2 DAY ULTRASOUND COURSE JUST RIGHT

Here are some pix from Chris Moore's superb ultrasound conference at the YNHH Shoreline Medical Center in April. This was hands-on affair with plenty of skilled enthusiastic instructors and plenty of machines. The lectures were succinct and complimentary. Perfect. No doubt a lot of work to pull together. Thanks Chris. - ed



Tim Tyler (Midstate) with instructor and US rep



Chris Moore, on the right, and his superb faculty



Chowing down: Tim Tyler (Midstate), Jonathan Maisel (Bridgeport), John Peng (CCMC)



Past and present St. Mary's docs: Mickey Wyse, Eric Hobert (who's now the boss at Windham), Michael Ashwood and Lucinda Fingado



Norwalk folks, left to right: Ed Eisenberg, Ari Perkins, Steve Berger, Art Strichman, Michael Carius



LEADERSHIP & ADVOCACY CONFERENCE *Continued from Page 4*

of the department, increases the use of diversion and the ability to meet the demands of periodic surges in emergency department needs. Proposed solutions to this issue include: Congressional hearings to expose the crippling problems facing emergency medicine and our patients. Tort reform to help resolve the on-call specialty shortage, expose of the regulatory burdens imposed by EMTALA and other federal regulations, and financial incentives to hospitals to open critical care beds to patients awaiting admission.

The second issue is the Medicare formula fix. As a result of the Medicare Modernization Act of 2003, payments to physicians for Medicare patients were to be reduced over the next 7 years beginning in 2006. If enacted, physicians will be paid at rates about 30% lower than 2005. Medicare also intends to reduce the reimbursement for laboratory services, expensive drugs, physical therapy, and any new benefits added by Congress. ACEP urges Congress to immediately enact a long-term legislative solution to fix the payment formula and urge CMS to remove drugs from the SGR and replace the formula with the Medicare Economic Index.

The third issue is the medical liability insurance crisis. The lack of affordable and available medical liability insurance threatens the ability of many physicians to practice medicine, leaving patients without access to medical care. Medical liability insurance premiums are increasing rapidly, particularly in states like Connecticut that have not enacted tort reform. All Americans are paying the cost of a runaway litigation system. Unless relief comes soon, patients will face longer waits for emergency care, as well as decreased access to neurosurgeons, thoracic surgeons, obstetricians, orthopedic surgeons, and other specialists. ACEP believes that federal legislation modeled on California's MICRA law should be passed. It has been proven to work and California physicians today have some of the lowest medical liability premiums in the nation. However, even this law is being threatened, which emphasizes the need for federal reform. ACEP supports a cap on non-economic damages while not imposing a cap on economic damages, which include lost earnings, medical care, and rehabilitation costs. ACEP also supports other reforms, such as time limits on filing lawsuits and limits on attorneys' fees. ACEP urges Congress to pass legislation for resolution of this national crisis.

The Connecticut EPIC is published quarterly by the Connecticut College of Emergency Physicians. Opinions expressed within this newsletter do not necessarily reflect the College's nor ACEP's point of view.

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CHAPTER OFFICE

60 Kings Highway
North Haven, CT 06473

(203) 234.8055

Fax: (203) 234.2852

e-mail: tricia@grassrootsct.com

lisa@grassrootsct.com

CCEP Website: www.ctacep.org

Two presentations that were not politically related, but impacted their audiences and became the subject of many lively discussions were Robert Blankenship, M.D., FACEP's presentation of, "Emergency Medicine on the Front Lines: A Year with the 4th Infantry Division" and Ron Rosenberg's "Leadership Skills to Overcome Obstacles." Both presentations demonstrated the diversity of this conference's program. Dr. Blankenship's presentation illustrated the learning, development and application of leadership skills, while serving as a medical officer in Iraq. Mr. Rosenberg, a national speaker to many large corporations and national societies, entertainingly presented communication and leadership skills that are needed in the corporate world and have many applications for physicians in everyday practice.

This annual conference draws more attendance each year and requires larger hotel facilities as consequence. Its popularity will be apparent if you attend just once.

CCEP WELCOMES NEW MEMBERS

JENNIFER M. DUGAN, M.D.

WILLIAM EJ HORGAN, M.D. – UNIVERSITY OF CT HEALTH CENTER

CARIN M VAN GELDER, M.D. – YALE EMERGENCY MEDICINE

TRUDI KAY HOLT, M.D. FACEP – WILLIAM BACKUS HOSPITAL

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JOHN E. SATHER, M.D. – YALE NEW HAVEN MEDICAL CENTER

Spotlight On... *Continued from Page 2*

shortages, overcrowding, ED patient boarding and lack of resources provided by the state or federal government. Our SANE program is outstanding and a true reflection of our nursing staff's dedication. We won the quality award for the hospital with our pneumonia protocol and we are one of forty hospitals in the nation that has an accredited chest pain center.

What things are you dissatisfied with?

I believe we share the same dissatisfactions that most, if not all, CT EDs face. Like the reduction of outpatient services that cause our ED's to be overburdened with patients that have no alternatives except the ED. The reduction in psychiatric services, both in and outpatient. The increasing

reliance on hospitals to provide care for pediatric psychiatric care. The ever-decreasing availability of subspecialists covering the ED.

Do you have a philosophy around the management of your ED?

We see ourselves as consultants to the community physicians. We are available to assist them with the care of their patients using our significant resources. We can generally obtain diagnostic studies faster than office based physicians and, at times, this can determine the need for admission or a safe discharge. We are also frequently asked to give a second opinion or coordinate other specialist consultations.

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Foxwoods Resort & Casino
Grand Regent Tower
Ledyard, Connecticut

Friday August 19, 2005

with Dr. Rick Bukata

10th Annual SPRING SYMPOSIUM

CONNECTICUT

EPIC

Emergency Physician's Interim Communique

60 KINGS HIGHWAY • NORTH HAVEN, CT 06473

CONNECTICUT CHAPTER
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