

# PACEP NEWS

WINTER 2024



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

## EXECUTIVE PRIVILEGE

### On the Front Lines

*By Richard J. Hamilton, MD, MBA, FACEP*

Whenever I am feeling overwhelmed by what is happening on a daily basis in my emergency department and those throughout PA and the US, I pull out this old Time Magazine that I kept from my early days in Emergency Medicine.

<https://content.time.com/time/covers/0,16641,19900528,00.html>

It might not be immediately clear from the image, but this article is about 34 years old. That’s right – 1990! It’s shocking how prescient it might seem, even apart from the headline – from the mask on the physician to the political turmoil around the world. It reminds me that we do indeed serve on the front lines of health care. Taken quite literally, the constancy of what we do is always on behalf of others – our patients – and requires focus, dedication, and effort.



**3 Reasons to Donate to PEP-PAC**

<p>1 PACEP is actively advocating for</p> <p><b>20</b> priority legislative issues</p>	<p>2 PACEP is actively advocating for</p> <p><b>5</b> initiatives before the Shapiro Administration</p>	<p>3 PACEP is actively tracking &amp; monitoring</p> <p><b>186</b> bills and legislative proposals</p>
--	---	--

**DONATE TODAY**

PACEP too is on the front lines of Emergency Medicine. Here is an infographic that might explain focus, dedication, and effort our government affairs committee and our political action committee (PEP-PAC) are doing to track legislation and advocate for emergency medicine.

So, when you are having a particularly down day – congratulate yourself for your efforts on the front lines and think about joining the effort on the front lines of advocacy. Think about attending the Leadership and Advocacy Conference in Washington D.C. on April 14 – 16, 2024. Or join a subcommittee and roll up your sleeves. PACEP wants you! ■

# CONTENTS

*Click on title to go directly to article:*

Executive Privilege: On the Front Line	1
PACEP Pediatric Special Interest Group	3
PACEP Board of Directors   PACEP Committee Chairs/Co-Chairs	4
Welcome New PACEP Members	4
An Ode to EMS	5
Lobbyist Update	6
Voting for 2024 Board of Directors	7
Mr. Kane Goes to Harrisburg	8
PACEP Education Committee Update	9
Spotlight on Conemaugh Memorial Medical Center's EM Residency	10
Did You Know PACEP Has a Job Bank?	11
PACEP EMS, Disaster, and Terrorism Preparedness Committee: Updates on Quality Improvement for EMS	12
Scientific Assembly 2024 – Registration is Now Open!	13
Congratulations are in Order	14
Are you ready to become a Fellow?	14
Ad: Penn State Health Emergency Medicine	15
In Loving Memory of: Jesse Allen Weigel, MD, FACEP	16
Annual PA Delegation to ACEP Council	17
PACEP Accomplishments: Fall 2023	17
Upcoming Events	18
Updates from ACEP	18
Scientific Assembly PACEP 2023 CPC Highlight	19
PACEP Research Committee Update	20
Ad: WPA	21
PEP-PAC Update	22
Celebrate Wellness: Spiced Butternut Squash Chili	24

# Valuable Resources for Pediatric Emergency Medicine

By Theresa A. Walls, MD, MPH



**Theresa A. Walls, MD, MPH**  
PACEP Pediatric Interest Group Co-Leader

We all know how challenging it is to care for children and adolescents with behavioral health complaints in the emergency department, and that we are seeing more and more of these patients on each shift. PACEP continues to advocate for you and our youngest patients - we co-authored Resolution 29: Addressing Pediatric Mental Health Boarding in Emergency Departments, which passed at Council in October, and have applied for funding from National ACEP to track and address pediatric mental health boarding in EDs across the state. We hope the following resources will help.

## ACEP/AAP/ENA Joint Policy

**Statement:** [The Management of Children and Youth With Pediatric Mental and Behavioral Health Emergencies \(pacep.net\)](https://www.pacep.net/2023/05/01/acep-aap-ena-joint-policy-statement-the-management-of-children-and-youth-with-pediatric-mental-and-behavioral-health-emergencies/)

## EMSC Innovation and Improvement Center Toolkit for Suicide Screening

<https://emscimprovement.center/education-and-resources/peak/pediatric-suicide-screening-mental-health/>

## EMSC Innovation and Improvement Center Toolkit for Agitation in Children and Adolescents

<https://emscimprovement.center/education-and-resources/peak/pediatric-agitation/>

▶ *As always, please reach out to Jan (exec@pacep.net) or Theresa (wallst1@chop.edu) if you're interested in working with the pediatric special interest group or have questions/concerns related to Pediatric Emergency Medicine. ■*



## ANNUAL MEMBERSHIP MEETING ANNOUNCEMENT

Friday, May 3, 2024 | 1:00 – 2:15 pm  
Kalahari Resorts & Convention Center  
Pocono Manor, PA

# 2023 – 2024 PACEP Board of Directors

## Executive Committee

President	Richard J. Hamilton, MD, MBA, FACEP
President-Elect	Jennifer L. Savino, DO, FACEP
Vice President	Elizabeth Barrall Werley, MD, FACEP
Treasurer	Theresa A. Walls, MD, MPH
Secretary	Scott Goldstein, DO, FACEP, EMT-PHP
Immediate Past President	Chadd K. Kraus, DO, DrPH, FACEP

## Board Members

Blake Bailey, DO, MBA, FACEP  
Annahieta Kalantari, DO, FACEP  
Erik I. Kochert, MD, CPE, FACEP  
Hannah Mishkin, MD, FACEP  
Meaghan Reid, DO, FACEP  
Holly Stankewicz, DO, FACEP

## Resident Representatives

Kyle Hughes, MD (Jefferson)  
Taylor Klein, DO (Conemaugh)  
George Koshy, DO (Geisinger)  
Danielle Nesbit, DO (Lehigh Valley Health Network)

## Executive Director

Jan Reisinger, MBA, CAE

## Leadership Fellows

Alexandra Amaducci, DO, FACEP  
Angela Cai, MD, MBA

# PACEP Committee Chairs/Co-Chairs

## Education

Chair	Monisha Bindra, DO, MPH, FACEP
Co-Chair	Christopher J. Wilson, MD, FACEP
Board Liaison	Annahieta Kalantari, DO, FACEP

## EMS Disaster and Terrorism Preparedness (DTP)

Co-Chair	Christopher L. Berry, MD, FACEP
Co-Chair	Avram Flamm, DO, FACEP
Board Liaison	Erik Kochert, MD, CPE, FACEP

## Government Affairs/Medical Economics

Co-Chair	Amanda Deshisky, DO, FACEP
Co-Chair	Kirk S. Hinkley, MD, FACEP
PEP-PAC Chair	Michael Boyd, MD
PEP-PAC Treasurer	T. Douglas Sallade, DO
Board Liaison	Blake Bailey, DO, MBA, FACEP

## Research

Co-Chair	Eric Melnychuk, DO, FACEP
Co-Chair	Joseph Herres, DO, FACEP
Board Liaison	Holly Stankewicz, DO, FACEP

## Wellness/Young Physicians

Chair	Dhimitri Nikolla, DO, FACEP
Board Liaison	Hannah Mishkin, MD, FACEP

▶ If you are interested in joining a committee, [visit here.](#)

# WELCOME NEW PACEP MEMBERS

Aleena Aman  
Christine Aspiotes  
Jenice Baker  
Maja Barnouw  
Nancy Marie Clemens

Brian Daniel Flynn  
Chad Komar  
Luke Allen Langkamp  
Jared Mugfor  
Emily Navarreto

Adaola Onyenaka  
Qudratullah Qadiri  
Ashik Rajak  
Sophia Skedros  
Robert Joseph Straw, Jr

Brandon Tang  
Everett Emerson Ziegenfuss

# An Ode to EMS

By Hannah Griffiths, MS-IV at PCOM



**Hannah Griffiths, MS-IV at PCOM**  
Medical Student Council Secretary-Editor

A pool of a few of my classmates at Philadelphia College of Osteopathic Medicine demonstrated that exposure to emergency medicine was either through working as an EMT or paramedic, scribing in the ED, a personal experience in the ED, or other medical school experiences. I was fortunate enough to have worked as an EMT for the last 6 years. My journey began when I joined the Christiana Fire Company in Delaware through a course at the University of Delaware. I had very little experience with emergency services prior to this and to be quite honest it was a little nerve wracking. Thoughts ran through my head like would it be like the TV shows? Would I be able to cut it? Could I save people? I put one foot in front of the other and jumped into a new territory.

My first day on the ambulance as a technician, my partner and I were called for an impending labor. When we arrived at the patient, the head of the baby was delivered and we assisted with the rest of the delivery.

All at once, the baby did not cry and the mother began to seize. My partner and I jumped into action to stabilize the mother and

the baby. The baby began to cry after being stimulated and I felt some relief. Once the mother was stable and more oriented, we spoke about the baby's name. I felt an honor to be a part of the beginning of life. This is just one story of many that had an impact on me while working in the pre-hospital setting. I experienced new life, death, and the struggles of our current society.

Before I even started medical school, I learned the importance of a thorough history. I was able to ask patients questions and relay the information to staff to have them triaged well. I was able to advocate for my patients and relay information such as housing situations and suspicion for elder abuse or neglect. I was able to develop my

own rhythm of history and physical on each chief complaint and switch quickly when things changed. I was chosen to be a field training officer and loved being able to pass on the knowledge of EMS, especially a thorough history. The thing that I love most about EMS is the camaraderie. During the downtime of the day, everyone at the station would sit around the long dinner table and exchange stories. The ability to decompress with people that felt like family during good times and bad solidified my desire to continue to work in emergency medicine.

My time in EMS gave me opportunities to expand on my problem-solving skills and taught me countless lessons. I was able to learn from seasoned emergency medical service workers such as EMTs, firefighters, and paramedics. I worked hard everyday to gain confidence in handling emergencies and remaining calm in the midst of chaos. Working directly with my community allowed me to share in the complexity of humanity and inspired my decision to become an emergency physician. I would not be who I am today without the influence of everyone at the Christiana Fire Company. ■

**“**  
**The thing that I love most about EMS is the camaraderie. The ability to decompress with people that felt like family during good times and bad...**

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

**2024 May 1–4**

**2025 April 23–26**

**SAVE  
THE  
DATES**

# Lobbyist Update

By Bigley and Blikle, LLC



**Jonathan Bigley**  
Partner, Bigley & Blikle



## HOLIDAY GIFT FOR ALL – STATE BUDGET PROCESS COMPLETED IN DECEMBER

After months of delay, and sometimes partisan ranker, the General Assembly completed work on the 2023 – 2024 state budget nearly six months beyond the traditional June 30 deadline. Although the General Appropriations bill was enacted in early July, legislation to authorize specific budget line items for public education, behavioral health, and healthcare facilities was not signed by Governor Josh Shapiro until December 13. The General Assembly is in recess until January 2, 2024.

## RELEVANT LEGISLATION SIGNED BY GOVERNOR SHAPIRO IN NOVEMBER AND DECEMBER

### *SANE Program Access Signed by Governor Shapiro*

SB 414, the SANE Program access legislation, was signed into law on December 14. Authored by Senator Elder Vogel (R, Beaver), Act 59 expands SANE access through telehealth and other methods.

### *Fentanyl and Xylazine Screening to be Required*

SB 683, legislation to require acute care hospital emergency departments to screen for fentanyl and xylazine when urine drug screening is conducted to assist in diagnosing a patient's condition, is now Act 43. Before its Final Passage, SB 683 was amended to clarify that xylazine screening would not be required if a hospital does not include the substance in its normal

screening panel. Hospitals are required to report text results to the Department of Health. Governor Shapiro signed the bill on December 14 despite the expressed concerns of healthcare providers. The bill was sponsored by Senator Doug Mastriano (R, Franklin)

### *Informed Consent for Pelvic and Other Examinations*

HB 507, authored by Representative Elizabeth Fielder (D, Philadelphia) is now Act 31 of 2023. The legislation requires informed consent for pelvic rectal, prostrate examinations. PACEP successfully advocated for an emergency care exception.

## PENNSYLVANIA'S MEDICAID STATE PLAN AND MEDICAL ASSISTANCE PROGRAM ADD INTERPROFESSIONAL CONSULTATION (E-CONSULTS) SERVICES TO THE FEE SCHEDULE

Beginning on January 1 2024, Pennsylvania healthcare professionals [can begin seeking reimbursement for electronic interprofessional consultations](#) for patients covered under the Medical Assistance and CHIP programs. The Department of Human Services will announce further details in the New Year.

PACEP's leadership and advocacy teams are working toward legislation that would require commercial healthcare insurers to provide reimbursement for physician-to-physician consultations. We expect the bill to be introduced in early 2024.

## MEDICAL ASSISTANCE PROGRAM PAYMENT FOR AMBULANCE TRANSPORTATION TO SUBSTANTIALLY INCREASE

Pursuant to Act 13 of 2023, the Department of Human Services announced that it will submit a State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) seeking increases in EMS payment codes. To review the new rates, please use the link below:

[Pennsylvania Bulletin \(pacodeandbulletin.gov\)](https://www.pennsylvania.gov/pacodeandbulletin.gov)

## HOUSE DEMOCRATS NEED A SPECIAL ELECTION WIN ON FEBRUARY 13 TO MAINTAIN MAJORITY

With State Representative John Galloway's (D, Bucks) December 15 resignation, House Speaker Joanna McClinton (D, Philadelphia) set the special election to fill the seat for February 13, 2024. It is a must win contest if the House Democrats expect to maintain their slim one vote majority. Pennsbury School Board member Jim Prokopiak will be the Democrat running against Republican Candace Cabanas, who has worked in home health care. Prokopiak is a graduate of West Chester University and Temple University School of Law. Cabanas is a Falls Township resident. ■

## 2024 SESSION DAYS

### Senate

January 2

February 5, 6, 7

March 18, 19, 20

April 8, 9, 10, 29, 30

May 1, 6, 7, 8

June 3, 4, 5, 10, 11, 12, 24, 25, 26, 27, 28, 29, 30

### House

January 2

February 6

March 18, 19, 20, 25, 26, 27

April 8, 9, 10, 15, 16, 17, 29, 30

May 1, 6, 7, 8, 20, 21, 22

June 3, 4, 5, 10, 11, 12, 17, 18, 24, 25, 26, 27, 28

## Voting for 2024 Board of Directors Opens February 12, 2024

Thank you for your continued involvement with PACEP and your daily impact on the health of the citizens of the Commonwealth. As per our bylaws, the membership of the College elects the Board of Directors, your day-to-day representatives for the issues facing Emergency Medicine. As a member, you will receive an email around February 12, 2024, with voting rules and instructions.

### We have four candidates this year for four open positions (listed in alphabetical order):

To Meet Your Candidates, visit [www.pacep.net/meetthecandidates](http://www.pacep.net/meetthecandidates). You will find the CV from each candidate along with their profile information and answer to these two key questions:

- 1 How will your skills/assets make the PACEP Board of Directors more effective?
- 2 What are the major challenges to the practice of Emergency Medicine that you believe will happen in the next 3-5 years? How do you think PACEP should react to these?

Voting will close on March 1, 2024.



Christopher Berry, MD,  
FACEP, FAEMS



Monisha Bindra, DO,  
MPH, FACEP



Eric M. Melnychuk,  
DO, FACEP



Theresa A. Walls, MD,  
MPH (Incumbent)

# Mr. Kane Goes to Harrisburg



On October 14, 2023, Dickinson College sophomore Alex Kane shadowed B & B staff on Capitol Hill during a hectic session day. Among the various legislative meetings and visits, Alex spent time with PACEP's former president and current State Representative Arvind Venkat. Alex is the son of PACEP members Drs. Kathleen and Bryan Kane. The following are Alex's thoughts on his day in Harrisburg.

**B & B:** Please give us an overall view of your State Capitol experience.

**Alex:** I found the State Capitol experience fascinating as I got to see behind the scenes of the legislative process. The last time I had visited the State Capitol was in Elementary School, so going back with a deeper understanding of how laws are made was interesting.

**B & B:** In the whirlwind of a busy session day, were you able to gain a sense of the Pennsylvania lawmaking process?

**Alex:** Meetings, everything happens in meetings, be they formal or informal. Lawmakers have a very hectic schedule on session days. There were times Mr. Green and I visited a legislator's office only to find that while they were there, they were busy with either a phone call or a meeting.

**B & B:** You participated in meet and greet opportunities, but also attended substantive meetings. Did these encounters help to inform your understanding of the state legislature?

**Alex:** I found the substantive meetings very helpful, the physicians presented in a straightforward manner and in terms that were understandable to someone who did not have the same medical knowledge. These meetings showed me that legislators are not experts on everything and as such a great deal of time and effort goes into preparing presentations to explain medical issues. (Editor's Note: Alex attended a House Health Committee on Biomarker legislation at which physicians testified.)

**B & B:** Did any single meeting stand out in your experience? If so and why?

**Alex:** My meeting with Representative Venkat. I always enjoy meeting my parents' colleagues. I found it heartening that there is a voice of considerable medical knowledge in the State House, particularly given the COVID-19 Pandemic.

**B & B:** Would you recommend this shadowing experience to other college students interested in Pennsylvania's state government?

**Alex:** I would definitely recommend the experience to other college students interested in Pennsylvania's state government. Meeting with legislators is a chance to learn more about what the government is doing for the people of the commonwealth. Furthermore, an inside look into the legislative process is definitely an enlightening experience. ■



I would definitely recommend the experience to other college students interested in Pennsylvania's state government. Meeting with legislators is a chance to learn more about what the government is doing for the people of the commonwealth.



# PACEP Education Committee Update

By Monisha Bindra, DO, MPH, FACEP



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

With another ball drop we have entered into a new year, filled with new goals, and plans ready to be written into our fresh planners. The senior residents are well on their way into their post-graduation plans of employment and fellowship, while our interns are transitioning to becoming more seasoned EM residents and holding their own among the PGY years between them. Medical students and residency programs are finalizing their rank lists after the conclusion of numerous interviews with the hopes of the perfect matches to be made in March.

Similar to our residents advancing in their level of training, the planning

committee for this year's Scientific Assembly Committee led by the chair Keith Willner MD, FACEP and vice-chair Alexandra Amaducci DO, FACEP has put together an amazing schedule of speakers and workshops. Additionally, Julie Tondt, MD is organizing an array of interesting radiology images to peruse over between the educational sessions. We hope that you will join us on May 2nd-4th at Kalahari Resorts in the Poconos to engage with each other during our in person learning sessions.

Our residents can look forward to our second PACEP Olympics! Holly Stankewicz DO, FACEP is working with residency program leadership across the state to develop an inclusive competitive Olympic event with teams of residents running through several interactive cases. We look forward to seeing teams from all over the state compete and collaborate together. The Olympics will take place on the first day of the conference on Thursday, May 2nd, with teams playing in either the morning or afternoon session. Our residents will also be highlighted throughout the conference during their Spivey, CPC and Keystone presentations of clinical cases and research projects.

New this year, Elizabeth Werley MD, FACEP will be leading an ACEP council resolution writing workshop to initiate the process of incorporating grass root ideas to bring change at the national level. If you have found yourself wondering how the national ACEP annual agenda occurs and want to voice your ideas, this is the place to do it. Past and present Pennsylvania council representatives will be available and are ready to help you be an advocate for change!

The Scientific Assembly is currently open for registration. [Click on the link to register.](#) This conference is a great way to blend professional education and family time. Honestly, my two boys are looking forward to seeing friends at this conference that they have made through my connections at PACEP. We look forward to seeing you and your families in the spring as well. ■

▶ *Last but not least, we are always looking for people to share in the collaborative efforts of the Medical Education Committee! If you are interested in joining our committee, send an email to Jan Reisinger at [exec@pacep.net](mailto:exec@pacep.net). We look forward to meeting you or seeing you again!*

## PACEP HAS A STORE!

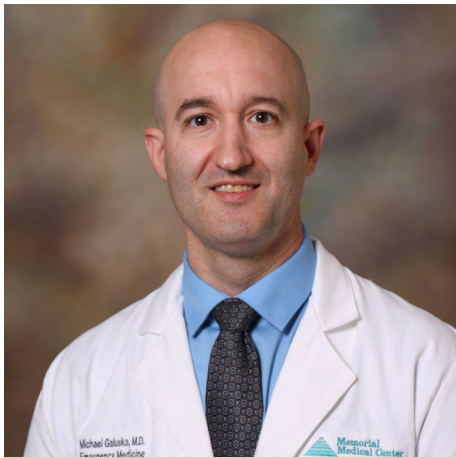
Get the latest in PACEP gear – Jackets and Vests embroidered with the PACEP Logo. Personalization is also available.

▶ Visit [doc-mom.com/collections/pacep-apparel](https://doc-mom.com/collections/pacep-apparel)



# Spotlight on Conemaugh Memorial Medical Center's EM Residency

By Michael Galuska, MD FACEP



**Michael Galuska, MD FACEP**

Program Director, CMMC EM Residency Program

## CONEMAUGH MEMORIAL MEDICAL CENTER

**Program Length:** 3 years

**Number of residents:** 24

**Year Founded:** 2008

**Website:** <https://www.conemaugh.org/emergency-medicine-residency>

Conemaugh's Emergency Medicine Residency is a three-year ACGME accredited program located in Johnstown, PA. Conemaugh sees approximately 40,000 patients a year through the ED with a 25% admission rate. Residents experience longitudinal pediatric exposure with 12% of the visits being pediatric visits to the ED. Conemaugh's Level 1 Trauma Center and the Emergency Department is the primary receiving facility for patients in Cambria County and its surrounding counties.

Conemaugh is accredited to take 8 residents a year in the match. The program places heavy emphasis on ED and critical care experience. Outside of the ED, residents do 6 months of ICU (3 MICU, 2 Trauma ICU, and 1 PICU) throughout their residency. The residency is very wellness focused. Residents do not take 24-hour call on any off-service rotation. Residents are given free access to an on-site 24/7 gym, free parking, a \$4000 yearly cafeteria stipend, and several education resources paid for by the program.

The residency has a unique didactic experience based around the flipped classroom model of learning. Didactic

time is protected for both residents in addition to the core faculty, whose participation is integral in the curriculum, and they attend didactics every week.

Johnstown and the surrounding community are a safe place to live with a low cost of living; it has several great school districts for residents and faculty with kids. The city of Johnstown itself is small, with much of our patient population living in the suburban and rural areas around the city. Most of our residents buy their own homes though rental opportunities certainly exist. Commutes are short, with most of the residents and faculty living within 10-15 min from the hospital.

Conemaugh has a reputation for being a close-knit group of faculty and residents with a family feel to it. Many of the residents and faculty share common interests outside of medicine and hang out outside of work. While many of our graduates choose to remain in and around Western PA, our past graduates practice all over the country, many in department leadership positions. ■





## 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 Physician - ChristianaCare](#)
- [Emergency Medicine Physician – US Acute Care Solutions various locations](#)

# Updates on Quality Improvement for EMS

By Christopher Berry, MD, FACEP



**Christopher Berry, MD, FACEP**  
PACEP EMS DTP Committee Co-Chair

A core facet of medical oversight for EMS medical direction is the ability to evaluate and effect the quality of care provided by their prehospital colleagues. This exists in several forms; a classic activity for this is the case review, in which an EMS Medical Director reviews a specific chart for opportunities for improvement. These Quality Assurance (QA) activities may be put in place to review high risk, low frequency events, such as advanced airway management or cardiac arrest care, or for review of sentinel events, complaints or other quality of care concerns. While QA activities are potentially revealing of system level issues, particularly when viewed from a Just Culture approach, they may not be revealing of overall system performance.

Quality Improvement (QI), on the other hand, focuses on improvement of care on a system level via a systematic approach. A core of this approach is Deming's System for Profound Knowledge, a process in which a

system can be broken down and examined. The four lenses as described by Deming are the appreciation of a system, knowledge of variation, theory of knowledge and psychiatry. By examining a system through each of these lenses, a medical director and quality improvement personnel can gain a truer understanding of the system in which care is provided by their EMS providers.

However, there begs the question as to where an EMS Medical Director is to start? There are so many potential markers of quality to follow, it is hard to pick where to be the most effective. Fortunately, taking bites out of the elephant does not have to be such a challenge.

The National EMS Quality Alliance (NEMSQA) has published quality measures that are markers of high performance for EMS systems. These measures were originally published in 2019, with ten new measures added in 2023 for a total of 21 measures. These measures either evaluate outcomes or processes and grouping include measures to evaluate system airway, respiratory and trauma care performance, among others.

As an example, let us look at a NEMSQA measure – SAFETY - 01. This measure

evaluates the usage of lights and sirens to the scene. We know that lights and sirens usage is high risk and with low return with regard the majority of our patient's outcomes. SAFETY – 01 is defined as “the percentage of EMS responses originating from a 911 request in which lights and sirens were NOT used in response.” To evaluate this, you can go to your PCR software and derive the numerator of number of 911 responses without use of lights

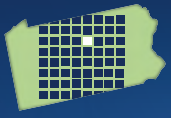
and sirens and the denominator of total number of 911 responses. Often it is helpful to plot this out over time to establish a baseline. Once this baseline is established, you can apply the System of Profound Knowledge to identify opportunities for improvement in your system and develop

your first Plan, Do, Study, Act (PDSA) cycle to reduce lights and sirens usage.

We at the EMS and Disaster Preparedness Committee greatly encourage all Pennsylvania EMS Medical Directors to develop QI initiatives within their own agencies and to collaborate regionally and state-wide to improve prehospital care. Please reach out if you need assistance or join the EMS and Disaster Preparedness Committee to collaborate with your peers here at PACEP. Meetings are scheduled for every third Monday at 11 AM. ■



**We at the EMS and Disaster Preparedness Committee greatly encourage all Pennsylvania EMS Medical Directors to develop QI initiatives within their own agencies and to collaborate regionally and state-wide to improve prehospital care.**



PENNSYLVANIA COLLEGE  
of EMERGENCY PHYSICIANS

ADVANCING EMERGENCY CARE

REGISTRATION  
IS NOW OPEN!

# PACEP24

## SCIENTIFIC ASSEMBLY

Bouncebacks and Bouncing Back

# May 2-4, 2024

Kalahari Resorts & Conventions, Pocono Manor, PA

Join nearly 300 of your emergency medicine colleagues at PACEP's premiere education event – PACEP 24 Scientific Assembly: Bouncebacks and Bouncing Back.

Through perennial Scientific Assembly favorites to innovative new opportunities, PACEP24 promises to equip Pennsylvania's Emergency Medicine practitioners with a wealth of tools to focus on providing optimal patient and physician centered care as well as help us bounce back from the challenges we've faced as a specialty and as individuals in the past few years.

This activity has been approved for *AMA PRA Category 1 Credit*™.

<https://registration.pacep.net/pacep24> >>

**Childcare Services  
Will be Available  
This Year Again at  
PACEP24 Scientific  
Assembly!**



**Fri. May 3, 2024 from 4:00 – 10:00 pm**

- Cost: \$50 per child which includes dinner and planned activities
- Childcare Provider™ is bonded and insured.
- Sign-up when you register for PACEP24 Scientific Assembly.

*For any questions, please contact  
Jan Reisinger at [exec@pacep.net](mailto:exec@pacep.net)*

# 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](mailto:exec@pacep.net).

## Congratulations to the following PACEP members who earned their FACEP in 2023!

Alexandra Amaducci, DO, FACEP

Christopher L Berry, MD, FACEP

Joshua Elder, MD, FACEP

Avram Flamm, DO, FACEP

Anthony J Halupa, DO, FACEP

Kevin Ross Hardy, MD

Erica J Harris, MD, FACEP

Jonathan Ken, MD, MHA, FACEP

Andrew Koons, DO, FACEP

Rebecca Mills, MD, FACEP

Noel Ressler, MD, MPH, FACEP

Kaitlyn Smith, DO, FACEP

Paul William Sokoloski, MD, FACEP

Jennifer N Spinozzi, MD, FACEP

Kira D Weaver, DO, FACEP

Keith Willner, MD, FACEP

Kyle Yebernetsky, MD, FACEP

## 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/>



# 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.



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](mailto:hpeffley@pennstatehealth.psu.edu)

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

*In Loving Memory of:*

## **Jesse Allen Weigel, MD, FACEP** **July 18, 1933 – December 12, 2023, Mechanicsburg**



*Dr. Weigel was a Past President of PACEP, serving in this role twice in 1975-1976 and then again in 1986-1987*

Jesse Allen Weigel, MD, FACEP, age 90, of Messiah Village Mechanicsburg, PA, joined the Church Triumphant on December 12, 2023. He was born July 18, 1933, in Pittsburgh, PA to the late Dr. John E. Weigel and H. Irene Weigel. For 53 years, he was married to Janet Kay (McMeans) Weigel who preceded him in death. Together they build a life centered on family and service to others.

Jesse was a graduate of Oliver High School before attending the University of Pittsburgh where he earned his BS and MD degrees. He began his career in family medicine but soon found his passion in emergency medicine. As a pioneer of the field, Jesse was instrumental in establishing it as a specialty. He was a founding member of the American College of Emergency

Physicians (ACEP), even starting a Pennsylvania Chapter. Jesse was the first Director of Emergency Medicine at Passavant Hospital in Pittsburgh. He helped create three emergency medical service organizations then united the area's diverse services into a cohesive system. He became the Director for the Pennsylvania Medical Services Council and was a national speaker. He was involved in the startup of the Pittsburgh Paramedic Program and served as its Medical Operations Director.

In 1979, Harrisburg Hospital recruited Jesse to become its Director of Emergency Medical Service. Jesse was the Sr. Vice President and Chief Medical Officer of Pinnacle Health System from 1984 until his retirement in 2000. During this period, he also developed the paramedic program at the Harrisburg Area Community College. Throughout his career and into retirement, Jesse continued to act as a leader in his field, serving in many leadership roles and on various boards, establishing new programs, and forever sharing his knowledge with others in organizations too numerous to list, but near to his heart.

Of course, he was so much more than his professional accomplishments. Jesse traveled extensively, was an avid gardener, lover of anything Snoopy, and lived to root for his Pitt Panthers. His passion for cooking family dinners

led him to his second career as a sous chef at the Kitchen Shoppe Cooking School in Carlisle.

Jesse was an active member of Pine Street Presbyterian Church where he was a Stephen Minister. He also served as an elder and a trustee, serving numerous times in each role, including as Treasurer and President. Jesse was a proud member of the Scottish Society of Central Pennsylvania (Clan Mackay) where he served as treasurer for 17 years.

Though he carried an MD at the end of his name, he also cherished his role as a dad. Regular Sunday dinners and trips with his three children, Karen L. Weigel of Dillsburg, Kevin L. Weigel and his wife Helen, of Harrisburg, and Jennifer A. Hudson and her husband Richard, of York were some of his fondest memories. Spending time with his grandchildren, Caitlin Corkery (Daniel), Andrew Weigel, Abigail Hudson, Ethan Hudson, and Marcy Weigel and his great grandchildren, Elijah Roush, and Helene Corkery, was another source of joy.

Jesse was also preceded in death by his brothers, Dr. A. Linn Weigel, The Rev. Rea S. Weigel, and Dr. John E. Weigel, Jr.

Memorial contributions can be made to the music program (MAPS) at Pine Street Presbyterian Church, 310 North 3rd Street, Harrisburg, PA 17101. ■



# Annual PA Delegation to ACEP Council



**September 27-28, 2024,  
ACEP Council**  
**September 29 – October 2, 2024,  
ACEP Scientific Assembly  
Las Vegas, NV**

Each year, the PACEP Board of Directors appoints PACEP members who will represent the chapter at the ACEP Council.

A councillor/alternate councillor is a key participant in the leadership and development of ACEP policy and has the responsibility to voice the concerns of their (Pennsylvania) constituents on the floor of the Council meeting and in reference committees.

Councillors can also express the will of their constituents by voting for or against resolutions and electing board members and Council officers.

Councillors and alternates will be a part of PACEP’s resolution planning and writing efforts, discussion of and response to all other resolutions selected for review at the Council meeting, and onsite PA Delegation events.

[Click here to view the Councillor/  
Alternate Councillor Position  
Description](#)

***Interested in serving on the  
2024 PACEP Delegation?***

*Contact Jan Reisinger, Executive  
Director, at [exec@pacep.net](mailto:exec@pacep.net) by  
April 30 for more information or  
to express interest.*

## PACEP ACCOMPLISHMENTS

**FALL  
2023**

### ADVOCACY

- Additional Information provided to ACEP public policy grant for pediatric boarding

### ENGAGEMENT

- Completed and distributed electronic Fall Summer edition of PACEP News
- Successful Welcome to Pennsylvania video for Council as well as a well-attended welcome reception at The National Constitution Center in Philadelphia

- Continued development of lecture series by Medical Student Council

### EDUCATION

- Finalized PACEP24 SA Speakers and Schedule
- Completion of ACEP CME Application
- PACEP24 SA Planning Committee continued preparation for PACEP24
- Online PACEP24 SA Registration expected to open end of November

### GOVERNANCE

- Congratulations to Dr. Kraus for being nominated to the ACEP Board of Directors
- Successful Council with (8) resolutions written or co-sponsored and (7) of these resolutions adopted or referred directly to the Board for action
- Completion of 2024-2025 draft budget for board consideration at November meeting
- Maintained balanced budget

# UPCOMING EVENTS

11/29/2023

Board of Directors – Harrisburg

1/31/2024

Board of Directors – (Virtual)

2/13/2024

Executive Committee – (Virtual)

2/14/2024

Government Affairs/Medical  
Economics Committee – (Virtual)

2/15/2024

Education Committee – (Virtual)

2/19/2024

EMS DTP Committee – (Virtual)

3/12/2024

Executive Committee – (Virtual)

3/13/2024

Government Affairs/Medical  
Economics Committee – (Virtual)

3/18/2024

EMS DTP Committee – (Virtual)

3/20/2024

Wellness/Young Physicians  
Committee – (Virtual)

4/3/2024

Board of Directors – Harrisburg

4/9/2024

Executive Committee – (Virtual)

4/10/2024

Government Affairs/Medical  
Economics Committee – (Virtual)

4/14/24 – 4/16/2024

ACEP Leadership & Advocacy  
Conference (LAC) – Washington, DC

4/15/2024

EMS DTP Committee – (Virtual)

4/18/2024

Education Committee – (Virtual)

5/1/2024

Board of Directors –  
Kalahari Resorts Pocono Manor

## Updates from ACEP

By Chadd K. Kraus, DO, DrPH, FACEP



**Chadd K. Kraus, DO, DrPH, FACEP**  
ACEP Board of Directors  
PACEP Immediate Past President

I'm honored to have been elected as a member of ACEP's Board of Directors in October 2023. I'm excited to continue PACEP's leadership on the national level and to represent the voice of emergency physicians across the US. Thank you all for your continued support and mentorship.

As part of my ACEP Board service, I'll provide PACEP members periodic updates on how ACEP is fighting for and representing emergency physicians. Below are several notable recent ACEP updates on your behalf.

1 ACEP President, Aisha T. Terry, MD, MPH, FACEP; ACEP Executive Director & CEO Susan Sedory, MA, CAE; and Senior Vice President of Advocacy & Practice Affairs Laura Wooster met with Jonathan Kanter, the United States Assistant Attorney General for Antitrust and other key Department of Justice staff to discuss the growing negative impact of consolidation on emergency physicians and our patients.

2 ACEP partnered with PACEP and HAP to file an amicus brief in a case scheduled to appear before the PA Supreme Court related to emergency behavioral health care.

3 The ACEP Board held a retreat in December 2023 to discuss continued implementation of ACEP's strategic plan with discussions of safe and supportive practice environments, physician-led teams, fair compensation, leadership development, changing practice models, national-chapter partnerships, and communications that engage ACEP members across their careers.

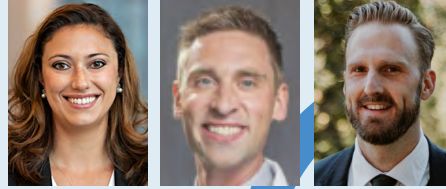
4 The ACEP Board is continuing its work on providing member value by assessing educational offerings including how to grow and evolve ACEP Scientific Assembly and the annual Leadership and Advocacy Conference in DC. These efforts build on the work that has resulted in ACEP's new "Accelerate" to be held in Dallas in March 2024. ACEP Accelerate brings together the Teaching Fellowship, Reimbursement and Coding, and ED Directors' Academy meetings in one location with multiple tracks optimized for networking and professional development. Additionally, ACEP is again co-hosting the ACEP/EMBC Independent EM Group Master Class for those emergency physicians interested in starting or strengthening their independent practice group.

I would like to hear your feedback on how ACEP can best meet your needs as an emergency physician. Feel free to contact me at [ckraus@acep.org](mailto:ckraus@acep.org).

Thank you for all that you do! ■

## What is the Diagnosis?

A special thank you to Alexandra Amaducci, DO, FACEP for organizing the CPC competition during Scientific Assembly and to Patrick McGuire, MD from UPMC Harrisburg for submitting the case and being the resident presenter, and Timlin Glaser, DO from Lehigh Valley Health Network for being the discussant.



### CPC CASE STUDY

#### THE CASE

### The Case – 58-year-old male

#### HPI

- Presents RLQ and suprapubic abdominal pain
- Associated symptoms: nausea/vomiting, fevers/chills, headache, 'dark' urine
- Recent ED visit for similar, except abd pain is new
- Pain rated 8/10 intensity

**ROS:** dental work 6 months ago and still has pain

**PMH:** chronic back pain, PTSD

**PSH:** back surgery

**Meds:** none

**Allergies:** NKDA

**Soc:** denies tobacco/EtOH/drugs, works at Goodwill, Long-time sheep farmer in Morocco

**Vitals:** Temp 36.7 C (98.1 F), HR 100, RR 18, 126/62, SpO2 96%

#### Physical:

- HEENT: Head: normocephalic, atraumatic, Nose: normal, Mouth/Throat: dry mucous membranes, Eyes: scleral icterus, EOM intact, PERRLA
- Cardiovascular: RRR, normal pulses, normal heart sounds
- Pulmonary: effort normal, normal breath sounds
- Abdominal: flat and soft, no distention, with generalized tenderness. Right CVA tenderness.

- Musculoskeletal: neck supple, normal ROM
- Skin: warm and dry, cap refill less than 2 seconds
- Neurological: A&Ox3, no focal deficit
- Psychiatric: normal mood, normal behavior

#### Labs:

CBC – WBC 16.0/RBC 4.92/Hgb 14.7/Hct 44.2/Plt 58

BMP/LFT – NA 131, K 3.1, Cl 97, CO2 23, BUN 33, Cr 1.37, Glucose 169, Ca 8.4, Gap 11.0, Protein 6.2, Albumin 3.1, Total bili 7.2, Direct bili 5.0, AST 198, ALT 174, Alk Phos 204

Troponin 0.52

Lactate normal

Lipase normal

COVID negative

#### Imaging

CXR: Probable atelectatic changes left lung base. Blunting of the left costophrenic angle suggests small pleural effusion.

CT head: unremarkable

GB POCUS: no gallbladder wall thickening or mass of the gallbladder

#### Differential Diagnosis

GI: gastroenteritis, appendicitis, SBO/LBO, intra-abd abscess, colitis, diverticulitis, peritonitis, IBD, malabsorption

Extra-GI: hepatitis, GB disease, splenic infarction/rupture, pancreatitis

Vascular: mesenteric ischemia

Skin: herpes zoster

Renal/GU: UTI +/- stone, testicular torsion

Hematologic: SCC, FMF

Misc: narcotic withdrawal

Liver: Viral hepatitis – multiple, Liver abscess, Autoimmune hepatitis,

Infiltrative disease, Sarcoidosis, Amyloidosis, Tuberculosis

Gallbladder/Biliary: Cholecystitis, Choledocholithiasis, Cholangitis,

Primary Sclerosing, Ascending, Gallbladder Abscess,

Cholangiocarcinoma

Bacterial infections: Brucellosis, Q fever, Leptospirosis, Lyme (rarely)

Parasitic infections

Liver flukes, Clonorchiasis,

Opisthorchiasis, Fascioliasis,

Schistosomiasis, Leishmaniasis

(visceral), Echinococcosis, Amebiasis

What test will make the diagnosis?

What is the final diagnosis?

see conclusion on page 23

# PACEP Research Committee Update

By *Eric Melnychuk, DO, FACEP*



*Eric Melnychuk, DO, FACEP*  
*PACEP Research Committee Co-Chair*

The research committee met on November 3rd, 2023, and discussed multiple ideas and opportunities. The committee is excitedly awaiting submissions for the Spivey Research Competition, CPC and Keystone Case Competitions, and the Image Gallery. Both competitions are seeking reviewers/moderators/judges. The deadline for submissions is January 10, 2024!

The Committee discussed the strong dedication to scholarly activities in Pennsylvania. PA was strongly represented at ACEP's 2023 Research Forum - 14 out of the 62 moderators were from Pennsylvania. That was over 1 in 5 Research Forum moderators! If you are interested in learning more about the skills it takes to moderate a research forum, please see below.



## Tips on How to Moderate a Successful Research Forum

Moderating a research forum at a scientific assembly requires a set of proficiencies to facilitate meaningful discussions and support collaborative, intellectual exploration. Being a moderator in a research forum also fulfills an important role for any scientific assembly. Research forums are stages for researchers and scholars meet to share ideas and knowledge and collaborate on selected investigations for the scientific assembly. A few key areas for getting involved and in research forums, and moderating a research forum are listed below:

### BE PREPARED

Read the abstracts before the forum and familiarize yourself with the current research surrounding the abstracts you are going to moderate. After this, begin to formulate open-ended questions for the presenters. Nothing

is more disconcerting than presenting your hard work and feeling like there is no interest from the attendees or the moderator. Also, if there are many questions, being familiar with the current literature will also assist you driving the discussion effectively.

### ARRIVE EARLY AND INTRODUCE YOURSELF IN THE BEGINNING OF THE RESEARCH FORUM

The moderator sets the stage for fostering a positive and encouraging environment and providing a platform for respectful discourse, by reinforcing positive and inquisitive engagement. If possible, try to meet the speakers before the forum begins – this is a time for networking for both the presenters and moderators! Learn the names, titles, and preferred pronouns of the

presenters. Also, when you introduce yourself as the moderator at the beginning of the session, also note the research forum number which will be presented. Occasionally, some observers wander into the wrong room.

### MANAGE TIME EFFECTIVELY

Once the moderator introduces themselves and starts the forum, time seems to speed up! If you are responsible for keeping time, assure you have a timer and keep to the time constraints. Don't be afraid to cut off the presenter if needed, for the sake of the research forum. There are typically many research fora occurring in the room you are moderating in, so being respectful to the next research forum occurring after yours, is essential. You may need to step in to manage questions or commentary from the audience as well.

## ENCOURAGE PARTICIPATION AND ADDRESS DISPUTES DIPLOMATICALLY

The moderator is expected to stay neutral and objective. Occasionally, the moderator will have to mitigate disagreements between the presenter and the audience. If disagreements occur, maintain focus on the science and do not allow personal confrontations. Some meetings ask the moderator to help provide feedback to the presenter to move their project from abstract to

manuscript. That feedback is a gift, but should be delivered with a focus on the strengths and not just the weaknesses of the project.

## HOW DO YOU GET THE OPPORTUNITY TO BE A RESEARCH FORUM MODERATOR?

Some organizations like ACEP, have a research committee where the request for moderators originates from. Plus, sometimes there are perks to volunteer

being a research forum moderator, including free registration, honoraria, or both! ■

*Do you have an interest in joining the PACEP Research Committee, have a research idea, or have a suggestion for PACEP's annual Research Forum? Please reach out to [exec@pacep.net](mailto:exec@pacep.net)! We would be happy to work with you!*

**WPA Can Help**  
**Get Your Shifts Covered**

**EMERGENCY**

**Outstanding Talent**

**WPA+ EMERGENCY MEDICINE STAFFING, LLC**

[wpamedstaffing.com](http://wpamedstaffing.com)

*With Experienced Nurses and Doctors*

# PEP-PAC Update

By Michael Boyd, MD



**Michael Boyd, MD**  
PEP-PAC Chair

**The Pennsylvania Emergency Physicians Political Action Committee (PEP-PAC) is the lobbying arm of PACEP. At its core, lobbying is a means of educating legislators about issues affecting us. PEP-PAC uses its resources to attend fundraisers with lawmakers on both sides of the aisle, fostering relationships with them so that they can draw on our expertise regarding healthcare issues.**

Mental Health, nursing staff ratios, scope of practice and venue shopping are key issues in front of the PA Legislature. It is imperative that we make our voices heard regarding these issues.

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 giving practical, concrete solutions to our lawmakers so that the money is allocated effectively. PEP-PAC is a means to that end.

Nursing unions and their advocacy groups recently displayed a prime example of effective lobbying. Unfortunately their win is our loss. The PA House passed HB 106 "The Patient Safety Act" sponsored by Thomas Mehaffie D-Dauphin. HB 106 would add to our boarding crisis by imposing strict nurse ratios on hospitals.

For instance, it mandates that a Medical-Surgical nurse is assigned 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. 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 realize or care

that the waiting room patients and those unable to access care don't have nurses or providers at all and that ED nurses don't have luxury of refusing surges of patients secondary to ratios.

This preposterous, short-sided bill actually passed the PA House. Thankfully, it is currently stalled in the Senate. PACEP needs your support in educating lawmakers about the disastrous unintended consequences of strict nurse 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.

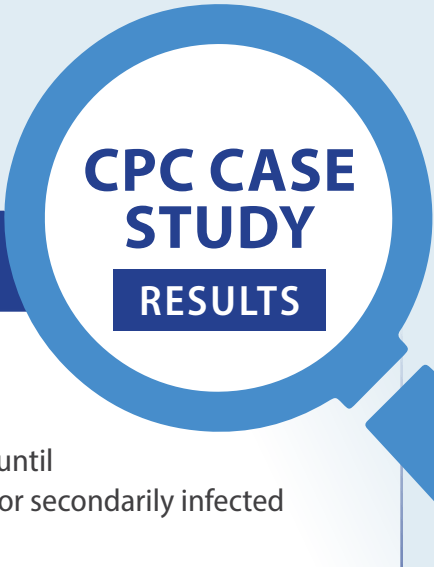
Scope of Practice continues to be another area of concern for PACEP.

Nurse Practitioners continue to push for independent practice. PACEP believes that PA's and NP's are valuable, integral members of treatment teams, but a physician should lead every care team. PA's and NP's do not have the training or expertise of a physician. In the 2023 –



**PACEP needs your support in educating lawmakers about the disastrous unintended consequences of strict nurse ratios. The real solution is to increase the nursing workforce via workforce training, incentives, expanding nursing school enrollment...**

# The Resolution:



**CPC CASE STUDY**

**RESULTS**

## The Case – 58-year-old male

**DIAGNOSTIC STUDY NEEDED AND DIAGNOSIS**

CT Abdomen/Pelvis with IV contrast

**DIAGNOSIS:**

Complicated (Infected) Liver Hydatid Cyst secondary to Chronic *Echinococcus granulosus* Infection

**ABOUT DISEASE PROCESS:**

Echinococcosis (*E. granulosus*) – typically manifests years after initial infection found on all continents except Antarctica Does not cause acute infection in humans Most commonly affects people who raise sheep Causes hydatid cyst formation

70% in the liver, 5-15% in the lungs Remain asymptomatic until they become too large or secondarily infected

**TREATMENT:**

Small cysts may be treated with antiparasites (albendazole) however, standard per CDC is surgical intervention. Emerging (PAIR) therapy, percutaneous aspiration, injection and reaspiration.

2024 legislative session, PACEP and fellow organizations have diligently limited advancement of these proposals.

In August of 2022, The PA Supreme Court enacted a procedural change that brings a return of venue shopping for medical malpractice cases. In 2002, Pennsylvania was suffering from a medical malpractice crises of frivolous lawsuits. In response, the “MCARE” Act was enacted mandating that malpractice claims only be initiated in the county where the malpractice took place. This law reduced the average annual number of malpractice cases from 2700 prior to 2002 to 1500 afterwards. Secondary to the Supreme Court eliminating the MCARE rule, as of January

2023, plaintiff attorney’s are now free to sue in any Pennsylvania county in which care occurred, where a defendant could be served, or where any transaction or occurrence giving rise to the suit took place. Plaintiff attorneys have already started bringing their cases to Philadelphia County in droves – Philadelphia county jury verdicts average higher than twice the national average, and plaintiffs are more than twice as likely to win in Philadelphia compared to the national average. Venue shopping will increase insurance premiums, drive physicians out of the state, increase cost of care, and limit access to health-care, especially for women, by forcing the closure of highly litigated fields (such as OBGYN). ■

▶ *PEP-PAC needs your contributions 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. Remember: you either have a seat at the dinner table or you are on the dinner plate.*

**DONATE NOW**



# CELEBRATE WELLNESS!

If you have a healthy recipe that you would like to share, please email it to Jan Reisinger at [exec@pacep.net](mailto: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.

## SPICED BUTTERNUT SQUASH CHILI

*(Taste of Home)*



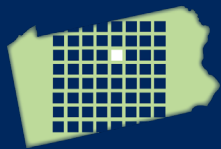
### INGREDIENTS:

- 1 pound ground beef or turkey
- 3/4 cup chopped red onion
- 5 garlic cloves, minced
- 3 tablespoons tomato paste
- 1 tablespoon chili powder
- 1 teaspoon ground cumin
- 1/2 to 1 teaspoon salt
- 1-3/4 to 2 cups water
- 1 can (15 ounces) black beans, rinsed and drained
- 1 can (15 ounces) pinto beans, rinsed and drained
- 1 can (14-1/2 ounces) diced tomatoes
- 1 can (14-1/2 to 15 ounces) tomato sauce
- 1 tablespoon Gustus Vitae spicy chocolate cinnamon cane sugar
- 3 cups peeled butternut squash, cut into 1/2-inch cubes
- 2 tablespoons cider vinegar
- Optional: Chopped avocado, plain Greek yogurt and shredded mozzarella cheese

### DIRECTIONS:

1. In a Dutch oven over medium heat, cook beef and onion, crumbling meat, until beef is no longer pink and onion is tender, 6-8 minutes.
2. Add next 5 ingredients; cook 1 minute longer. Stir in water, both types of beans, diced tomatoes, tomato sauce and spicy chocolate cinnamon sugar. Bring to a boil; reduce heat. Stir in squash; simmer, covered, until squash is tender, 20-25 minutes. Stir in vinegar.
3. If desired, serve with chopped avocado, Greek yogurt and shredded mozzarella cheese.





**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

