PENNSYLVANIA COLLEGE of EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE

PACEP NEWS

SUMMER 2023

Richard J. Hamilton, MD, MBA, FACEP
PACEP President 2023–2024

EXECUTIVE PRIVILEGE

The Tragedy of the Commons and House Bill 106

By Richard J. Hamilton, MD, MBA, FACEP

To understand why Emergency Departments often suffer from the best intentions of others, I need to begin with a little economic history lesson.

In medieval towns, sheep grazed on common lands. This land, used by all without limit, provided farmers access to a shared pasture, known as the commons, to graze their sheep. The commons were a public commodity available to all they needed. Of course, each farmer sought to maximize their benefit and added more sheep to their flock, knowing that each additional sheep provided them with increased profits in terms of wool or meat. However, the pasture has a limited carrying capacity, meaning it can only support a certain number of sheep without becoming overgrazed and degraded.

Since the pasture is not privately owned, individual farmers have no incentive to limit the number of sheep they graze. Each farmer is driven by their self-interest to increase their own flock, as the benefits accrue directly to them. However, the costs of overgrazing, such as reduced pasture quality and scarcity of grass, are shared among all users of the commons. As a result, the collective action of farmers pursuing their individual interests leads to the depletion and degradation of the pasture, ultimately harming the entire community's long-term welfare.

The phrase "The Tragedy of the Commons" was introduced by ecologist Garrett Hardin in his influential 1968 essay of the same name published in the journal Science. Hardin used this phrase to describe a concept in which individuals, acting in their self-interest, deplete or degrade a shared resource, leading to its ruin. The tragedy of the commons thus serves as a cautionary tale, emphasizing the need for collective action, regulation, and responsible management to prevent the degradation and depletion of shared resources.

When applied to emergency department (ED) overcrowding, the analogy becomes clear. The ED serves as a critical healthcare resource accessible to all individuals in need of immediate medical attention. However, when individuals seek to optimize

> **"...when individuals seek to optimize their outcomes without regard for the greater good, the resource becomes overburdened, leading to longer wait times, compromised quality of care, and increased strain on healthcare providers.**

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their outcomes without regard for the greater good, the resource becomes overburdened, leading to longer wait times, compromised quality of care, and increased strain on healthcare providers. Those individuals are all well-intentioned and range from those who have no other way to access care, to an office sending a sick patient to the ED for after-hours evaluation, to a hospital boarding a patient in the ED to keep a bed open for a postop patient. All well-intentioned, all adding additional burden to the delivery of emergency services.

On June 28, 2023, the Commonwealth of Pennsylvania House of Representatives passed House Bill 106. This bill amends the act of 1979 known as the Health Care Facilities Act, providing for hospital patient protection provisions and imposing penalties. The laudable intentions of this bill are to improve patient care by limiting the number of patients one nurse can be assigned. These would result in optimal ratios of patient to nurse. Who could object — this sounds like something I would want as a patient! We all individually want to optimize the care that each patient receives and prevent the overburdening of the nurse caring for us.

Unfortunately, the act of optimizing the outcome for one individual or group has a negative effect of reducing the outcome for another. House Bill 106 forgot to consider the patients who have no nurse assigned to them - such as patients in the waiting room or patients on EMS stretchers waiting to be offloaded. These patients have no access to any nursing care if the hospital is at an inflexible capacity limited by nurse-patient ratios. We at PACEP were vigorous in making this problem known to all the interested parties that supported House Bill 106. We had discussions with PASNAP and sent a letter to the entire house. We were successful in getting an amendment to acknowledge that in times of mass casualty and declared states of emergency, patient limits created by nursing ratios would have to be discontinued. Unfortunately, every day is a mass casualty scenario in the Emergency Department since surges of patients' arrivals often exceed the immediate capacity to provide them care.

> **"...the evidence from the dozen or so states with nurse staffing ratio legislation seems to indicate that staffing ratios have neither a positive nor negative benefit to wait times...**

There is a way to rescue the good intentions of House Bill 106 and that is by requiring an increase in nurse staffing in response to surges in patient volumes. Some language in the bill seems to point to the need for an adequate staffing plan to meet patient demand and standards of care. But does that merely shift the tragedy of the commons to another concern – the nursing labor supply?

The entire United States is currently facing a significant nursing shortage. The aging population, advancements in medical technology, and the expansion of healthcare coverage have led to an increased demand for healthcare services. Many experienced nurses are reaching retirement age, creating a significant loss of skilled professionals from the nursing workforce. Limited capacity in nursing education programs hinders the ability to produce an adequate number of new nurses to meet demand. Finally, nursing is a physically and emotionally demanding profession, leading to high turnover rates and burnout among nurses. Indeed, the nursing ratio legislation was designed to address this very concern!

What is interesting about this entire debate, is that the evidence from the dozen or so states with nurse staffing ratio legislation seems to indicate that staffing ratios have neither a positive nor negative benefit to wait times, throughout, patient safety, or the patient experience in the Emergency Department. Outcomes have not changed demonstrably in these states- why? Healthcare is complex and while there is clearly a maximum number of patients per nurse that will result in poor quality, other factors such as the turnover of patients during a shift may be even more important.

In the meantime, PACEP stands with our nurses in demanding safety and quality for our patients. PACEP supports ED nurse staffing systems that ensure sufficient numbers of trained and experienced registered nurses in emergency nursing. Adequate staffing should consider patient volume, acuity, electronic medical

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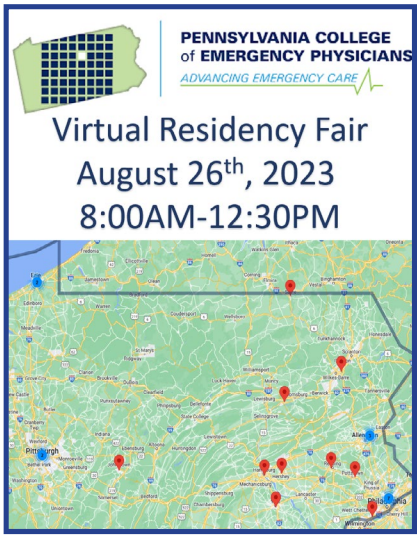
If you are interested in joining a committee, **visit here.**

2023 PACEP Residency Fair

Attention Medical Students! Check out our Pennsylvania EM Residency Programs at the 2023 PACEP Residency Fair!

REGISTER HERE



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Tammy Yoshioka

EXECUTIVE PRIVILEGE

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record demands, patient boarding, and care coordination. Contingency plans should provide additional staffing for unexpected emergencies and boarding patients, potentially involving various nurse specialties and behavioral health personnel. ED staffing models should consider emergency nursing experience and the availability of ancillary support personnel. If the legislature decides to mandate nursing ratios in emergency departments and other hospital units, some consideration for surges in patient volumes and acuity must be part of the equation.

Emergency physicians and nurses are in the crucible every day and bear witness to the tragedy of the commons. It is our privilege, our vocation to be there for every patient that seeks our services. Nonetheless, we bear witness to the need to represent the common good of the community. We cannot make one component of healthcare better, with no consideration for the complexities of how it impacts the greater good of the community. We will be actively discussing these challenging issues with our legislators as House Bill 106 makes its way to the Senate this year.

Stay tuned - and stay active! Make your voice known and donate to PEP-PAC so that we can continue to fight for the common good of the communities that we serve!

Lobbyist Update

By Bigley and Blikle, LLC

Jonathan Bigley
Partner, Bigley & Blikle

The General Assembly's Spring/ Summer has ended, or not ended, with a state budget impasse, but with legislation of interest to PACEP moving in both legislative chambers. As of this writing, we cannot predict the budget breakdown's length, but Pennsylvania started the new Fiscal Year without a new spending plan in place.

TELEMEDICINE ADVANCES WITH PACEP AMENDMENT

SB 739, Senator Elder Vogel's (R, Beaver) Telemedicine legislation, cleared the Senate Banking and Insurance Committee with amendments on June 27. PACEP had a major role in crafting an amendment important to the physician community.

As originally drafted, SB 739 contained language that would have prohibited healthcare insurers from providing reimbursement for provider-to-provider consultations. Knowing that provider-to-provider consultations are vital to Emergency Medicine, past president Chadd Kraus, MD flagged this issue for advocacy action. The B & B Team drafted corrective language and successfully lobbied Senator Vogel's and the Senate Banking and Insurance Committee's staff for its inclusion. We anticipate SB 739 will receive Senate Final Passage in the fall.

NURSE STAFFING RATIOS LEGISLATION PASSES HOUSE; LANGUAGE ADOPTED BASED ON PACEP CONCERNS

HB 106 received House Final Passage on June 28 by a 119 – 84 vote, but not until it was amended to partially address a major PACEP concern. The bill goes on to the state Senate where it awaits an uncertain future.

Before the House considered the bill, PACEP President Richard Hamilton, MD issued an opposition letter to the entire House on behalf of PACEP's members. His letter enumerated several adverse outcomes HB 106 engender, including exacerbating ED boarding and causing significant downstream backlogs for EMS providers. President Hamilton also met with representatives from PASNAP to directly advance PACEP's concerns.

Although those negotiations did not yield a complete victory for PACEP, they did directly lead to an amendment that provides staffing ratios exemptions during mass causality and declared emergency events. This amendment was adopted by the House on June 27.

Sponsored by Representative Tom Mehaffie (R, Dauphin), HB 106 passed with all House Democrats voting YES, save for former PACEP President and now Representative Arvind Venkat, MD (D, Allegheny) and Representation Frank Burns (D, Cambria) casting NO votes. Eighty-two Republican members joined Representative Venkat in voting NO while eighteen GOP members were affirmative.

Whether the state Senate takes up the measure is to be determined. HB 106 is certainly not on the upper chamber's "must do" list for June. Rest assured that if the Senate considers HB 106 in the fall, PACEP will be at the negotiating table.

VENKAT MEDICAL DEBT RELIEF LEGISLATION GAINS HOUSE PASSAGE

HB 78, Representative Arvind Venkat's Pennsylvania Medical Debt Repayment Program, passed the state House on a bipartisan 114 – 89 tally on June 26. This innovative legislation is designed to leverage government funds to relieve the medical debts of thousands of low income residents. HB 78 was referred to the Senate Health and Human Services Committee on July 5.

PACEP ALLIES WITH CHOP ON PEDIATRIC ED BOARDING/ BEHAVIORAL HEALTH ISSUES

PACEP and the Children's Hospital of Philadelphia are partnering to tackle the vexing issue of pediatric ED boarding and other pediatric behavioral health concerns. Both organizations are leaders in advocating for solutions to pediatric ED boarding and children's needs that are currently taking a backseat to adult behavioral health concerns the General Assembly intends to address in the 2023 – 2024 state budget.

PACEP President Richard Hamilton, MD, and board member Teresa Walls, MD met with CHOP's policy team on June 9 to discuss the joint effort. Further strategy and policy development will continue through the summer.

JUNE BUSINESS AS USUAL; A STATE BUDGET IMPASSE

If nothing else, Pennsylvania's state government is consistent. Another June 30 came and went without a full state budget agreement in place. Despite statements that a deal between the majority Senate Republicans and Governor Josh Shapiro's Administration had been concluded, an agreement among those two and the majority House Democrats was not in hand on June 30. The ultimate deal killer was a $100 million appropriation for a limited private school voucher program. The majority House Democrats opposed that plan.

In response, the Senate Republicans passed the $45 billion plus General Appropriations bill (HB 611) with the school voucher program included and adjourned to September 18. After extracting a public commitment from Governor Shapiro to line item veto the $100 million voucher program, the House passed HB 611 on a bipartisan 117 – 86 vote on July 5.

One would think that a bill that passed both chambers would be presented to the governor for signature. In normal circumstances that would be the case, but with this budget spending plan, the Senate invoked a rarely used procedural maneuver to effectively halt the bill between the two chambers. When a bill passes, each chamber's presiding officer is required to sign the bill in open session to certify that the bill has received the requisite majority vote. HB 611 received Speaker Joanna McClinton's signature, but with the Senate not in session, it has yet to be signed by Lt. Governor Austin Davis. Whether the Senate returns to session in July to perform this ministerial function is yet to be seen.

Even after Governor Shapiro signs HB 611, more budget related bills need to be enacted to fully implement the state budget. These "code bills" give administrative agencies the authority to spend certain funds that are appropriated in HB 611. When Pennsylvania's budget impasse will end is anyone's guess at this point.

GOVERNOR SHAPIRO'S CABINET NOMINEES BECOME SECRETARIES WITHOUT SENATE VOTE; ONE WITHDRAWN

Several cabinet nominees were confirmed "by operation of law" including Department of Human Services Secretary Val Arkoosh, MD. This means that the cabinet nominees were confirmed without a Senate vote approving the nominations, but because the Senate did not disapprove the nominations within the timeframe provided by law. Governor Shapiro recalled the nomination of Department of Health nominee Debra Bogen, MD when the Senate leadership made it clear she would be defeated if the Senate actually took a vote. The process is a bit of an embarrassment for the administration.

PACEP LEADERS JOIN THE LEGISLATIVE WOMEN'S HEALTH CAUCUS FOR FRANK EXCHANGE

PACEP board members Elizabeth Werley, MD, Hannah Mishkin, MD, and Annahieta Kalantari, DO joined physician colleagues from the Pennsylvania Orthopaedic Society for an evening with the Legislative

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Lobbyist Update (continued)

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Women's Health Caucus on May 22. Led by Women's Health Caucus Chairs Representative Mary Jo Daley (D, Montgomery) and Senator Judy Schwank (D, Berks), a total of eight legislators attended. The far ranging conversation included issues such as nurse staffing ratios, the opioid addiction crisis, ED boarding, and the business of medicine. Physician and legislator feedback was very positive. Another gathering is being planned for the fall. This dinner is one of many profile rising activities PACEP intends to pursue in the current legislative session.

VENKAT NETS $43K IN PEP-PAC SPONSORED EVENT

Representative Arvind Venkat raised more than $43,000 during a May 23 Harrisburg fundraiser. Sponsored by PEP-PAC, OrthoPAC, PA Family Physicians PAC, PA Radiology PAC, and B & B PAC, the event drew House Speaker Joanne McClinton, other Democratic leaders and legislators, and varied lobbyists. To date, Representative Venkat has raised more than $200,000 for his 2024 reelection campaign. That amount is far more than any other freshman legislator, and most seasoned veterans for that matter. Congratulations to Representative Venkat and PEP-PAC. ■

PACEP PEDIATRICS INTEREST GROUP

Wanted: Pediatric Emergency Care Coordinator (PECC)

Does your emergency department (ED) have a PECC? What is a PECC and why does it matter? As the name implies, a PECC is responsible for all aspects of pediatric care in the emergency department (ED). For example, a PECC would ensure that pediatric considerations are included in ED policies and disaster plans, that all staff are properly trained and credentialed to care for children, and that staff have the right resources to provide quality pediatric emergency care. The role can be filled by a nurse, physician, or, ideally, both.

There is a growing body of evidence that PECCs make a difference. EDs with a PECC have significantly higher pediatric readiness scores, which in turn has been linked to improved patient outcomes in children. In the last National Pediatric Readiness Survey (published in 2015), 53% of Pennsylvania EDs had a nurse PECC and 38% had a physician PECC, both of which were below the national average. A more recent survey shows growing numbers of PECCs in all states — stay tuned for those results later this year.

For more information on PECCs and how to advocate for them in your ED, check out the websites below or contact Theresa Walls at wallst1@chop.edu. If you're interested in joining the PACEP Pediatrics Interest Group, please reach out to Jan Reisinger at exec@pacep.net. ■

https://emscimprovement.center/domains/pecc/

https://paemsc.org/

Life Outside of the Emergency Department

By Eleanor Dunham, MD, MBA, FACEP

Eleanor Dunham, MD, MBA, FACEP
Wellness/YP Committee Member

I am an Emergency Medicine (EM) physician and never thought I would be anything else. EM has provided me with so many unique experiences. Some were wonderful, and some were not. However, it has been an extraordinary journey that will remain a part of me forever.

I have worked at community and academic sites, held administrative roles, and been a medical educator. I have conducted research and had grant applications funded and rejected. I have published textbook chapters, manuscripts in indexed academic journals, and articles in throw-away magazines. I also work part-time in a clinic treating opioid use disorder patients. But life always has a way of throwing you curveballs.

As the years passed, my interests evolved. Aspects of my job that once captivated me no longer did, while those that I previously overlooked appealed to me. Initially, I loved providing unscheduled acute care and handing off the follow-up to my non-EM colleagues. However, I've come to appreciate caring for my patients at follow-up visits, particularly in the opioid clinic where I work part-time. This led me to start a side job in aesthetics two years ago, and now running my own functional medicine practice.

Therefore, after 20+ years in EM, I transitioned to per diem in the emergency department (ED). I spoke to colleagues with similar or longer careers in EM, and after putting in the time, their passion for the field varied too. I can't say there is a universal path for everyone, but it is crucial to love what you do and continue to love it. After noticing my enthusiasm waning over numerous shifts, I decided a change was necessary. I figured I have one life, and I am committed to living it fully, pursuing what truly matters to me.

Venturing into a new world by starting a practice from scratch has been a challenging and enlightening journey. Transitioning from EM to a completely different field is not for the faint-hearted. Both the business and clinical aspects differ significantly from my previous experience. Even with an MBA, the learning curve was steep. While some may find this path unconventional, it was a personal journey and I'm content with the choices I've made. There are things I would change in hindsight, but overall, I'm excited to see where this adventure leads. Since starting this new journey, my work-life balance and sleep schedule have significantly improved, affirming my decision.

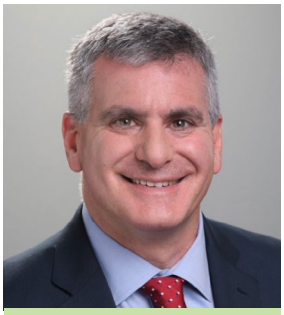
For those interested, I am happy to discuss my transition from EM to Functional Medicine and Aesthetics – my new passion. We can meet over coffee or lunch. Nevertheless, I am still an emergency physician, and I continue to work a monthly shift in the ED enjoying the company of my colleagues. But, since transitioning careers, I am professionally and personally so much more fulfilled. ■

Collaborative Wilderness Medicine Simulation

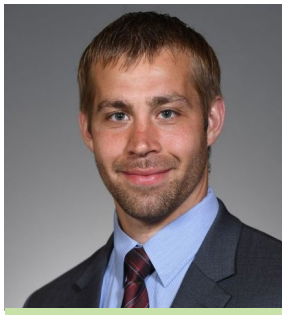
By Monisha Bindra, DO, MPH, FACEP; Brian Kelly, DO; Adam Sigal, MD, FACEP; Eric Smith, DO; Holly Stankewicz, DO, FACEP

Monisha Bindra, DO, MPH, FACEP

Brian Kelly, DO



Adam Sigal, MD, FACEP



Eric Smith, DO

Holly Stankewicz, DO, FACEP

Seventy-eight emergency medicine residents and medical students converged on the Lehigh Valley Gap Nature Preserve to receive wilderness medicine and survival training from Reading Hospital and St. Luke's Emergency Medicine (EM) faculty and senior residents. Residents and attending physicians led active stations on survival and first aid.

The aim was to expose both parties to medicine without "state of the art" equipment. Most didactic and clinical education occurs in classrooms or well-resourced emergency departments. Residents had to adapt their approach while learning to improvise with the equipment and materials available in their austere environment. A secondary goal was to bring together two residency programs to promote and foster intercollegiate respect and understanding. The third goal was to expose our physicians to outdoor wellness activities and provide useful information they may use off-shift and recreationally.

Multiple stations were set up for the several groups of 6-8 residents and students to rotate through. A basic wilderness first aid and improvised splinting station incorporated using limited resources that one might have or find while on a hike or camping trip that allowed learners to practice immobilization and first aid in an austere environment. A mass casualty station simulated the harrowing, but unfortunately increasingly common experience of being involved in a mass shooting. Learners discussed scene safety and management, learned to apply commercial and makeshift tourniquets, and used readily available materials to apply dressings to sucking chest wounds. At another station residents and students demonstrated and practiced rescue-carrying techniques to extract a wounded person out of a wilderness environment. One of the most unique statithankons however, featured dog rescue techniques that included airway obstruction and CPR (using a dedicated dog CPR mannequin).

Although some skills practiced and discussed were related to risks of toxic plant, animal, heat and cold exposures possible during hiking and camping trips, many scenarios were designed to help learners modify their skills learned in the hospital setting for the environment outside of the hospital. Most of the equipment available to physicians in the emergency department is unavailable in the wilderness. These stations were meant to impress upon the learners that skills learned in the standard clinical setting in the hospital do not directly translate into the prehospital and wilderness environments. By the conclusion of this experience, the learners became facile in using unconventional materials in the field for splinting, placing a tourniquet on an extremity and how to extract an injured victim without conventional stretchers, in addition to learning how to appropriately dress for various climates and construct makeshift shelters.

Part of this collaborative endeavor was to encourage supervising and resident physicians to get outside and do what makes them happy. Depersonalization scores in the Mayo Clinic study demonstrated an over 50% increase

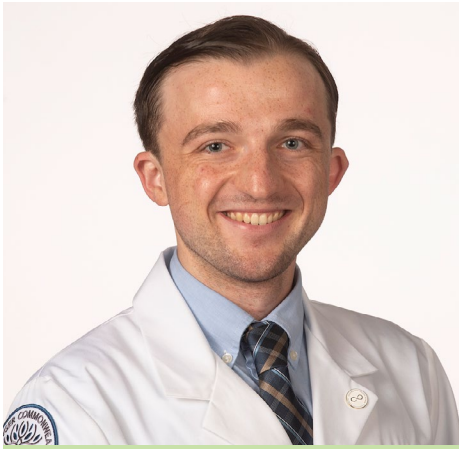
from 2017 to 2021, which likely resulted from the increased demand on time and the restrictions put in place to limit the spread of COVID-19 and protect medical assets during that time frame. Our event encouraged inter-program relations in an open-air environment. Our physicians and students had the opportunity to socialize with colleagues, learn medicine, and explore gear, equipment, and wilderness medicine skills they can put into practice if ever confronted with an out-of-hospital injury or emergency in the future.

This activity's effect on Reading Hospital and St. Luke's EM programs will go unmeasured. By design, this activity was created to build collaboration, education, and camaraderie in the setting of wilderness medicine. Verbal feedback from participants was overwhelmingly positive. Future sessions are pending with new locations and activities. Other resident programs may benefit from initiating a similar wilderness experience to introduce an interesting yet sometimes forgotten part of medical education and foster health and wellness in the great outdoors.

Changes in burnout and Satisfaction with Work-life integration in Physicians During the First 2 years of the COVID-19 Pandemic. By Tait D. Shanafelt, MD, Colin P. West, MD, PHD, et al. Published September 13, 2022. https://doi.org/10.1016/j.maoycp.2022.09.02

Is EMS experience essential for emergency physicians?

By Dominic Gregorio, MS2



Dominic Gregorio, MS2
Geisinger Commonwealth School of Medicine

I talk the least to the doctors I trust the most.

Let me clarify. When working on the ambulance, EMS clinicians all know which doctors they love to work with. They often lead continuing education, listen intently to bedside reports at transfer of care, and are up to date on pre-hospital protocols. As medical command physicians, they use their EMS crews as "eyes on the ground" and, yes, the conversations tend to be shorter because of it.

"Oh, the patient wants to refuse? Sounds good." Click. This might seem dismissive to a newer command physician who wants every potentially relevant detail from a long-suffering crew just seeking to release a patient at home (without violating health regulations) and return their unit to service. The first doctor, on the other hand, has known each crew member for years and realizes that if the patient lacked capacity or presented as a dangerous refusal, that would have been front and center in the phone report.

Frequently, the favorite (and efficient) emergency physician tends to come from a background in EMS. Of course, we are biased—this is one of our own, after all, who has long since let down roots into our family tree of EMS. But this bond of trust allows us, and, by extension, the emergency department, to provide better care. Camaraderie is not the only reason we feel this way. Medical schools of every stripe today highly value clinical experience gained in the back of a moving ambulance. The burden of responsibility and number of repetitions forces acquisition of knowledge, skills, and maturity.

It takes little insight to see the applicability of EMS experience in the medical world. However, the emergency department is the ideal place to translate prehospital talents, even aside from similarities in caseload and clinical procedures. EM and EMS alike feature into conversations around burnout, staffing mismatch, system abuse, and compassion fatigue. Given their experiences and ability to overcome similar obstacles, any EM applicant with a strong EMS background will come to their residency program with more than a head start on the mutual trust, endurance training, and translatable skills necessary to succeed as an emergency physician—and a clear commitment to the field.

> **"On our board composed of highly engaged medical student section members, fifty percent said they have EMS experience and are definitely applying to EM residency programs.**

Of course, I would never argue against those seeking to enter emergency medicine, no matter the level or lack of prehospital experience. Instead, the best applicants should be accepted, and all should continue to engage warmly and regularly with the EMS community—with a special emphasis on systems awareness for those not native to it. Beyond this, all who are competent and interested should be welcomed with open arms until spots are filled. While we should not be screening out EMS-naive applicants, we should absolutely develop talent by actively recruiting those who are likely to commit to and succeed in emergency medicine.

The National Collegiate EMS Foundation (NCEMSF) has created a network of campus EMS squads and hosts students from over 100 colleges at their annual conference, including representatives from thirteen Pennsylvania campuses. PACEP should seek to engage early with students who

belong to organizations like NCEMSF, both in person and online.

An informal survey of the PACEP Medical Student Council (MSC) implies this strategy could work. On our board composed of highly engaged medical student section members, fifty percent said they have EMS experience and are definitely applying to EM residency programs. Eighty percent had EMS experience and were at least "potentially" applying to EM. There are plenty of other students with an EM interest and EMS backgrounds, yet there is a large gap in commitment between MSC members and otherwise similar students.

Anecdotally, it seems students add commitments throughout the year until a threshold is reached, after which a large activating motivation is needed to induce participation in "extra" experiences. Intuitively, reaching students earlier—potentially before they even start medical school—could establish long-term commitment before the "busyness" block sets in. EMS is an extension of the emergency physician—inherently, a part of the present state of EM. Certainly, some of its current practitioners will be physicians themselves one day. Extolling emergency physicians with experience in EMS, and seeking to create more of them from among its ranks, is one strong strategy to secure the future of emergency medicine. ■

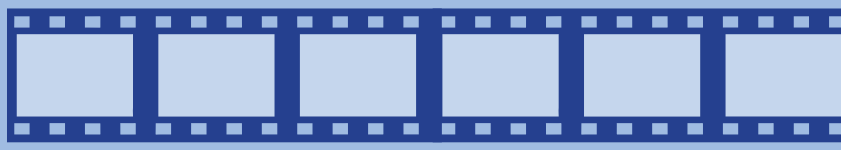
Did You Know PACEP Has a Job Bank?

To learn more about open positions or to learn more about advertising a position, visit the PACEP Website.

CURRENT POSTINGS INCLUDE:

- Emergency Medicine Residency Program Director – Geisinger, Wilkes-Barre, Pennsylvania
- Emergency Medicine Physician – Philadelphia, Pennsylvania

PACEP needs your help!



PACEP is working on a short 2-minute video to welcome everyone to ACEP Scientific Assembly in Philadelphia in October. We are so excited that Pennsylvania is the hosting state this year! We are collecting photos and short videos (10-20 seconds) from your department and/or your residents – saying welcome and something unique about your area of the state.

Example: *"Welcome to Pennsylvania from Penn State Health in Hershey, PA – the sweetest place on earth."*

! We would like to include as many different photos and videos as possible from across the state. Please send these to exec@pacep.net ASAP, but no later than Mon. July 31.

CONGRATULATIONS ARE IN ORDER...

We know that our PACEP members are doing great things, but we don't always know about promotions, accomplishments, etc. If you know of someone that deserves a shout-out, please email Jan Reisinger at exec@pacep.net.

2023–2024 Executive Committee

L to R: Scott Goldstein, DO, FACEP – Secretary; Elizabeth Barrall Werley, MD, FACEP – Vice President; Jennifer Savino, DO, FACEP – President-Elect; Richard Hamilton, MD, MBA, FACEP – President; Theresa Walls, MD, MPH – Treasurer; Chadd Kraus, DO, DrPH, FACEP – Immediate Past President

2023–2024 Resident Board Members

L to R: Taylor Klein, DO (Conemaugh); Kyle Hughes, MD (Jefferson); Danielle Nesbit, DO (LVHN); George Koshy, DO (Geisinger)

2023–2024 PACEP Board of Directors

Congratulations to all our Scientific Assembly winners!

Spivey Best of Best

1st Place: Osmin Herrera, DO – Allegheny Health
First Attempt Success Between Anatomically and Physiologically Difficult Airways in the Emergency Department

2nd Place: Benjamin Krouse – Geisinger Commonwealth School of Medicine
Reduction in Computed Tomography Pulmonary Angiography (CTPA) Utilization in Pregnant Patients Suspected of Pulmonary Embolism via Pregnancy-Adapted YEARS Criteria

Spivey

1st Place: Jesse Dew, DO – Guthrie Robert Packer
Pre-hospital End Tidal Capnography as a Predictor for In-hospital Resource Utilization and Mortality in Trauma Patients - A Systematic Review

2nd Place: Susan Yaeger, MD – Lehigh Valley Health Network
Febrile Young Infants Age <=60d with COVID-19 Infection: Review of Clinical Presentation, Inflammatory Markers, Hospitalization Rate and Clinical Outcomes

CPC

1st Place Resident: Anthony Seago, DO – Lehigh Valley Health Network
Pediatric Glaucoma

2nd Place Resident: Shelby Crowley, DO – Towerhealth Reading
Fever in Returning International Traveler

1st Place Discussant: Courtney Cassella, MD – Towerhealth Reading
Pediatric Glaucoma

2nd Place Discussant: Steve Schirk, MD, FACEP – Wellspan York
Fever in Returning International Traveler

Case Competition

1st Place: Alexa Golden MD – UPMC Harrisburg
Rapunzel Syndrome

2nd Place: Robert Briggs, DO – Lehigh Valley Health Network
Pneumocephalus

Image Competition

1st Place: Leonce Song-Naba MD – Einstein
Thymic Carcinoma

2nd Place: Daniel Spector DO – Einstein
Dyspnea on Exertion

3rd Place: Alya Wezza BS – Lehigh Valley Health Network
Volvulus Irritating the Myocardium

Awards Reception

PACEP23
SCIENTIFIC ASSEMBLY

May 4–6, 2023

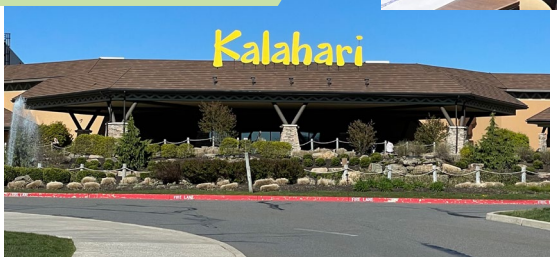
Kalahari Resorts & Conventions, Pocono Manor

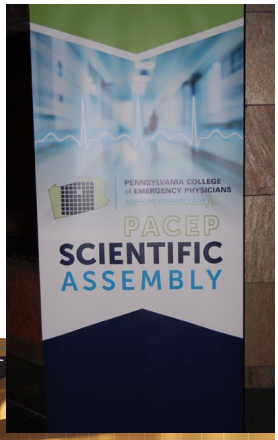
Business Meeting

Welcome Reception

PACEP Olympics

SA General





YP Reception

PACEP Research Committee Update

By Eric Melnychuk, DO, FACEP

Eric Melnychuk, DO, FACEP
Research Committee Co-Chair

The Research Committee met on June 28, 2023 to discuss ideas and set goals for the next year. One of these goals is to streamline the Scientific Assembly abstract submission process to allow PACEP to submit accepted abstracts efficiently to *JACEP Open* for continued publication in the future. A formal set of instructions for authors for abstract submission is being developed to assist in assuring appropriate formatting of abstracts when submitted to the Scientific Assembly next year.

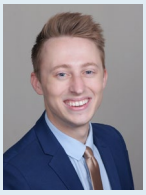
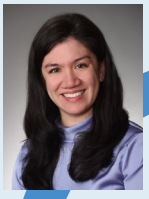
Do you have any additional feedback about the abstract sessions, CPC, Case Competition and clinical image galleries? We would love to hear them!

Additionally, the research committee is always looking for new members. The Research Committee meets the 4th Wednesday of every other month at 2pm EST. If you are interested, please email exec@pacep.net to get involved!

SCIENTIFIC ASSEMBLY PACEP 2023 CPC HIGHLIGHT

What is the Diagnosis?

A special thank you to Alexandra Amaducci, DO for organizing the CPC competition during Scientific Assembly, to Anthony Seago, DO for submitting the case and being the resident presenter, and Courtney Cassella, MD for being the attending discussant.

CPC CASE STUDY
THE CASE

The Case – 8-month-old male presents from outside hospital for photophobia and excessive tearing and concerns that the patient seemed altered by the referring provider

- Symptoms started 3-4 weeks ago per mom and grandmother
- Infant eyes water and he shuts eyes and places his head on mom's shoulder when they go out into the sun
- Consistently rolls to stomach and tilts head downwards, does not lay on back

PMH: SVD Full term, newborn resuscitation with CPR with brief HFNC, shoulder dystocia, hypoglycemia

PSH: Circumcision

FamHx: Congenital diaphragmatic hernia

SocHx: Lives with mom, aunt, older brother; 2 cats; Tobacco smoke exposure

ROS: Pertinent positive - photophobia, excessive tearing, eye pain

PE: VS: RR 34, 95% on RA, BP 131/86, HR 136, Temp 98.7F

- General: He is active. No acute distress. well-developed, well-nourished, not diaphoretic. Actively works to maintain a prone position. Very fussy when laid on back.
- Eyes: Patient does not cooperate with eye exam.
- Cardiovascular: Reg rate and rhythm; Pulses 2+ bilaterally; Heart sounds: NML, no murmur.
- Pulmonary: Normal breath sounds
- Abdominal: Abdomen is soft, no hepatosplenomegaly.
- Musculoskeletal: Normal range of motion and neck supple.
- Neurological: Mental Status: He is alert.

LABS:

CBC w/ diff –

Hgb 14.1	Absolute neutrophil 2.79
Hematocrit 42.6	Absolute lymphocyte 8.75
WBC 12.6	Absolute monocyte 0.63
RBC 4.9	Absolute eosinophil 0.36
Platelet 479	Absolute basophil 0.10
MPV 9.9	Neutrophils 22
MCV 86	Lymphocytes 69
MCH 28.4	Monocytes 5
MCHC 33.1	Eosinophils 3
RDW 12	Basophils 1

CMP –

Glucose 89	Albumin 4.4
BUN 11	Calcium 10.1
Cr 0.27	Protein total 7.1
Sodium 137	Bilirubin 0.19
Potassium 5.1	AST 42
Chloride 102	ALT 37
Bicarb 25	Alk Phos 296
AG 10	

THE WORKING DDX:

- Corneal abnormality: Abrasion, Ulcer, Edema
- Anterior or Posterior Uveitis
- Conjunctivitis
- Scleritis
- Albinism
- Aniridia
- Total Color blindness
- Mydriasis – Pharmacologic vs. traumatic
- Glaucoma

What test will make the diagnosis?
What is the final diagnosis?

see conclusion on page 23

PENNSYLVANIA COLLEGE
of EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE

PACEP24 SCIENTIFIC ASSEMBLY

Kalahari Resort, Pocono Manor | May 2–4, 2023

Call for Speakers

The Pennsylvania College of Emergency Physicians (PACEP) Education Committee is now accepting submissions for speakers and sessions for our 2024 Scientific Assembly conference which will be held at Kalahari Resort & Convention Center, Pocono Manor on May 2–4, 2024.

Last year was a record year with nearly 300 emergency medicine professionals gathering to hear national and state faculty share their knowledge and expertise in presenting clinical updates as well as cutting-edge issues in emergency medicine care.

Our goal is to continue to present outstanding content that provides PACEP members and conference attendees the opportunity to expand their expertise. This year's theme is: "Bouncebacks and Bouncing Back".

Expressing interest does not guarantee acceptance, but your submission will be collected for possible future calls. You may submit multiple submissions, but only one submission per form. Submissions are due by August 31, 2023.

Potential speakers will be notified by the PACEP24 Scientific Assembly Program Chair, Keith Willner, MD by Monday, October 16, 2023.

NOTE: While we cannot cover honoraria or travel expenses for your session, we do cover registration to attend Scientific Assembly.

SUBMIT YOUR PROPOSAL:
https://www.jotform.com/form/231873818534161

WHAT WE'RE LOOKING FOR:

- Passionate, confident, and engaging speakers. (Know someone who you think would make a GREAT speaker? Pass this message on!)
- Sessions that run the gamut from teaching the fundamentals of Emergency Medicine to advanced subject areas (attendees are at various stages in their careers, so a wide spectrum of sessions is needed.)

WHAT WE ARE NOT LOOKING FOR:

- Panel Submissions
- Sales-driven sessions for products or services

DEADLINE:

Your proposal for a session must be submitted by August 31, 2023.

***Preference is given for selection of speakers to PACEP Members.**

PACEP Education Committee Update

By Monisha Bindra, DO, MPH, FACEP

Monisha Bindra, DO, MPH, FACEP
PACEP Education Committee Chair

I welcome the passing of the torch from Blake Bailey DO, MBA, FACEP to me to lead this committee this year and am excited to work with so many amazing emergency medicine physicians from Pennsylvania, including my co-Chair Christopher Wilson MD.

Our goals are to bring exceptional educational programs to the Scientific Assembly and collaborate with departments and residency programs across the state over the year. We look forward to highlighting the many residencies and sharing some of the case-based presentations from SA as we move forward.

As we reflect on this year's Scientific Assembly at Kalahari Resort and Convention Center in Pocono Manor, we were delighted to see a record turnout of physicians from across the Commonwealth. The conference chaired by Meaghan Reid DO, FACEP and co-chaired by Keith Willner MD was full of exceptional lectures and interactive sessions that captured the theme of 'Celebrating Emergency Medicine Throughout a Career'.

We were also thrilled to have a large resident presence as many residency programs from across the state participated in the first PACEP Olympics simulation competition organized by Holly Stankewicz DO, FACEP. Alexandra Amaducci DO organized a robust CPC competition and interesting image gallery that was easy to peruse throughout the exhibit hall. Through the hard work of Bryan Kane MD, FACEP, Eric Melnychuk DO and Joseph Herres DO, FACEP the Spivey Competition and Research presented during the assembly was also published in JACEP this year.

Additionally, we were able to join with POMA to provide an opportunity to complete the Mandated reporting of Suspected Child Abuse certification and four hours of DEA required lectures into the conference. This created a fantastic opportunity to be collegial and meet up with friends across the state in other specialties.

As we look toward the future, we are pleased to share that the medical education committee has grown in members. We have already confirmed the theme "Bouncebacks and Bouncing Back" for SA 2024 in the spring at Kalahari. Keith Willner MD is the Chair of the Scientific Assembly 2024, with a search for speakers, interesting images, CPC cases and research projects in the works. If you are interested in presenting at the upcoming scientific assembly, look for the call to speaker's online form. Additional information is included in this newsletter.

While Eastern and Western Resident days have been cancelled for this year, we are proud to announce that Central PACEP Resident Day is moving forward and scheduled for Thursday, September 7th, to be hosted by Wellspan Health in York. We look forward to the opportunity to bring residents and faculty together in person this fall. ■

Are you ready to become a Fellow?

You'll need:

- Three continuous years of ACEP membership
- Board Certification in EM the ABEM or AOBEM or Pediatric EM by ABP
- Three years of active involvement in EM (exclusive of residency training)
- Proven, active involvement in three or more areas of leadership

To learn more visit:

https://www.acep.org/membership/membership/join-acep/fellow-status/

PEP-PAC Update

By Michael Boyd, MD

Michael Boyd, MD
PEP-PAC Chair

Emergency Departments across the state continue to face the challenge of ED Boarding, driven by hospital capacity constraints and a broken mental healthcare system. It is imperative that we make our voices heard regarding these issues. The Pennsylvania Emergency Physicians Political Action Committee (PEP-PAC) is the lobbying arm of PACEP. On the surface, many of us may have a negative connotation associated with lobbying, picturing shady back rooms and handshakes. However, at its core, lobbying is a means of obtaining access to legislators in Harrisburg to educate them about issues affecting us. PEP-PAC uses its resources to attend fundraisers with lawmakers on both sides of the aisle, thereby establishing relationships so that they can draw on our expertise regarding healthcare issues.

Mental Health and nursing staff ratios are two key issues being discussed in the PA Legislature.

In 2022, Pennsylvania authorized $100 million to be spent to address mental health in PA. That money has not yet been allocated and PACEP needs to be part of the conversation. The ED is the fulcrum bearing the weight of our failed mental health system. House Bill 849, authored by state Rep. Mike Schlossberg, D-Lehigh, would take money from one-time federal American Rescue Plan funding and allocate it along recommendations made by the newly formed Behavioral Health Commission on Adult Mental Health in the state General Assembly. This bill passed the PA-House in June 2023, but final details are yet to be determined. PACEP needs Emergency Physicians in front of our lawmakers, giving practical, concrete solutions so that the money is allocated effectively. PEP-PAC is a means to that end.

We are too familiar with the nursing staff crisis leading to hospital capacity constraints and ED Boarding. The PA House recently passed a bill that would actually make our boarding crises even worse. The PA House caved into nursing union pressure and passed HB 106 "The Patient Safety Act" sponsored by Thomas Mehaffie D-Dauphin which would inflict strict nurse ratios on hospitals. For instance, it mandates that an ED and Medical-Surgical nurse has no more than 4 patients, an intermediate care nurse has no more than 3 patients, and intensive care nurse has no more than 2 patients, with no exceptions.

> **In 2022, Pennsylvania authorized $100 million to be spent to address mental health in PA. That money has not yet been allocated and PACEP needs to be part of the conversation.**

We all know that this government mandated unrealistic staffing scenario will be a catastrophe for the ED: if there aren't inpatient beds secondary to these nursing ratios, admitted patients board in the ED, and the new influx of ED patients wait for hours on end the waiting room (the legislators don't seem to care that the waiting room patients and those unable to access care don't have nurses or providers at all).

This preposterous, short-sided bill actually passed the PA House and is being debated in the Senate. PACEP needs your support in educating lawmakers about the disastrous unintended consequences of strict ratios. The real solution is to increase the nursing workforce via workforce training, incentives, expanding nursing school enrollment, and grants and student loan payments for nurses agreeing to work in an inpatient setting. It is analogous to saying that class sizes in our public schools are too large, so let's limit classrooms to 15 students per teacher, and since there aren't enough teachers to enact this plan, the remainder of students simply don't go to school. That of course would be insanity, but is exactly the type of solution they are proposing for healthcare.

PEP-PAC needs your donations so that our voices can be heard. These problems face us every single shift, and we are the experts uniquely positioned to present real solutions. ■

Donate here:

https://www.paypal.com/donate/?hosted_button_id=22BA6DM67MMRN

SCIENTIFIC ASSEMBLY PACEP 2023 CPC HIGHLIGHT

The Conclusion:

CPC CASE STUDY
RESULTS

The Case – 8-month-old male presents from outside hospital for photophobia and excessive tearing and concerns that the patient seemed altered by the referring provider

TO FACILITATE THE EXAM:
- Intranasal Versed 0.3mg/kg x 8.1kg = 2.45mg given for sedation
- Ophthalmic 0.5% proparacaine, 1 drop bilaterally

EYE EXAM
- General: Lids are normal. Gaze aligned appropriately.
- IOP: Right, 41 mmHg. Left, 55 mmHg with handheld tonometer
- EOM: intact bilaterally, no nystagmus
- No fluorescein uptake
- Conjunctiva/sclera: Injected bilaterally
- Slit lamp exam:
  Right eye: Photophobia present.
  Left eye: Photophobia present.
- Comments: Mild proptosis. Absent red reflex bilaterally. Mild corneal clouding bilaterally. Bilateral mydriasis. Minimal pupillary reactivity to light.

DIAGNOSIS:
Congenital Glaucoma

Diagnosis definition: Set of ocular conditions characterized by two or more of the following:
- Occurs in children aged >1-24 months
- Progressive Myopia
- Visual field deficits
- Cupping of the optic disc
- Elevated IOP

TREATMENT AND DISPOSITION:
The patient was transferred to be seen by pediatric ophthalmology.
- Medication treatment:
  – PO acetazolamide 20mg/kg TID
  – Cosopt (timolol-dorzolamide) drops, 1 drop B/L BID

AFTER CARE:
- Refer children to a genetic counselor or clinical geneticist
- Child needs lifelong follow up with ophthalmology to monitor for elevated IOP and prevent vision loss

RELEVANCE TO EM:
- High index of clinical suspicion
- Sequelae: Visual impairment including blindness, amblyopia, myopic astigmatism

https://eyewiki.aao.org/Primary_Congenital_Glaucoma

Spotlight on St. Luke's Bethlehem EM Residency

By Holly Stankewicz, DO, FACEP

Holly Stankewicz, DO, FACEP
Program Director, St. Luke's Bethlehem EM

The Emergency Medicine Residency Program at St. Luke's Bethlehem is a three-year ACGME-approved program that accepts 12 residents annually. We aim to provide a comprehensive and academically rigorous curriculum at a Level 1 Trauma and Tertiary Care Medical Center. St. Luke's Bethlehem campus has been recognized as one of the top 100 hospitals in the US, one of only 15 major teaching hospitals on that list.

The program exposes residents to a broad spectrum of pathology in a department that sees urban, rural, and suburban populations. Residents see neonatal, pediatric, adult, and geriatric patients every shift. More than 20% of our patient population is pediatric, with a full complement of most pediatric specialists available for consultation. Our residents have extensive training in caring for critically ill patients. More than 25% of our patients require hospitalization. Our residents rotate at two campuses, our level one trauma center and an urban community center, with the option for an elective at a third rural emergency department.

The best part of our residency is the people. From the physicians to nurses to ancillary staff, the people at St. Luke's Bethlehem create a supportive and amicable environment that is second to none. Our residency truly is a family. Even after graduation, our residents remain part of this family.

Residents and faculty spend a lot of time at work together but often spend their free time together too. Residents and faculty participate in dedicated bonding days and wellness activities, including baseball games, rafting trips, apple picking, and more. At St. Luke's Bethlehem, we produce residents that are clinically, procedurally, and academically proficient emergency medicine physicians who are ready to perform in any practice environment. Equally as important, we graduate residents who have discovered lifelong friendships and mentors in their three years here. ■

If you'd like to learn more about our residency, follow us on Instagram at stlukes_emresidency_bethlehem or check out our website at https://www.slhn.org/graduate-medical-education/residencies-and-fellowships/emergency-medicine-residency


St.Luke's Level I Trauma Center

UPCOMING EVENTS

8/26/23
PACEP Residency Fair – (Virtual)

9/7/23
Central Residents Day – York, PA

9/7/23
Board of Directors – York, PA
(In conjunction with Central Residents Day)

10/7/23 – 10/8/23
ACEP Council – Philadelphia, PA

10/9/23 – 10/12/23
ACEP Scientific Assembly – Philadelphia, PA

11/29/2023
Board of Directors – Harrisburg

1/31/2024
Board of Directors – (Virtual)

4/3/2024
Board of Directors – Harrisburg

4/14/24 – 4/16/2024
ACEP Leadership & Advocacy Conference (LAC) – Washington, DC

5/1/2024
Board of Directions – Kalahari Resorts Pocono Manor

SPRING 2023

PACEP ACCOMPLISHMENTS

ADVOCACY

- Submitted Op-ed on "Pennsylvania Must Act to Avoid Another Medical Liability Crisis" which was published in PennLive
- Submitted letter to Pennsylvania Secretary of Health regarding the need for appropriate medical oversight of Emergency Medical Services (EMS) in the Commonwealth of Pennsylvania
- Submitted letter to House Health Committee regarding concerns with HB 106 – "Patient Safety Act" which would implement mandated nursing ratios which would have unforeseen and detrimental consequences for emergency care delivery in Pennsylvania

ENGAGEMENT

- Completed and distributed electronic Spring edition of PACEP News
- Development of lecture series by Medical Student Council

EDUCATION

- Completed a successful PACEP23 Scientific Assembly with record attendance
- Completion of a successful PACEP Olympics at Scientific Assembly
- Negotiated publication of PACEP Abstracts in *JACEP Open*

GOVERNANCE

- Completed transition of new officers and leadership for PACEP
- Maintained balanced budget
- Submitted proposed bylaws revisions approved by PACEP membership to ACEP for review and approval

Future PACEP Scientific Assemblies at Kalahari Resorts & Conventions, Pocono Manor, PA

2024 May 1–4 | **2025** April 23–26

SAVE THE DATES

Penn State Health Emergency Medicine

About Us:

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are the only medical facility in Pennsylvania to be accredited as a Level I pediatric trauma center and Level I adult trauma center. The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital, and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; Penn State Health Lancaster Pediatric Center in Lancaster, Pa.; Penn State Health Lancaster Medical Center (opening fall 2022); and more than 3,000 physicians and direct care providers at more than 126 outpatient practices in 94 locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and the Pennsylvania Psychiatric Institute.

JOIN OUR TEAM
EMERGENCY MEDICINE
OPPORTUNITIES AVAILABLE

We foster a collaborative environment rich with diversity, share a passion for patient care, and have a space for those who share our spark of innovative research interests. Our health system is expanding and we have opportunities in both academic hospital as well community hospital settings.

Benefit highlights include:

- Competitive salary with sign-on bonus
- Comprehensive benefits and retirement package
- Relocation assistance & CME allowance
- Attractive neighborhoods in scenic Central Pennsylvania

PennState Health

FOR MORE INFORMATION PLEASE CONTACT:

Heather Peffley, PHR CPRP - Penn State Health Lead Physician Recruiter
hpeffley@pennstatehealth.psu.edu

CELEBRATE WELLNESS!

If you have a healthy recipe that you would like to share, please email it to Jan Reisinger at exec@pacep.net. The PACEP Wellness/Young Physicians Committee will select recipes for the PACEP website, as well as a favorite for publication in the PACEP News each quarter.

Summer DESSERT PIZZA

Prep Time: 35 min. + chilling

Bake: 15 min. + cooling

Servings: 16

Recipe from Taste of Home

INGREDIENTS:

- [ ] 1/4 cup butter, softened
- [ ] 1/2 cup sugar
- [ ] 1 large egg
- [ ] 1/4 teaspoon vanilla extract
- [ ] 1/4 teaspoon lemon extract
- [ ] 1-1/4 cups all-purpose flour
- [ ] 1/4 teaspoon baking powder
- [ ] 1/4 teaspoon baking soda
- [ ] 1/4 teaspoon salt

Glaze:

- [ ] 1/4 cup sugar
- [ ] 2 teaspoons cornstarch
- [ ] 1/4 cup water
- [ ] 1/4 cup orange juice

Topping:

- [ ] 4 ounces cream cheese, softened
- [ ] 1/4 cup confectioners' sugar
- [ ] 1 cup whipped topping
- [ ] 1 firm banana, sliced
- [ ] 1 cup sliced fresh strawberries
- [ ] 1 can (8 ounces) mandarin oranges, drained
- [ ] 2 kiwifruit, peeled and thinly sliced
- [ ] 1/3 cup fresh blueberries

DIRECTIONS:

1. In a small bowl, cream butter and sugar until light and fluffy, 5-7 minutes. Beat in egg and extracts. Combine flour, baking powder, baking soda and salt; add to creamed mixture and beat well. Cover and refrigerate for 30 minutes.

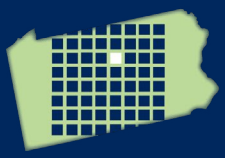
2. Press dough into a greased 12- to 14-in. pizza pan. Bake at 350° for 12-14 minutes or until light golden brown. Cool completely on a wire rack.

3. For glaze, combine sugar and cornstarch in a small saucepan. Stir in the water and orange juice until smooth. Bring to a boil; cook and stir for 1-2 minutes or until thickened. Cool to room temperature, about 30 minutes.

4. For topping, in a small bowl, beat cream cheese and confectioners' sugar until smooth. Add whipped topping; mix well. Spread over crust. Arrange fruit on top. Brush glaze over fruit. Store in the refrigerator.

NUTRITION FACTS:

1 piece: 176 calories, 7g fat (4g saturated fat), 29mg cholesterol, 118mg sodium, 27g carbohydrate (17g sugars, 1g fiber), 2g protein.



PENNSYLVANIA COLLEGE
of **EMERGENCY PHYSICIANS**
ADVANCING EMERGENCY CARE

The Voice of Pennsylvania's Emergency Physicians

800 N. Third Street, Suite 408-B
Harrisburg, PA 17102