

# CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

AUGUST 2006

*A minor injury is one that happens to someone else — Anonymous*

## DR. PHIL BREWER FOR STATE REPRESENTATIVE

Now that's a headline you don't see too often in EPIC. It is true; Dr. Phil Brewer has thrown his hat in the ring, and is running for State Representative in the 103rd district. The district encompasses parts of Cheshire, Wallingford and Hamden.

As a former President and now legislative committee chair of the Connecticut College of Emergency Physicians (CCEP), Dr. Brewer has worked on many EM and non-EM legislative issues over the years and now realizes that he would be able to accomplish more from the inside.

"I have developed coalitions to work towards win-win solutions for a variety of problems affecting the care that emergency patients receive. As the only doctor in the House (Yes, I know, it's an obvious pun. So sue me!) I can bring a great deal of expertise into discussions of medical issues, health care coverage, and injury prevention," said Dr. Brewer.

This is an exciting time for patients and providers alike as



the Connecticut General Assembly addresses a variety of issues which directly impact the delivery of care in this state. Many times these decisions are made in a vacuum, with little input from front line providers. "We have been fortunate to have terrific nurses at the table and Dr. Brewer's involvement would serve to enhance the voice of the medical community that exists in the Legislature today," said Dr. David John, CCEP President.

Dr. Brewer is running against a three term incumbent, Al Adinolfi. For more information about the campaign, please visit [www.drphilbrewer.com](http://www.drphilbrewer.com), or contact Phil directly at 203.272.4434 or 203.376.3736.



*Phil's wife Karen with children Frederic, Thomas, Rebecca, and Benjamin*



*Phil speaking at a MADD rally in May, 2005*

### INSIDE:

*JOBS IN CONNECTICUT*

*Inside ACEP:  
@ the Council Meeting*

*Spotlight on...NBGH ED*

# 11<sup>TH</sup> ANNUAL SPRING SYMPOSIUM—A HUGE SUCCESS

This year's Spring Symposium was held on April 11<sup>th</sup> at the Foxwoods Resort Casino and was kicked off with an ultrasound exhibit and reception the evening of April 10<sup>th</sup>. The Connecticut Emergency Nurses Association joined CCEP in presenting the meeting and as a result over 20 nurses joined close to 120 docs at the 2-day event.



*Lincoln Abbott and Mike Zanker from Hartford Hospital*

Five ultrasound companies provided hands-on demonstrations Monday night, while ER docs, residents and nurses visited with the companies to learn more about their products. A special thanks goes out to Chris Moore, MD for all of his assistance in putting the event together.

The Board met before the ultrasound exhibit and welcomed a visit from



*Jeff LaFrance (Bristol Hospital) and Lou Graff (New Britain General)*

Congressman Rob Simmons. The Congressman chatted with members of the Board on a variety of issues, including overcrowding, reimbursement and malpractice. Dr. David Wilcox had invited the Congressman to attend



*Rob Simmons (L) with Dave John*



*UConn residents Justin Cheeseman (L) and Mo Dbeisi (R)*



*Congressman Rob Simmons met with the CCEP Board and other CT emergency docs to discuss our issues*

# 11<sup>TH</sup> ANNUAL SPRING SYMPOSIUM

the meeting and a special thanks goes out to him for orchestrating his participation. The Congressman is committed to working with CCEP on the overcrowding issue and will remain involved in college activities in the coming months.

The actual symposium kicked off with a vendor exhibit on Tuesday morning, where we were full capacity with 20 vendors in attendance. The line up of speakers was quite impressive beginning with

Connecticut's own Isaac Silverman, MD and his presentation on intercerebral hemorrhage, followed by a capnography discussion by Dr. Baruch Krauss. After a visit with vendors, Dr. Thom Mayer presented an enthusiastic discussion on the management of overcrowding. The President of the National Emergency Nurses Association, Nancy Bonalumi spoke during lunch on the importance of communication in the ED, followed by Dr. Peter Viccellio's enlightening talk, also on ED crowding. Dr. Robert Brautigam batted clean up with his discussion of the use of IR for conventionally surgical injuries. Another special thank you goes out to Dr. Alberto Perez and Dr. David John for securing such a great line up of speakers for the Symposium.



*We had several terrific nationally known speakers this year, including Thom Mayer and Baruch Krauss.*

"This was a terrific meeting with entertaining and informative speakers, and the feed-back we received was incredibly positive," said David John, President. "I am looking forward to our Scientific Assembly on November 8<sup>th</sup> in Rocky Hill and another incredible array of presentations," John concluded.



*Tom Holmes with Sue and Brad Stevenson, ED RNs, from the Midstate ED.*



*From Middlesex: Jeff Bernstein, Bill Lynders, Bill Kreider, and Kathy Wade.*



# PRESIDENT'S MESSAGE

## CCEP has Made Overcrowding our Top Priority in 2005-2006

A REPORT PREPARED BY DAVID JOHN, MD



In January of this year, ACEP released the Report Card on Access to Emergency Care in all states. CCEP members responded to a number of inquiries by the media on overcrowding and really framed the issue for consideration by the Connecticut General Assembly.

In fact, this session the Connecticut General Assembly held a public hearing on HB 5469, An Act Concerning Hospital Emergency Departments. The bill was an attempt to address the problems of overcrowding in Connecticut's EDs and is similar to a proposal under consideration in New York, which mandates hospitals to move admitted patients out of the ED within several hours of diagnosis. CCEP testified in support of the proposal, while CHA and several hospital spokespeople fought it. The hearing served to raise awareness about the real patient care issues created by the problems of overcrowding in the state's hospitals. Some legislators were actually shocked to hear the lengths of stay for some patient boarding in EDs here in

Connecticut.

Although the committee failed to act on the legislation, Rep. Peggy Sayers, Co-Chair of the Public Health Committee, committed to convening a working group in the off session to make legislative recommendations for consideration in 2007. The legislative working group will likely get started in June, and will include representation from a variety of organizations, including CCEP and CHA.

At the same time, CCEP is in the process of responding to a Request for Proposals (RFP) from the American College of Emergency Physicians for a grant to hold a town meeting in the region, and has selected overcrowding as its focus. ACEP will provide grant funds and support for up to 10 selected chapters that agree to organize, plan and execute town hall meetings in their states. The meetings must focus on an emergency care issue that is related to one of ACEP's national priority objectives.

The meeting would be hosted by a moderator and include panel presentations and discussion. Members of the Congressional delegation, legislative leaders, and municipal officials will be invited to join members of the medical community, including emergency department staff and hospital administrators for a balanced discussion of the issue. The general public will be invited to pose question to the group and the media would be on hand to capture the high points.

During our Spring Symposium, we also focused on the issue of overcrowding and were fortunate to have Thom Mayer and Peter Viccellio give excellent presentations on overcrowding and throughput solutions. These combined efforts make our state ripe for addressing the issue of overcrowding and both of these projects provide great opportunities to raise awareness while beginning discussions to resolve the problem. Winners of the ACEP grant will be selected on June 23, 2006 and the town hall meetings will be held between September and February.

We will keep all of you posted on the progress of the "Town Meeting" on overcrowding, and hope to give advance notice so CCEP members can be present and give testimony about overcrowding nightmares. Start saving stories like the 6 year old psychiatric patient who spent 2 weeks in the ED or admitted R/O MI's who rule in (or out) in the ED. Our hope is to have another bill on overcrowding next year in an attempt to get those boarded admitted patients out of the ED.

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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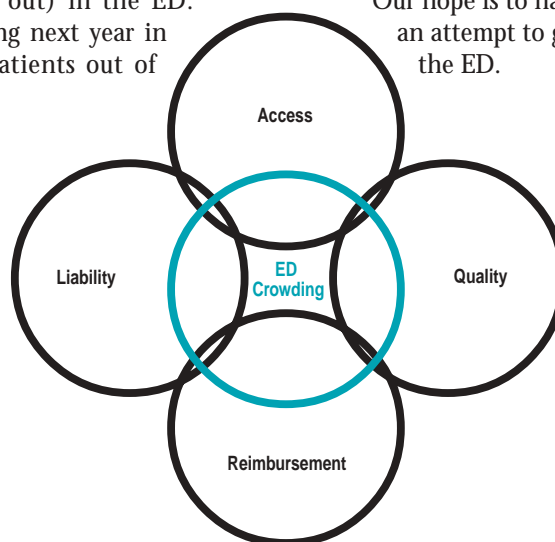
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# Spotlight on . . .

## New Britain General Hospital Emergency Department

For this Spotlight, ED Nursing Director, Bob Flade very kindly submitted this summary of their busy operation. Thanks Bob.

### What's your census?

Last fiscal year we saw over 63,500 patients. By the end of this current fiscal year we expect to be over 67,000. Our "sister" facility at Bradley Memorial Hospital has a census of about 14,000. We will become one hospital under a single license as of October 1, 2006, which will result in a combined census of over 81,000 visits per year.

### What's the layout?

Our main ED is made up of 30 acute beds. Between fixed monitors and our new telemetry we can monitor 100% of our ED rooms via the Philips IntelliView system. Our Fast Track area has 4 beds and is open from 10a – 11p seven days per week. Previously we had an "observation" area within the ED however; due to our volume we can no longer support such a program. Currently we are in the process of a \$6.5 million ED expansion at the New Britain campus which will build 11 additional treatment spaces and change some of our current design. We will break ground in July, 2006.

### Staffing?

We have 57.5 hours of ED attending physician coverage daily and our physicians are employees of the hospital. We also have 20 hours of ED Physician Assistant coverage. We also flex coverage to meet demand and try to keep to the 2 - 2.2 patients per hour. Nursing coverage is 212 hours of RN coverage, 82 hours of Nursing Technician – Advance Patient Care, and 36 hours of clinical secretarial support.

MDs and mid level practitioners are included in the virtual private practice where they receive incentives based on quality, productivity, customer service and education.

### Any recent wins?

We installed a complete ED Information System (Empower by ECDS) in December, 2006. We are the 2<sup>nd</sup> hospital in the state to have a complete system. Patients are greeted, triaged, & tracked by the system; nursing, physician, CPOE, and EMAR are all documented online. Discharge instructions and prescriptions are printed as part of their discharge process. No patient can be discharged until the chart is completed. Gone are missing charts or charts with incomplete documentation! Charts are automatically faxed or emailed to the referring physician.

Our ED expansion/renovation is a major win for the department. As part of this project we will also have a dedicated, secured area for psychiatric patients. Under another CON, we will be installing an Intra ED CT scanner and providing all digital rooms for our PACS system in the ED.

Lastly, we have just won the battle to have emergency ultrasounds done by ED physicians and have purchased two new ultrasound machines permanently stationed in the ED.

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

Over the last 3 years our Press Ganey scores have gone up from the 13<sup>th</sup> percentile. At no point in the last 2.5 years have we been below the 60<sup>th</sup> percentile (usually running around the 76<sup>th</sup> percentile). Last quarter we were in the 86<sup>th</sup> percentile. Also, just over 1 year ago we had a JCAHO survey where the ED was not



Front Row (l to r): Robert G. Flade, RN, Director; Vanessa Hernandez, RN; Cathy Gichema, RN; Carmela Piccione, NT; Dave Mucci, MD. Back Row: Liz Rogalewski, Secretary; Andrea Hale, MSW; Miriam Hayes, RN; Joel Burns, RN; Teri Hale, RN; Deb Pearson, RN

cited for any problems.

Lastly, the hospital has started an the initiative to decrease the boarding of admitted patients in the ED. Now, 66% of admitted patients are to be out of the ED within 2 hours of decision to admit. The hospital has attached a major financial incentive to meeting this organizational goal. The incentive includes every director who plays a role (in patient floors, ED, nursing services, etc.). With the upper administration making this an important goal and backing it up with a financial incentive, it is a goal that has a lot of power behind it.

### What things are you dissatisfied with?

Psychiatric care in the state leaves a lot to be desired. Like every ED in CT, we are seeing a major increase in the psych population. With cutbacks and closing of programs, these patients, who can not navigate the system, end up in the ED for extended periods of time and the ED is the least therapeutic area of the hospital for them to be maintained.

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

To exceed the expectations of our patients and medical staff by providing outstanding care delivered with efficiency, sensitivity and compassion, on time, anytime, to anyone who requests our services. We do this by:

- Clinical excellence
- Customer satisfaction
- Education and staff development
- Fiscal profitability
- Innovation and computerization

# JOBS IN CONNECTICUT

## BRISTOL HOSPITAL

Join our group of all EM residency trained ABEM boarded emergency physicians, 39K visits, pleasant environment. Also recruiting some limited moonlighting opportunities. email Larry Levine MD FACEP [\\_LPL@aol.com](mailto:_LPL@aol.com) (mailto:LPL@aol.com)

## CHARLOTTE HUNGERFORD

Full time position available now. 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](mailto:esalk@hungerford.org)

## GREENWICH HOSPITAL

Physician Assistants: 2 FT and per diem positions available Greenwich Hospital ED Fax CVs to: 203-863-4274 or Email: [kevibr@greenhosp.org](mailto:kevibr@greenhosp.org)

## HARTFORD HOSPITAL

Full-time and part-time openings for EM residency trained or EM board certified physicians in our 80,000 visit, 60 bed, ED. Our Fast-Track, run by PA/NP's, sees 23,000 visits per year. We are the main clinical site for the UConn EM Residency, a three year program with 12 great residents per year. Also, a Level I trauma center and the major toxicology program for CT with a fellowship. We have experienced PA/NP's, nurses, RT's, and ancillary help. Our call list includes most specialties. Competitive salary and benefits. Contact AJ Smally, MD FACEP at [asmally@harthosp.org](mailto:asmally@harthosp.org) or 860-545-3536.

## MANCHESTER & ROCKVILLE

Full-time positions are immediately available for EM residency trained and BE/BC physicians to work in the recently built ED at Manchester Memorial Hospital and the brand new ED at Rockville General Hospital. We are also looking for PAs with ED experience to staff our PromptCare areas at both facilities. Please contact: Robert F. Carroll, MD, FACEP, MBA [RCarroll@echn.org](mailto:RCarroll@echn.org), 860-647-6475 (Office) 860-647-6412 (Fax)

## MILFORD HOSPITAL

Milford Hospital, a 106-bed community hospital located on the desirable Connecticut coastline, is seeking a Full-Time BC/BP ABEM / AOBEM Emergency Physician for our modern 30,000 plus visit E.D. We offer 8 and 12 hour shifts with a 1,800 clinical hour commitment, along with a very competitive salary and benefits package. Contact Jay Walshon, MD 203-876-4105, [jay.walshon@milfordhospital.org](mailto:jay.walshon@milfordhospital.org) or Jeffrey Komornik, Director HR, 203-876-4098, Milford Hospital, 300 Seaside Avenue, Milford, CT 06460. [HR@milfordhospital.org](mailto:HR@milfordhospital.org) , fax 203-876-4224..

## NORWALK HOSPITAL

We have a full-time position available for EM-Residency Trained, ABEM/AOBEM certified/prepared EP with EM experience to work per diem in a modern 47,000 visit ED. Norwalk Hospital is a progressive, teaching, 270-bed Level II Trauma Community Hospital located in Fairfield County on Long Island Sound, not far from New York City. We offer a unique 'virtual private practice plan,' which includes all the advantages of being a hospital employee with many of the advantages of fee-for-service. PLEASE CONTACT: Michael Carius, MD, FACEP, Chairman, Department of Emergency Medicine, Norwalk Hospital, at [mcarius@acep.org](mailto:mcarius@acep.org) or 203-852-2281.

## WATERBURY HOSPITAL

Our 58,000 visit/yr ED is searching for FT / PT, BC / BE emergency physicians. We offer a competitive salary and benefits and an extremely attractive schedule. Interested physicians should contact Dr. Mittleman or Carol Graziosa at (203) 573-6295

VISIT  
CCEP'S WEB SITE  
[www.ccepweb.org](http://www.ccepweb.org)

# GETTING INSPIRED AT THIS YEARS LEADERSHIP AND ADVOCACY CONFERENCE

BY GREG SHANGOLD (WINDHAM HOSPITAL ED)



Last September, I attended the rally on the Capital lawn during ACEP's Scientific Assembly and was truly inspired. As a young emergency physician, I was frustrated with the problems that we all face each day at work, such as the boarding of inpatients, the lack of on-call specialists, the crisis in psychiatry, and the constant threat of litigation. I realized I needed to participate in the process towards a solution, rather than other people bearing my burden. I volunteered for the CCEP Board of Directors this fall and since that time, I have testified in front

of the Connecticut State Legislature, been active in creating policy, and most excitingly participated in ACEP's Leadership and Advocacy Conference in Washington DC in May.

At this meeting, emergency medicine leaders from around the United States meet to discuss solutions to the crises in our workplace. There were outstanding speakers including Jeffrey W. Runge, MD, FACEP, the Undersecretary for Science and Technology for the Department of Homeland Security, Charlie Cook, a national political analyst, and Craig Feied, MD, FACEP, Director Federal Project ER. ACEP honored several journalists including two Connecticut Post writers for their documentation of the emergency department crowding crisis. An entire morning was composed of senators and representatives speaking to emergency physicians at the capital, including Bill Frist, MD, Pete Sessions and Bart Gordon. We learned that each and every emergency physician in California donates 20¢ per chart, each year, to their EM political action committee to total \$750,000. The results? California EPs pay *much* less in malpractice insurance and the state ranked number one on the National EM Report Card.

The trip culminated in the visit to the Capital where the CCEP delegation met personally with all five United States Representatives and the health care legislative aides of Senators Dodd and Lieberman. The legislators listened to our concerns about the state of EM in Connecticut and we asked for their support in passing the Access to Emergency Medical Services Act HR 3875 / S 2750.

Nine months ago, I went to work every day feeling helpless and hopeless with emergency medicine. I wanted to provide emergency medical care in a certain way, and I felt restrained by factors out of my control. Partaking in the process has brought a new perspective to the troubles and tribulations of each shift. I feel a solution is on the horizon and I am proud to be part of the process. I did not think I had the time to donate, but now I do not see how I could not. The Leadership and Advocacy conference is a great learning tool for anyone that wants to be part of the solution for the problems that face all of us. I'm sure many of Connecticut's EPs want to provide timely and compassionate emergency medical care but feel like I did—hopeless and helpless. I recommend getting involved in some way. As a unified voice, we can change the current emergency health care system into one we are all proud to serve.

# GOVERNMENT AFFAIRS

PHIL BREWER, CHAIR

## ED Crowding:

Peggy Sayers, co-chair of the Public Health Committee, confirmed her commitment to a September meeting on ED crowding. The June Institute of Medicine (IOM) report on emergency care and crowding was widely covered and will be very helpful to the discussions at our ACEP funded "Town Meeting" and task force hearings in September. For example, there were stories featuring Art Kellerman on Morning Edition and Ricardo Martinez was the guest on Talk of the Nation, both of them covering the issue quite well.

## Campaign 2006

Look for lots of radio and television ads as the campaign heats up. Connecticut is a battleground state for the House of Representatives with three Republican seats at risk. Malloy and Destefano each have health care plans that would greatly expand coverage for the uninsured in Connecticut.

For the record, I have become a candidate for the House of Representatives in the 103<sup>rd</sup> District of Connecticut. If elected, I will be the only physician in the Connecticut legislature and I have already been solicited by the Democratic leadership to be part of the health care related legislative agenda for the next session, thus underlying the need for physician representation in Hartford.

## National Issues/Campaigns

Medicare cutbacks are clearly in the pipeline with no relief in site.

NEMPAC has donated \$1000 to the Rob Simmons campaign. Greg Shangold, co-chair of the legislative committee, presented a check to Rep. Simmons at a fundraiser sponsored by the orthopedic association.

## YOU'RE INVITED

Every CCEP Member is Cordially Invited to Every CCEP Board Meeting!

Here is the schedule for the remainder of 2006:

August 15 Board Meeting	8:30 am	CHA
September 19 Board Meeting	8:30 am	CHA
October Board Meeting	TBA	
November 7 Board Dinner Meeting	7:00 pm	Rocky Hill Marriott
December 19 Board Meeting	8:30 am	CHA

# MORE ON ED OVERCROWDING

DAVE JOHN MD

*"The fundamental journey in life is discovering where your deep joy intersects with the world's deep needs." - Thom Mayer*

Emergency Medicine's deep need right now is a solution to overcrowding. Imagine beginning a shift with an empty rack and plenty of in-patient beds, even including telemetry beds. No matter what happens, no matter how many ambulances arrive at once, you can handle it.

It is human nature to derive joy from a job well done. We all know how to do our jobs and how to do them well, but it seems that lately roadblocks are being put in our way. How often have you walked into a shift when you are greeted with phrases like "turn back while you can!"

The single most important roadblock to ED job satisfaction and completing a job well done is overcrowding. There are many ways to describe it, look at it, and address it, but whether you call it ED overcrowding, hospital overcrowding, or access to care, it is a real and every day occurrence. Some of the contributing factors to crowding include:

- lack of in-patient beds
- too many patients
- poorly functioning systems (through-put, turn-around-times, etc.)
- aging of the population (older and sicker)
- uninsured, under-insured patients
- shrinking number of hospitals and Emergency Department's

There are more reasons for overcrowding and weighting them is subject to various opinions.

If you take an average ED with 20 beds that sees 115-145 patients per day, you must turn those beds over 6-7 times a day. If admitted patients dwell in the ED because there are no in-patient beds, patients begin to back up in the hallways and the waiting room. They keep coming, more are admitted, and eventually a 20 bed ED becomes a 10 bed ED. To stay even the beds will have to turn over 12-14 times a day, and that's almost impossible.

A recent editorial in the Hartford Courant cited the inappropriate use of the ED by the poor and uninsured as the main cause of ED overcrowding. If you go back to bed turnover, these are usually lower acuity patients (back pain, dental pain, ankle sprains, etc). They can be seen and treated quickly and do not utilize many resources. In effect, the article ignores the elephant in the ED - boarded admits - and focuses on a few mice.

"Whenever there is a disconnect in healthcare between what should be and what is, it is usually about money", says Middlesex ED director Mike Saxe. One would think that hospitals would be aware of this obvious problem that happens daily, and would want to fix it. But there are no villains here. Hospitals operate with a very slim margin to keep their not-for-profit status and state and federal funding. Reimbursement has been shrinking or maintained below inflation for years. Hospitals have very little money available for infrastructure (in-patient beds, new EDs, etc), or more staff.

If you are a patient or patient's family member you begin with a series of very logical questions:

- Why is my mother in a johnny coat, in a crowded ER with

no privacy having a heart attack?

- Why didn't the staff in the ER get my mother a pillow, a drink of water, a meal, her meds, or get her to the bathroom before she wet the bed?
- If the hospital (perfect nurse to patient ratios) and the Emergency Department (1 nurse to 10 critical patients) is overcrowded, why don't they call in or redistribute staff?
- The doctors and nurses in the Emergency Department say it's like that all the time, why doesn't the hospital administration fix it?

We all know that quality of care and the personal touch deteriorate as the Emergency Department becomes crowded. We multi-task better than anyone else, but we are human and as the number of tasks and patients increases things get missed. From a quality and patient safety standpoint overcrowding is very bad.

I learned as a resident that if you are having difficulty getting another service to do "the right thing" for your patient, lose the "me" or "us" and focus them on the patient's needs. I also learned that you treat patients the same way when it's crowded or when it's not. In other words, don't discharge someone you would normally admit just because it's crowded. These rules have served me well for years, but it's getting more difficult to follow them.

Is keeping a sick patient in a crowded ED what is right for this patient? Might he/she be better off at home with family and close follow-up? Can you really give the same quality of care to that patient when the ED is crowded? Would they be safer on an impatient unit with a bed in a quiet area with people paying attention to their needs?

At our Spring Symposium Peter Viccellio gave us his very popular talk on sending admitted ED boarders to in-patient hallways. Most hospitals don't do this, wouldn't even consider it. But that's because they don't ask the boarders themselves and they turn a blind eye to simple notions of distribution of labor. Boarders in the ED are a huge burden for individual ED staffers, mainly nurses, but if the same patients were distributed throughout the inpatient hallways, individual nurse's work would increase only slightly. It's better patient care, and it costs the hospital nothing.

Without getting yourself fired, find out what happens to beds in your hospital when one of the floor or ICU nurses calls in sick. Are those beds still available for new patients, or are they taken off line? What happens to those beds when in-patients are being held in the Emergency Department?

CCEP put forward a bill on overcrowding this year. The legislature chose not to move forward on it because of strong lobbying by the Connecticut Hospital Association (CHA). Hospital administrators do not want yet another state or federal mandate with no additional compensation. We will convene a task force in September with the Chairs of the Public Health Committee of the legislature on hospital/emergency department overcrowding. We have also applied for a grant to ACEP to hold a "Town Meeting" in the state on overcrowding. The grant will help supply media coverage and legislature and public awareness on issues affecting out patients. Another bill will be drafted for 2007.

# Inside ACEP: A PRIMER ON ACEP GOVERNANCE

There are three basic groups that guide ACEP's mission to support quality emergency medical care and promote the interests of emergency physicians. They are the *Board of Directors*, the *Council*, and its more than 30 *Committees*.

**The Board** conducts day-to-day management of the college and is ACEP's policy making body. It has 12-14 members that are elected by the Council. Members serve up to 2 consecutive 3-year terms.

**The Council** is the Board's interface with ACEP's rank and file. The 253 council members are either elected or chosen (as in Connecticut) by the 53 chapters, the 27 sections or EMRA. This ensures grassroots involvement of ACEP's 4,274 members. The Council guides the ACEP Board by introducing and voting on resolutions brought forth by its members. It elects the members of the Board and the president-elect. Council members meet once a year for two days right before the Scientific Assembly.

ACEP **Committees** and task forces help to inform the President, the Board, and the Council by addressing specific issues that are deemed important to emergency physicians. Committees are work groups with specific tasks assigned by the president. They do not set their own objectives. Committees are ongoing; task forces have a narrower scope and are deactivated when their specific assignment is completed. Examples of committees include the Academic Affairs Committee, the Wellbeing Committee, and the EM Practice Committee. ED Crowding is a task force.



Lou Graff



Michael Carius



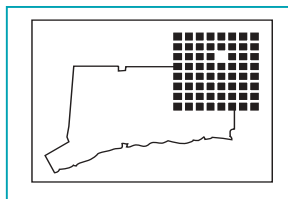
Phil Brewer

(L-R), Lou Graff (NBGH), Michael Carius (Norwalk), and Phil Brewer (Middlesex), take the mike in front of 250+ ACEP Council and Board members on our behalf. They spoke on ED crowding, radiology response to our needs, amongst other issues. Compared to other chapters (small and large) Connecticut has been very well represented over the years. We also tend to be quite vocal.

**ACEP 37<sup>TH</sup> ANNUAL SCIENTIFIC ASSEMBLY**

**New Orleans October 15 – 18, 2006**

**Registration Now Open! 800.477.ACEP (2237)**



Connecticut College of  
Emergency Physicians

## Save The Date

### CCEP's 14th Annual Scientific Assembly & Annual Meeting

7:00 am, Wednesday, November 8, 2006  
Rocky Hill Marriott Hotel, Rocky Hill, CT

pre-register today by emailing or calling the CCEP Offices  
tricia@grassrootsct.com or lisa@grassrootsct.com  
or 203.234.8055

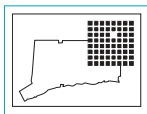
CONNECTICUT

# EPIC

*Emergency Physician's Interim Communique*

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CONNECTICUT CHAPTER  
AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS



CCEP'S WEB SITE  
[www.ccepweb.org](http://www.ccepweb.org)

### Moving?

Be sure to send us  
your new address!