

# Kentucky Chapter Update

A Newsletter for the Members of Kentucky ACEP



Fall 2010 Issue

**From the President**  
**Barbara J. Reynolds, MD, FACEP**

## THANK YOU

This will be my last article as chapter President. As I reflect on the last two years and take a longer view of the past ten years I have spent on the KACEP Board, I can only be awed by the dedication of the wonderful people who make up this chapter and this specialty. It has been one of the most rewarding experiences of my career to serve in this capacity. The KACEP chapter is a true team of emergency physicians from all types of backgrounds and practices who join together to help promote the specialty and support all those who work every day in Emergency Departments throughout Kentucky. Each committee chairperson is a volunteer who gives their time, effort and energy to make this the vibrant chapter we have become over the past ten years.

During this time, we have grown to over three hundred members and thereby increasing our representation the ACEP Council. Our chapter is now also represented on several national ACEP committees and sections as well, including most recently, Wes Brewer's membership on the State Legislative Committee.

With the help of Chris Pund, Ashlee Melendez and Eric Guerrant, among others, we partnered with the leading Trauma specialists in the state to pass legislation creating a trauma system in Kentucky. Each year since, several additional hospitals have been verified by the American College of Surgeons. We continue to support these efforts both locally and state-wide with the goal of a well organized pre-hospital and hospital tiered system to ensure we get trauma patients to the right level of care at the right time.

Many members of the chapter have worked with the KMA to enact legislation that promotes safety in many areas, including a ban on texting while driving, seat belt and child restraint laws. We continue to work with the KMA and all of our specialty partners toward more safety laws as well as meaningful liability reform. There remains much work to be done.

As I look to the future of our specialty, I am heartened by the eager and talented young emergency physicians I have the opportunity to meet and work with. I feel confident that our specialty will grow and strengthen under new leadership and with the energy these people will

**Kentucky Chapter ACEP**



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President

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bring to our chapter and our departments. I am especially happy to turn the reins over to Melissa Platt as she assumes the Presidency as of the first of the year. I have had the pleasure to work with Melissa for several years and know that she will be a great leader for our chapter.

Lastly, as I have said many times, we would not have a chapter were it not for Ashlee Melendez. Not only does she work tirelessly with all the details and paperwork involved in keeping all of us on track, she brings to our chapter a spirit that uniquely unites us. There are not enough words of thanks that could express what she has meant to the board and the chapter so I can only offer my most sincere, deeply felt "Thank you". I hope that each member will take the opportunity to say 'Thank you' to Ashlee when you see her.

In parting, I would ask that every member take a moment to consider becoming more active. We have much work to do. We need your ideas and enthusiasm to continue to advance our specialty and to serve our fellow emergency physicians. It is worth the time and effort. You will get back much more than you give and you will make a difference for everyone in the emergency community as well as the patients we serve. To those who have given of themselves in the past, Thank you. To those who will lead us into the future, Thank you. To all those who are fellow brothers and sisters in emergency medicine, Thank you.



### **Dr. Melissa Platt** **President Elect** **A Councillor's Perspective**

The ACEP Council consists of members representing ACEP's 53 chartered chapters, its 30 sections of membership, the Association of Academic Chairs in Emergency Medicine (AACEM), and the Emergency Medicine Residents' Association (EMRA). Each year the Council elects members to the Board of Directors and ensures "grassroots" involvement in the democratic decision-making process. The Council is a deliberative body that meets once a year for two days in conjunction with the College's annual Scientific Assembly. This year's resolutions have not been posted. Please check the acep [website](#) for the new resolutions.

Now that's the official business. From my personal Councillor's perspective, what amazes me is the ability to pull off a meeting of this magnitude year after year. Like in years past, the ACEP Council met for 8 long hours each day. This year, councillors had to file past beckoning gaming tables and Siren-like slot machines to make it to the Council's conference room. If you made it past the casino, another obstacle course awaited. A long hallway flanked by numerous eateries, shopping mecas and tinted windows that framed a large pool with a man-made sandy beach. Most councillors placed blinders on and trudged to the conference room. However, I am pretty sure we lost a few during the first day.

The first day consisted of the candidates for President-Elect and Board of Directors giving their election statements. The majority of the remaining day consisted of reference committee hearings. These break-out sessions allowed the resolutions to be discussed in detail, a summary statement to be formed, and a general recommendation made as to whether the resolution should be adopted the next day by the Council. The KY councillors took the "divide and conquer" method and divided up the reference committee rooms (as they ran simultaneously) to be sure all information was covered. Day #1 finished with a reception and a

few numb body parts from sitting for so long.

Day #2 was called to order at 8am. This was an impressive day. Picture hundreds of some of the most dedicated, knowledgeable, passionate EM physician from across the nation taking their seats to advance the practice of EM. This could spell meeting disaster as the most dedicated, knowledgeable, passionate EM physicians also tend to have their own opinions and the courage and voice to let them be known. Here is where I gained a new respect for Robert's Rules of Order. It provided common rules and procedures for deliberation and debate so that everyone spoke the same language and used the same etiquette. For example, one had to be "recognized" before speaking at a set microphone. A motion must have been on the floor before debate begins (no debates for the sake of debate), a 2-minute time limit, and "repeat" speakers could not speak again until all new speakers have spoken. It worked great; reigning in the long-winded, repetitive and less than succinct population. However, I do not recommend you try this at home. Significant others tend to get annoyed when you invoke Robert's Rules during a heated discussion about who should do the dishes after dinner. But it worked for the Council (with help from the Speaker and the Parliamentarian) and the Council was able to vote on all resolutions in one day. We then voted for president-elect and the new members of the Board. The meeting adjourned after some final formalities.

All in all, the two days were long but well worth the experience. The amount of knowledge and passion for EM in the meeting was almost palpable. The work done in 2 days was the culmination of hundreds of hours of work and research over the previous year(s) and had direct implication of the practice of EM. I highly recommend you to be a Councillor in the future. It is well worth the long days and numb body parts to be part of the advancement of the specialty of emergency medicine.



### **From Government Affairs Wes Brewer ,MD, FACEP**

I am privileged to have been appointed to ACEPs' State Government and Regulatory Affairs committee and attended my first meeting of the committee during *Scientific Assembly* in Las Vegas. The ACEP staff working with this committee is awesome -- I have not yet identified an issue for which they couldn't find the latest information quickly. The committee has an expansive and aggressive set of objectives for the coming year including monitoring of the implementation of several aspects of the reform law ( which promises to be different in each state), liability reform, end of life care issues, and alternative certification groups seeking recognition from state medical licensure boards. For many of these objectives the goal is to monitor developments across the country and identify the most promising and then make that information rapidly available to state chapters facing the same problems.

On the local front, Medicaid still had a big budget hole, SGR cuts are still looming, and the coming legislative session will coincide with the kick off of the campaign season for the race for governor likely making this session even more contentious than usual -- we have much work left to do!!



### **Emergency Preparedness and Disaster Planning L. Barrett Bernard, MD**

## Chair, Emergency Disaster and Preparedness

Spring in Kentucky means daffodils, bluegrass, horse racing, and TORNADOES. Historically compared to other states, Kentucky ranks 27 for frequency of Tornadoes, 15 for number of deaths, 13 for injuries, and 23 for cost of damages. With reports of the possibility of more storm activity than usual this spring it is a good reason to review the emergency preparedness of each of our respective healthcare facilities. As healthcare leaders, we are expected to lend objective advice about all aspects of the impact of disasters. Many resources for this information are available including <http://emergency.cdc.gov/disasters/tornadoes/prepared.asp>, <http://kyha.com>, and <http://acep.org>.

In 2007 AAA reported that 21% of fatal car crashes involving teens between ages 16-19 were the result of cell phone usage with an increase of 4% per year expected. With similar information the Kentucky legislature has to be congratulated for passing the texting ban while driving. Kentucky joins 19 other states and the District of Columbia where texting is banned during driving. We should congratulate our Legislators for the passage of this positive lifesaving measure.

The H1N1 pandemic has slowed to a low baseline. Very few new cases nationwide are being reported in the last three months. The timing of peaks of this virus were unusual compared to seasonal influenza peaks so the incidence of new cases this summer and fall are unpredictable.



## JOIN US 2010 Annual KACEP Meeting

KACEP Members;

WIN, PLACE, or SHOW!!! Put on your racing shoes and run to our 2010 Annual Fall Meeting at Churchill Down's. The Kentucky Chapter of the American College of Emergency Physicians (KACEP) is having our Fall Meeting on Thursday, November 18, 2010 in the Stakes Room at Churchill Downs in Louisville, Kentucky.

If you are interested in attending the meeting, please e-mail [Ashlee](mailto:Ashlee) by November 10th. Please include if you are bringing a guest. Admission to the Stakes Room, lunch, parking and racing forms are provided. The meeting will proceed as follows:

11:30 a.m. Doors Open/ Exhibit Setup  
12:00 noon Meeting  
12:40 p.m. Lunch/Post Time

Admission tickets can be picked up at the Will Call window at Gate 10 and bring a picture ID. Parking is free in the Longfield lot or \$5.00 valet. If you have questions about directions, you may call 1-800-28-DERBY. If you have any questions about the meeting, please call Ashlee Melendez at (502) 852-7874 or e-mail [Ashlee](mailto:Ashlee). Dress Code, no jeans allowed.

If you reserve tickets and do not cancel prior to November 12th, you will be charged \$50.00 a

ticket.



## Clinical News

### **CME Article on Sore Throats Now Available**

Originally printed in ACEP News, the "Focus On" series of articles brings the latest literature and best practices to help the busy emergency physician. This issue's topic, "Sore Throats -- What Really Works?," will help the emergency physician review the incidence of strep pharyngitis in different populations, understand present guidelines regarding the diagnosis of strep pharyngitis, and develop a plan of care for treating your next patient with a "sore throat."

[Read the article online and then take the CME quiz.](#)

### **The Effective Physician: Chest Pain in the Emergency Department**

Over 8 million people seek emergency department (ED) attention every year for assessment of chest pain. The American Heart Association recently issued a scientific statement to give guidance on rapid, effective approaches to the assessment of such patients. Conclusions: Most patients who present with chest pain to ED settings do not have acute ischemia: Less than 5% have an ST segment elevation myocardial infarction, and up to 25% can have a non-ST segment elevation event. Up to 7% of patients with chest pain after cocaine exposure have infarctions. At the same time, up to 2% of patients with acute coronary syndromes (ACS) are inadvertently discharged from EDs with potentially twice the risk-adjusted mortality of patients admitted for management of acute ischemia.

[Read the Entire Article](#)

### **Combination of Two Oral Drugs Shows Promise for HCV in Small Study**

A combination of two oral drugs for reducing viral load in hepatitis C patients had good safety and tolerability in a small, phase I study. The finding, published online October 15 in the Lancet, points the way toward an alternative to the current standard of care – subcutaneous pegylated interferon-alfa plus oral ribavirin – which has limited tolerability and efficacy. The novel therapies that were tested in this study are RG7128, a nucleoside polymerase inhibitor, and danoprevir, a protease inhibitor, wrote Dr. Edward J. Gane of Auckland (New Zealand) Clinical Studies Ltd., an early-phase clinical pharmacology unit, and his colleagues.

[Read the Entire Article](#)



## **L. Barrett Bernard, MD Emergency & Disaster Preparedness**

### **Key Facts for Influenza 2010-2011**

In February 2010 CDC's Advisory Committee on Immunization Practices (ACIP) voted for universal flu vaccination for everyone 6 months of age and older.

The 2010-2011 flu vaccine protects against three influenza viruses - the 2009 H1N1, an H3N2 virus, and an influenza B virus.

**Two types of vaccines are recommended by the CDC:**  
**Injection** - approved for any person older than 6 mos.

**Nasal spray** - approved for healthy people age 2-49 years of age.

Fluzone High Dose Vaccine - has four times the amount of antigen and theoretically creates a stronger immune response and better protection against the flu. It was developed for people 65 years of age and older; available but not currently recommended by the CDC.

The influenza virus has been present in only 1.3% of respiratory illnesses in the U.S. thru September 25, 2010. The impact of influenza 2010-11 is unpredictable but universal immunization should have a positive influence.



## **A Resident's Report from ACEP**

**Justin Coomes, MD**

**University of Louisville, Department of Emergency Medicine**

In the last month, I slept in a pyramid, watched acrobatics set to Beatles music, and discovered that lady luck has it in for me. All of this occurred while I experienced my first ACEP *Scientific Assembly*. My time there taught me two things: First, there is no place in the world like Vegas. Second, there are literally hundreds of people working tirelessly to improve and promote our specialty, year-round. Those hundreds represent us on a national basis. This rough count doesn't even include those many others working for us on the state and local level. While in sunny Las Vegas, I, too, started my own journey filling a small role among so many.

Last July, through good fortune and the support of my program, I was appointed as an EMRA representative to the Academic Affairs Committee. Chaired by Dr. Robert Hockberger of Harbor-UCLA Medical Center, the main objective of the committee is to oversee and improve the guidance and teaching of emergency healthcare personnel all levels, both in-training and throughout their careers. Not only does this include physicians, but it also includes physician assistants, nurses, medical students, and paramedics/EMTs. After attending my first committee meeting, I found there were a couple of objectives set for the next year that may interest local Kentucky emergency physicians.

One of the most significant topics of discussion concerned the training of non-EM-residency-trained physicians working in rural emergency departments. In our discussion, the committee noted the vital importance of these physicians, as they serve those who may be many hours away from a large urban center. Further, there has been interest on both sides in securing residency training for those physicians who are already practicing emergency medicine. Through much negotiation, the committee agreed that physicians with previous residency training who have worked in emergency departments may complete residency in two years, as opposed to three or four. With this in mind, two objectives were set. First, to survey rural physicians to see how many and who would be interested in such training. Second, program directors throughout the country will also be surveyed to determine their interest in these applicants. If this is something you would be interested in, please contact the Academic Affairs Committee. Contact information can be found on the ACEP website.

Another topic that may be of concern to local EPs regards developing practice and training models for mid-level providers working in emergency departments. With the number of ED visits rising per year, many of the departments we work in have shifted some of the responsibilities to physician assistants and nurse practitioners. As their role increases, it is

important that they are trained in a way consistent with the training we receive during our residency. Our committee will be working closely with the Society of Emergency Medicine Physician Assistants to develop this curriculum.

In addition, we discussed and divided responsibilities on 16 other objectives, far too many to include in one article. If you are interested in learning more about our objectives and what we have done, I would be happy to share more information. Among the palm trees, street-performing Elmos, and enough wild personalities to keep us busy on a long night in the ED, I discovered much hard-work going on behind the scenes of our careers. It is comforting to see so many striving to improve our lives, both professional and personal. It is exciting, however, to have the opportunity to contribute myself.

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### Town Hall Meeting Addresses ACEP's Health Care Reform Priorities

With the nation's health care reform law in place and no real expectation of its repeal, ACEP leaders discussed the College's priorities for the law's implementation process at a Town Hall session during the ACEP Council Meeting in late September.

"This is probably the most significant moment in our careers. Our Washington office is already working on all of this, but the discussions will heat up after the November elections," said ACEP President Dr. Sandy Schneider. "We are all going to have to work together with one message. This is a time to build emergency medicine into a stronger emergency medicine."

During the meeting, ACEP Immediate Past President Dr. Angela Gardner distributed a chart of the Patient Protection and Affordable Care Act of 2010 that matched provisions in the law with ACEP's strategy. Some of the key priorities include:

- Extend the "prudent layperson standard" to grandfathered health plans to eliminate the need for prior authorization.
- Improve emergency department efficiencies.
- Improve the physicians' quality reporting system.
- Recognize the important role emergency physicians play in providing the full continuum of care to Medicare beneficiaries.
- Raise concerns about new Medicare payment mechanisms, such as bundled payments.
- Distribute additional residency positions to emergency medicine residency programs.
- Highlight the education and training needs of emergency medicine as the work of the National Health Care Workforce Commission proceeds.
- Represent the emergency medicine perspective in identifying research priorities and establishing and implementing the research project agenda.
- Extend medical liability coverage and review the unique requirements of physicians who provide EMTALA-related services.
- Considered how the Federal Tort Claims Act may be applied to ensure the availability of emergency and on-call physicians.

"We will have to be diligent" as the lengthy and complex regulatory process continues, said Gordon Wheeler, ACEP's Associate Executive Director for Public Affairs. "There will likely be attempts to slow funding for the law's implementation, attempts to undercut and undermine its intent."

“As imperfect as the law is, there are a lot of things we would like to see happen in there,” he said.

To bolster the efforts of ACEP’s Washington, DC office, the ACEP Board of Directors approved a budget modification to provide more health care reform resources, including hiring two new staff members and contracting with a legal firm that specializes in regulatory law.

Dr. Steve Stack, an ACEP member and secretary of the AMA, said, “We need to focus on how we can work within this law. We are hopeful that there is not coverage without access. If all the uninsured (patients) have coverage, we know the ED patient volumes will go up and they are only going to get larger.”

Comments from members of the Council focused on concerns about emergency physician payments, projects that ultimately were cut from the reform package, and at what tables ACEP needs a seat now to protect and promote the interests of emergency patients and emergency physicians.

“The tables I want to be at are small tables in someone’s office, the people who are actually writing the regulations,” said Dean Wilkerson, ACEP Executive Director.

Mr. Wilkerson also explained that emergency physicians can and should get involved in the process, as well, by staying informed and informing ACEP of crucial issues at the state and local levels, joining the 911 network or the spokespersons network, writing concise newspaper editorials, staying active in their chapters, and donating to NEMPAC.



### **Nominations Accepted for ED Director of the Year**

The Emergency Medicine Foundation (EMF) is now accepting nominations for the 2011 Blue Jay Consulting/EMF Award for Emergency Department Director of the Year.

The award was created to identify and recognize an individual who has made significant strides in developing collaborative relationships with nursing to implement and improve operational and clinical standards in five specific areas -- quality patient care, operational effectiveness, education, community service, and a synergistic approach to leadership within the hospital or hospital system.

Because successful emergency departments have strong collegial relationships between physicians and nurses, these collaborations can make lasting improvements in quality care and patient satisfaction.

“The collaborative nature of emergency medicine is reflected in the goals of the Blue Jay award to recognize the successful ED director who demonstrates team work with the nursing leadership of their department,” said Mark J. Feinberg, Managing Partner, Blue Jay Consulting. “Our hope is that this award will provide encouragement to all who work in emergency medicine to continue to seek out every opportunity to improve patient care in the ED.”

To be considered, the nominee will have created and sustained a high degree of patient

satisfaction with emergency care delivery and will have implemented creative and innovative strategies to improve all areas of the emergency department.

Dr. Rex G. Mathew, vice president of emergency medical clinical operations at Thomas Jefferson University Hospital in Philadelphia, was honored with the inaugural Blue Jay Consulting/EMF Award during the April 2010 Emergency Department Director's Academy (EDDA) in Dallas, Texas.

With almost 80 nominations from some of the best and brightest directors in emergency medicine, the selection process was challenging. Dr. Mathew was ultimately chosen because of his demonstrated leadership abilities and clinical knowledge in working with leaders throughout the hospital to improve care in the emergency department.

The three finalists for 2010 included Dr. Patrick J. Crocker, chief of emergency medicine at Dell Children's Medical Center of Central Texas in Austin, Texas, who was instrumental in working across disciplines to create the Comfort Zone Program addressing the comfort, anxiety, and pain perception of patients. Dr. William Dalsey, chairman of the department of emergency medicine at Kimball Medical Center in Lakewood, New Jersey, was also a finalist because of his collaborative approach to patient care that earned Kimball Medical Center top honors for the last five years in patient satisfaction scores. Dr. Paul Ernest Pepe, chief of emergency services at Parkland Health and Hospital System in Dallas, Texas, was another finalist. Dr. Pepe's strong team philosophy, work ethic, and philosophical temperament stood out in his work at one of the most visible emergency care centers in the country.

"This year the Emergency Medicine Foundation has a special desire to work with young investigators to focus on health policy and process. The medical director award provides a most appropriate extension of this goal," said EMF Chair, Dr. Alexander Rosenau. "The award process identifies and recognizes emergency directors who utilize actionable knowledge to improve the function of their emergency departments and the effectiveness of the health care delivery system of their institution."

The Emergency Medicine Foundation, founded in 1972, is dedicated to serve as a catalyst to advance education and research in emergency medicine. To date, EMF has awarded nearly \$10 million in research awards to advance emergency medicine science and research. For more information on the foundation, please visit our [website](#).

For a nomination form, visit [www.emfoundation.org/directoraward](http://www.emfoundation.org/directoraward). Nominations are due by February 18, 2011, and the 2011 award will be presented at the Emergency Department Directors Academy (EDDA) on May 2, 2011 in Dallas, Texas.



## **EMF at ACEP's Scientific Assembly a Success!**

### **ACEP Council Steps Up**

The Emergency Medicine Foundation (EMF) is pleased to announce that the ACEP Council donated nearly \$129,000 to the EMF general fund during their two-day meeting, exceeding our goal of \$100,000. Congratulations to the Tennessee Chapter for being the first chapter to reach 100% participation from their councillors.

## **EMF Honors Its Legacy Society Members**

EMF honored its members of the EMF Wiegenstein Legacy Society at a dinner at *Scientific Assembly* in Las Vegas. The Wiegenstein Legacy Society is named after Dr. John G. Wiegenstein, the founding president of ACEP (American College of Emergency Physicians).

Today, the Wiegenstein Legacy Society is the recognition society for those who have included the Emergency Medicine Foundation in their estate plans. The Wiegenstein Legacy Society, through its members' extraordinary commitment, honors the past by securing the future of emergency medicine through research and education.

### **Wiegenstein Legacy Society members honored were:**

Nancy J. Auer, MD, FACEP; Pamela P. Bensen, MD, MS, FACEP; Andrew I. Bern, MD, FACEP; Michael D. Bishop, MD, FACEP; Brooks F. Bock, MD, FACEP; Kirk W. Brown, MD; Kathleen Cowling, DO, FACEP; Gregory L. Henry, MD, FACEP; Alexander T. Limkakeng, MD, FACEP; George W. Molzen, MD, FACEP; John B. Moskow, MD, FACEP; Edward A. Panacek, MD, MPH, FACEP; Leonard M. Riggs, Jr, MD, FACEP; John J. Rogers, MD, FACEP; Alexander M. Rosenau, DO, FACEP; John A. Russ, MD, FACEP; David C. Seaberg, MD, FACEP; Sandra M. Schneider, MD, FACEP; Richard L. Stennes, MD, FACEP; Thomas J. Sugarman, MD, FACEP; Robert E. Suter, DO, MHA, FACEP; Marvin A. Wayne, MD, FACEP; David E. Wilcox, MD, FACEP; and Robert M. Williams, MD, DPH, FACEP. Special guest of the evening was Iris Wiegenstein and the speaker was Brent Asplin, MD, FACEP, past EMF grantee.

If you are interested in ways to join the legacy society, please contact [Holly Hull Miori, MTS](#), at EMF at (800) 798-1822 x3216 to request information.



## **NEMPAC Receives Record Support**

NEMPAC, ACEP's Political Action Committee, reported record fundraising efforts during the *Scientific Assembly* in Las Vegas, spurred by upcoming November elections that could change the political landscape in Washington, DC.

Members of the ACEP Board of Directors and Council donated more than \$155,000 at the meeting. An additional \$5,000 was donated at the NEMPAC Booth in the Exhibit Hall. Coupled with the \$681,000 raised from ACEP's general membership prior to the meeting and the collective contributions from individuals in physician group campaigns, NEMPAC is well on its way to exceeding our record of \$1,167,342 set in 2009.

Outstanding EM group efforts during *Scientific Assembly* included CEP America's contribution of \$100,000 through its advocacy fund; EMP's collection of \$106,000 from its individual ACEP members; TeamHealth's donations of \$50,000 from its ACEP members and goal of \$100,000 by year's end; and EMA's NEMPAC campaign among its eligible ACEP member physicians with a target of \$60,000 by year's end.

NEMPAC also is conducting an ongoing campaign with the general ACEP membership to reach this year's goal of \$1.25 million. A member-wide survey and solicitation from NEMPAC will be mailed in the next week. NEMPAC is currently the 4th largest physician specialty PAC behind the anesthesiologists, orthopedic surgeons and radiologists – with a goal to become

number one.

In November's mid-term elections both House and Senate seats will be at stake, with the possibility of dramatic change in party alignment in one or both houses of Congress. With the ongoing health care reform implementation process, it is more important than ever that emergency medicine has a strong PAC that gives the specialty an important voice and an influence in DC.



### **New Fellows Honored in 2010**

L.B. Bernard, MD, FACEP	Eric Richardson, MD, FACEP
David W. Brewer, MD, FACEP	Brandon L. Smallwood, MD, FACEP
Brian D. Donoghue, MD, FACEP	Christopher S. Smith, DO, FACEP
Gregory T. Jacobs, DO, FACEP	Fred H. Warkentine, MD, FACEP
Erik K. Olson, MD, FACEP	



### **Welcome New Members**

William R. Breeding, MD	Evan H. Mussetter, MD
Michael D. Feldmeier, MD	Kelly R. Potts
Robert D. Kelly	Jacob R. Radford, MD
Erica N. Johnson, MD	Carl Richards
Thomas D. Johnston, MD	Bryan S. Stonestreet, MD
Autumn M. Loomis, MD	Christopher T. Vogt
Jami L. Lovell, MD	Shernaz Wadia, MD
Walter C. Lubbers, MD	Adam Whiteside, MD
Suzanne McGee	



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