American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

# Committee Manual
# 2019-20

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

# Committee Manual

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# ACEP STATEMENT OF DIRECTION

## Mission Statement

The American College of Emergency Physicians (ACEP) exists to support quality emergency medical care, and to promote the interests of emergency physicians.

## Values

The Board of Directors has identified values that serve as the guiding principles for the specialty of emergency medicine. These values, and the objectives that follow, are the foundation of ACEP's planning processes and Council and Board actions.

The values of the American College of Emergency Physicians are:

- Quality emergency care is a fundamental right and unobstructed access to emergency services should be available to all patients who perceive the need for emergency services.
- There is a body of knowledge unique to emergency medicine that requires continuing refinement and development.
- Physicians entering the practice of emergency medicine should be residency trained in emergency medicine.
- Quality emergency medicine is best practiced by qualified, credentialed emergency physicians.
- The best interests of patients are served when emergency physicians practice in a fair, equitable, and supportive environment.
- Emergency physicians have the responsibility to play the lead roles in the definition, management, evaluation, and improvement of quality emergency care.

*ACEP Board of Directors*
*August 16, 2000*

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# Vision Statement

- Emergency medicine is recognized and valued as an essential public service.
- Patients seeking emergency care are treated by board certified emergency physicians who are supported in their practices with all resources necessary to provide the highest quality medical care.
- Emergency physicians practice in an environment in which their rights, safety, and wellness are assured.
- All patients have health care coverage that ensures access to emergency services. Legally mandated health care services are fully funded.
- Resources for education and training of emergency physicians are sufficient to meet the workforce needs of the specialty.
- Emergency physicians are recognized and valued for their commitment to high quality patient care, teaching, leadership, research, and innovation.
- All emergency physicians are members of the American College of Emergency Physicians.

*ACEP Board of Directors*
*February 18, 2003*

# Chapter I

# The Role of ACEP Committees

# The Role of ACEP Committees

The ACEP Bylaws describes committees as groups of members appointed by the president to assist the Board of Directors in its work. Work to be done is delegated to committees in the form of objectives and recommendations are formulated by committees for final decisions by the Board. In other words, policy **recommendations** are initiated by committees while policy **decisions** are made by the Board of Directors.

College committees serve as a valuable resource to the Board of Directors. Committees serve as sounding boards and as sifters of opinion. The College has progressed toward its goals over the years largely as a result of the serious deliberations conducted at the committee level.

Membership on an ACEP committee requires certain responsibilities:

- be aware of the needs and problems of the membership from a national perspective; and
- realize that communications may be perceived by others as representing the opinions of the College by virtue of the fact that the communicator holds a national leadership position; and
- defer external-College contact (federal government, commercial firms, medical associations, media) to the Board of Directors unless specifically delegated this responsibility by virtue of a formal liaison appointment or as a member of the spokesperson network.

The president is the formal College spokesperson and has responsibility for communicating ACEP positions to the federal government, regulatory agencies, commercial firms, professional associations, and the media. At times, the president may delegate this responsibility to other individuals. For example, ACEP Public Affairs staff communicate ACEP's positions to the federal government on a daily basis and members are appointed to serve as ACEP's official delegates to the American Medical Association. Also, the ACEP Spokesperson Network is composed of members who serve as media contacts for the College.

At times the Board of Directors may delegate a liaison function to a specific committee chair to assist in the timely development of committee projects. However, members assigned must bear in mind at all times that they are not empowered to commit College resources or support to that specific public and that they are responsible for giving timely reports to the Board of Directors on the status of these activities.

# Structure

**Leadership**

Every active member of the College has an opportunity to participate in leadership decisions. Each member belongs to one of the College's 53 chartered chapters. Each chapter elects or appoints councillors who serve as voting representatives of the Council. The number of councillors per chapter is directly related to the number of members in each chapter, e.g., Idaho currently has two councillors and California has 30 councillors.

The Council meets at least once each year, usually two days before the annual meeting. The Council elects the Council speaker, Council vice speaker, president-elect, members of the Board of Directors, and adopts resolutions that serve as guidance to the Board.

The Board of Directors govern the College. The Board elects its own officers except the President-Elect. The Executive Committee includes the following officers: chair of the Board, president, president-elect, vice president, secretary-treasurer, immediate past president, and the speaker of the Council. The vice speaker of the Council is also an officer of the College.

The president may appoint committees or special task forces to assist the Board in its work. Committee appointments are usually made in June each year before the president's official one-year term begins at the conclusion of the annual Council meeting.

The president delegates responsibility for monitoring and guiding committees to other Board members who serve as Board liaisons. The committees report to the president and Board of Directors.

**Management**

The executive director reports to the Board of Directors. The Board annually evaluates the executive director's performance. Other staff members report to the executive director through five Divisions.

The **Policy and Administration Line of Service** includes Academic Affairs, Chapter & State Relations, Emergency Medicine Practice, EMS & Disaster Preparedness, Finance, and Reimbursement

The **Office of the General Counsel Line of Service** includes Staff Services.

The **Education** and **Membership Line of Service** includes *Annals of Emergency Medicine,* Corporate Development, Educational Meetings, Educational Products, Foundation Development (including EMF), Grants Development, Member Communications and Marketing, Membership and Customer Service, and Management Services

The **Public Affairs Line of Service** includes Congressional Affairs, Federal Affairs, NEMPAC and Grassroots Advocacy, Quality Measures and HIT, and Public Relations.

The executive director directly supervises activities related to the leadership structure of the College, including the Board of Directors, Council, liaisons, and committees. A staff member is assigned to each committee as staff liaison. For this special purpose, the staff liaisons report through the **Office of the Executive Director (OED)** rather than their home department or division.

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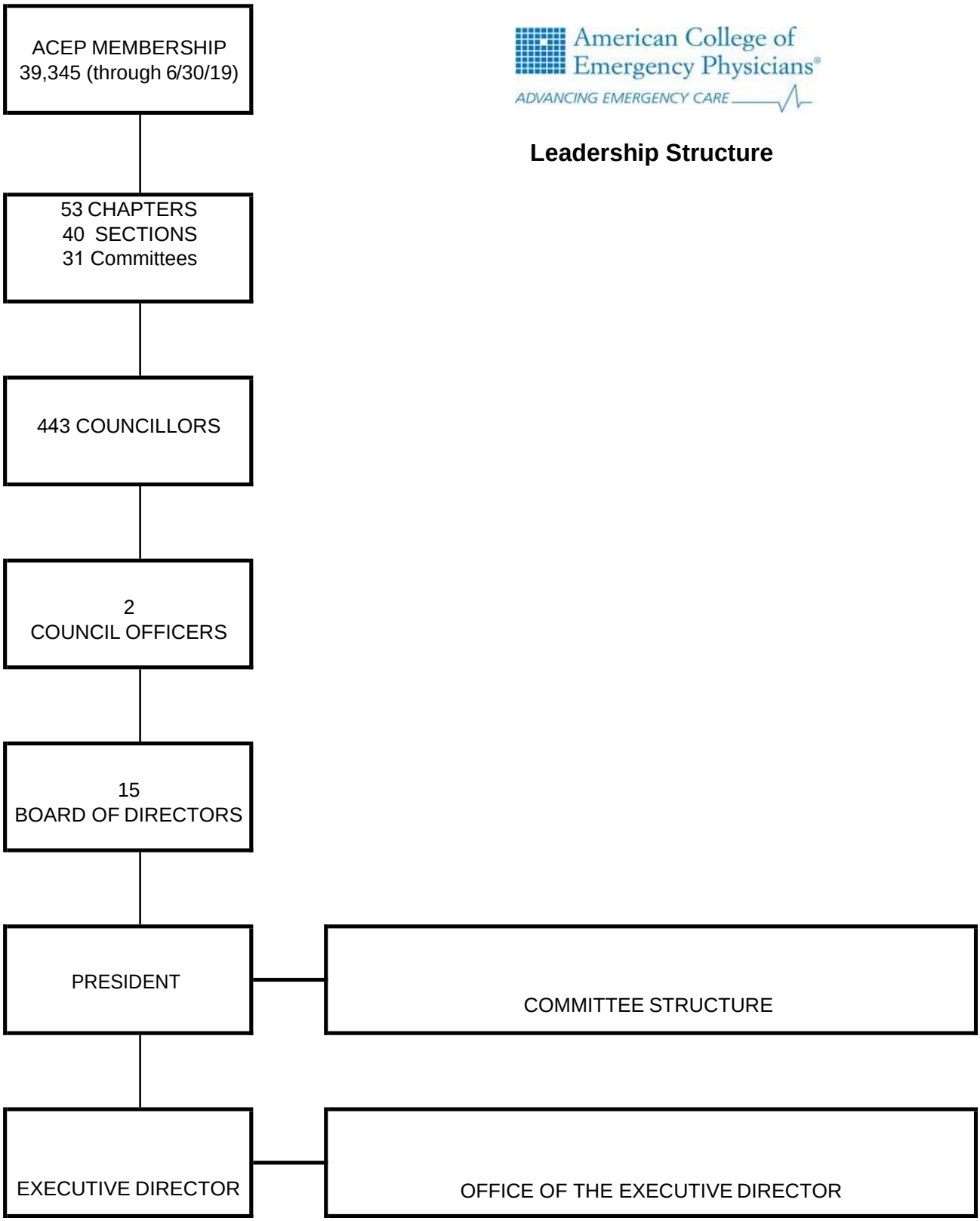
## Leadership Structure



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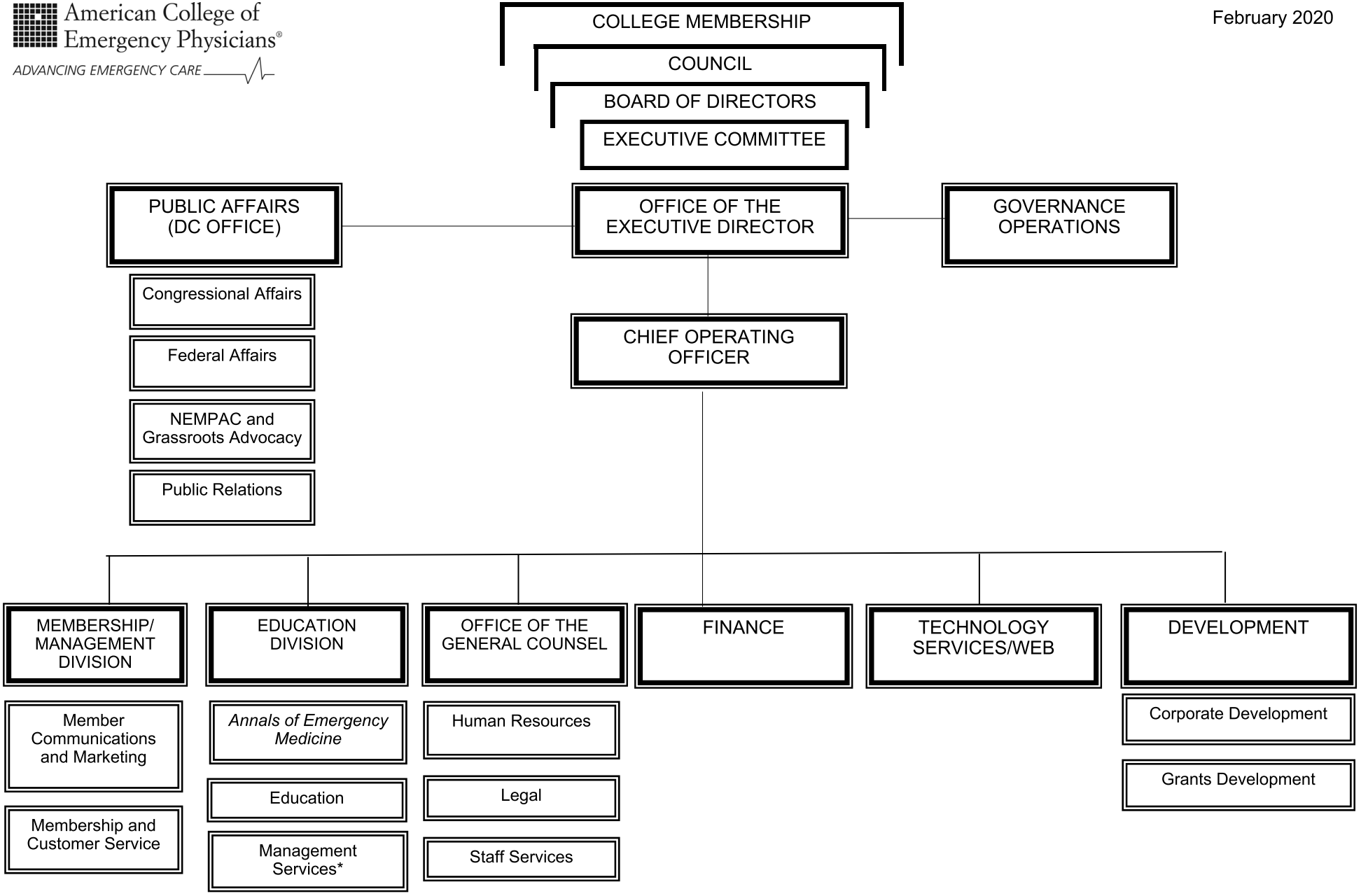
February 2020




*Management services provided to CORD, EMRA, and SEMPA

# Chapter II

# Appointments and Responsibilities

# Appointments and Responsibilities

## Board Liaisons

Members of the Board of Directors are designated by the president to serve as Board liaisons. Although the committee terms officially begin with the organizational committee meeting during the annual meeting, the Board liaison appointments are made soon after the annual meeting so that the newly elected Board members and officers can be appointed appropriately. The appointments are usually based on content expertise and consideration is also given to the need to provide leadership development opportunities to Board members.

## Committee Chairs

Committee chairs are appointed by the incoming president approximately three months before the annual meeting when the official term of appointment begins. The Board liaison and staff liaison meet with the president-elect to provide their recommendations for committee chair appointments.

For reappointed chairs, the selection is based on performance evaluations provided by the previous Board liaison, committee members, and the staff liaison. In the case of new chair, the selection is based on past performance as a committee member as evaluated by the previous committee chair and the staff liaison.

## Staff Liaisons

Staff liaisons are designated annually by the executive director with the concurrence of other division directors. When a committee's function is not mirrored in the management structure, staff assignments are based on administrative and communication skills. Each committee requires a minimum of 5-10% of the staff liaison's time.

## Committee Members

Committee members are appointed by the president-elect, approximately three months before the annual meeting. The committee chair, Board liaison, and staff liaison meet by conference call with the president-elect to provide appointment recommendations and review proposed committee objectives.

The president-elect begins to collect recommendations for committee appointments approximately five months before his/her term begins. A call for committee interest is published in *ACEP Now* and on the ACEP Website so that members may volunteer to serve the College in their specific areas of expertise or interest. Current committee members are asked to indicate their interest in reappointment as part of the evaluation process. The "committee interest" information is provided to the president-elect, committee chairs, staff liaisons, and Board liaisons for consideration.

## Ex-Officio Members

Some members, because of the particular office they hold, are automatically members of certain committees. Such members are termed ex-officio members. An ex-officio member is not elected or appointed to a committee, but becomes a member of the committee when elected or appointed to a particular office. For example, the ACEP Bylaws stipulate that the secretary-treasurer is a member of the Finance Committee.

When an ex-officio member ceases to hold office, membership on the committee terminates and the successor in the office replaces that individual. An ex-officio member has all the rights, responsibilities, and duties of any other committee member, including the right to vote.

## Term of Appointment

Committee chairs and members are appointed to a one-year term and may be reappointed annually at the discretion of the president-elect.

The Board of Directors has recommended that committee members be limited to serving four years and committee chairs to three years. This guideline assures both continuity and leadership development. Special circumstances may dictate shorter or longer service.

**Task Forces**

Some objectives do not fit within the current committee structure or require so many coordinated committee activities that a task force is a more desired structure to perform that work. Task forces are appointed by the president to perform well defined, specific, time-limited activities. The work product of the task force is clearly defined with a delineated timeline for completion. In general, reports are generated summarizing the activity of the task force with recommendations made to the Board of Directors for subsequent action.

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**2019-20 Committee Structure**

| COMMITTEE | CHAIR | STAFF LIAISON |
|---|---|---|
| Academic Affairs Committee<br>(Dr. Finnell) | Bruce Lo, MD, FACEP | Loren Rives, MNA |
| Audit Committee<br>(Dr. Kang) | Omar Hammad, MD, FACEP | Layla Powers, MBA |
| Awards Committee<br>(Dr. Rosenberg) | Mark S. Rosenberg, DO, FACEP | Sonja Montgomery, CAE |
| Bylaws Committee<br>(Dr. Schmitz) | Larisa M. Traill, MD, FACEP | Leslie Moore, JD |
| Bylaws Interpretation Committee<br>(Dr. Schmitz) | TBD (if needed) | Leslie Moore, JD |
| Clinical Emergency Data Registry Committee<br>(Dr. Terry) | Abhi Mehrotra, MD, FACEP | Pawan Goyal, MD |
| Clinical Policies Committee<br>(Dr. Hirshon) | Stephen J. Wolf, MD, FACEP | Mandie Mims, MLS<br>Travis Schulz, MLS, AHIP |
| Clinical Resources Review Committee<br>(Dr. Hirshon) | Michael Turturro, MD, FACEP | Sam Shahid, MBBS, MPH |
| Coding & Nomenclature Advisory Committee<br>(Dr. Cirillo) | David G. Friedenson, MD, FACEP | David McKenzie, CAE |
| Communications Committee<br>(Dr. Stanton) | Jennifer L. Stankus, MD, JD, FACEP | Maggie McGillick<br>Nancy Calaway, CAE |
| Compensation Committee<br>(None) | Marco Coppola, DO, FACEP | Layla Powers, MBA |
| Disaster Preparedness & Response Committee<br>(Dr. Kang) | Marc S. Rosenthal, DO, FACEP | Pat Elmes, EMT-P |
| Education Committee<br>(Dr. Haddock) | Ernest E. Wang, MD, FACEP | Michele Byers, CAE, CMP |
| Emergency Medicine Practice Committee<br>(Dr. Haddock) | Daniel Freess, MD, FACEP | Margaret Montgomery, RN, MSN |
| EMS Committee<br>(Dr. Goodloe) | Julio R. Lairet, DO, FACEP | Rick Murray, EMT-P |
| Ethics Committee<br>(Dr. Kelen) | Raquel M. Schears, MD, FACEP | Leslie Moore, JD |

| COMMITTEE | CHAIR | STAFF LIAISON |
|---|---|---|
| Federal Government Affairs Committee (Dr. Rosenberg) | Carlton E. Heine, MD, FACEP | Laura Wooster, MPH |
| Finance Committee (Dr. Kang) | Gary C. Starr, MD, FACEP<br>Vice Chair Joshua Moskovitz, MD, FACEP | Layla Powers, MBA |
| Health Innovation Technology Committee (Dr. Finnell) | Nicholas E. Genes, MD, FACEP | Pawan Goyal, MD |
| International Emergency Medicine Committee (Dr. Friedman) | Christian Arbelaez, MD, MPH, FACEP | Faeeza Faruq, MPH |
| Medical-Legal Committee (Dr. Kelen) | Rade Vukmir, MD, JD, FACEP | Craig Price, CAE |
| Membership Committee (Dr. Schmitz) | Achyut B. Kamat, MD, FACEP | Jana Nelson |
| National/Chapter Relations Committee (Dr. Stanton) | Mark Notash, MD, FACEP | Maude Hancock |
| Pediatric Emergency Medicine Committee (Dr. Goodloe) | Anne Dietrich, MD, FACEP | Sam Shahid, MBBS, MPH |
| Public Health & Injury Prevention Committee (Dr. Anderson) | Alan Heins, MD, FACEP | Margaret Montgomery, RN, MSN |
| Quality & Patient Safety Committee (Dr. Terry) | Richard Griffey, MD, MPH, FACEP | Pawan Goyal, MD |
| Reimbursement Committee (Dr. Cirillo) | Heather A. Marshall, MD, FACEP | David McKenzie, CAE |
| Research Committee (Dr. Finnell) | Manish Shah, MD, FACEP | Loren Rives, MNA |
| State Legislative/Regulatory Committee (Dr. Anderson) | Danyelle Redden, MD, FACEP | Harry Monroe |
| Well-Being Committee (Dr. Haddock) | Arlene Chung, MD | Kelly Peasley |

# Board Liaison Responsibilities

**Setting Objectives**

1. Propose future objectives, based on the College's strategic plan and current committee activities, to the president-elect.
2. Suggest formats for accomplishing objectives (e.g., task force, committee, panel, or editorial board).
3. Assist the committee chair in recommending member appointments to the president-elect.
4. Assist the committee chair and staff to guide the committee through College processes.
5. Assist the committee in understanding/recommending current and proposed College policy.
6. Promote leadership development within committees.

**Achieving Objectives**

1. Recognize actions inconsistent with College priorities and redirect efforts.
2. Participate in committee conference calls and meetings.
3. Provide advice on recommendations as they are developed.
4. Work with the chair of the committee to be certain that issues are fully developed before being brought to the Board of Directors for consideration.
5. Assist committee chairs in presenting issues to the Board for consideration.
6. Present committee work to the Board of Directors in the absence of the committee chair.
7. Assist the president in managing issues requiring input from several committees.
8. Intercede, when necessary, to ensure that committee focus is on assigned objectives.

**Communications and Reports**

1. Participate in an annual review session on committee structure and process with the president-elect.
2. Evaluate the committee chair for the president-elect.
3. Communicate with the chair of the Board, as necessary, before each Board meeting to review how committee recommendations can be managed at the meeting.
4. Communicate with the committee chair after each Board meeting to review Board discussions or action on committee recommendations.
5. Maintain regular contact with committee chairs and staff liaisons to review the status of committee objectives.
6. Ensure the development and identification of future committee chairs.

# Committee Chair Responsibilities

**Setting Objectives**

1. Propose future objectives, based on the strategic plan and current committee activities, to the president-elect.
2. Develop a workplan with staff for each assigned objective for approval by the Board liaison.
3. Identify the number of members needed to achieve approved workplans and recommend committee appointments to the Board liaison.
4. Identify specific assignments for each committee member appointed and communicate these assignments, objectives and workplans to the committee members.

**Achieving Objectives**

1. Complete chair assignments as identified.
2. Assist committee members in accomplishing their assignments and monitor progress through regular telephone and written or e-mail contact.
3. Schedule and chair committee meetings and conference calls and assure the Board liaison is invited to participate.

4. Approve committee meeting and conference call minutes for distribution to committee members and College leaders.
5. Work with staff and Board liaisons to prepare committee recommendations that require action by the Board of Directors.
6. Work with the Board liaison to prepare for presentation of committee issues being brought before the Board and ensure the items are ready for Board consideration.

**Communications and Reports**

1. Communicate at least monthly with committee members and more often as individual assignments require.
2. Attend Board meetings when requested by the Board liaison or president.
3. Review and approve annual committee report to the Council.
4. Assist the staff liaison in responding to committee-related correspondence and inquiries.
5. Evaluate the performance of committee members, the Board liaison, and the staff liaison for the president-elect.
6. Promote leadership development by assigning increased responsibility to members who demonstrate leadership potential.

## Staff Liaison Responsibilities

**Setting Objectives**

1. Propose future objectives, based on the strategic plan and current committee activities, to the president-elect.
2. Develop a workplan for each assigned objective for approval by the committee chair and assist the chair in obtaining the Board liaison's approval.
3. Assist the chair in identifying the number of members needed to accomplish workplans and in recommending committee appointments to the Board liaison.
4. Assist the chair in identifying specific tasks for each committee member appointed and in communicating these assignments.

**Achieving Objectives**

1. Complete staff liaison assignments as identified.
2. Schedule and participate in committee meetings and conference calls.
3. Provide agenda and background information to committee members and Board liaisons before meetings and conference calls.
4. Provide meeting minutes to the chair for approval within 10 working days of a meeting or conference call.
5. Prepare committee recommendations that require action by the Board of Directors for approval by the chair.
6. Assist the chair in preparing the Board liaison to address issues being brought before the Board for consideration.
7. Prepare and submit budget modification requests as necessary.
8. Direct committee proposals through the annual strategic planning process.

**Communications and Reports**

1. Communicate at least monthly with the chair and at least quarterly with Board liaisons.
2. Assist the chair in communicating at least monthly with committee members.
3. Communicate with other staff liaisons on issues crossing committee lines.
4. Coordinate prompt responses to all committee-related inquiries.
5. Prepare an annual report of committee activities, approved by the chair.
6. Evaluate the committee chair, committee members and Board liaisons for the president-elect.

**Maintenance**

1. Assure that the current committee material is maintained in College files: objectives, membership, correspondence, agenda reference material, and minutes.

# Committee Member Responsibilities

**Setting Objectives**

1. Propose future objectives, based on the strategic plan and current committee activities, to the president-elect upon request.

**Achieving Objectives**

1. Complete assignments as identified.
2. Participate in committee conference calls and prepare for those calls by reviewing agenda and background material in advance.

**Communications and Report**

1. Learn ACEP processes and priorities. (e.g.,fiscal responsibilities, Strategic Plan).
2. Defer contact with external entities to the Board of Directors unless specifically delegated this responsibility by the president.
3. Keep the chair and staff liaison informed on the status of assignments.
4. Evaluate the performance of the committee chair for the president-elect.

# Evaluation Process

**History**

A committee evaluation process is utilized to promote leadership development. The confidential data generated by the evaluation process is used by the president-elect in appointing and focusing the activities of Board liaisons and committee chairs.

**Process**

Each spring, evaluation questionnaires are distributed to Board liaisons, committee chairs, committee members, and staff liaisons. The questions focus on key responsibilities of committee leaders, provide them an opportunity to recommend future chairs and objectives, and seek information on how College committee operations might be improved. The forms are also used to gather information on whether or not current committee leaders desire reappointment.

1. Committee chairs are evaluated by their Board liaison, committee members, and staff liaison.

2. Committee members are evaluated by their committee chair and staff liaison.

3. Board liaisons are evaluated by their committee chair, staff liaison and the president.

4. Staff liaisons are evaluated by the committee chair.

# Chapter III

# Committee Work

# Committee Work

The committee work process begins with the establishment of objectives by the president and often culminates in the submission of recommendations for consideration by the Board of Directors.

## Objectives

Committee leaders – Board liaisons, committee chairs, committee members, and staff liaisons – must understand and be able to articulate their committee objectives. An unclear objective should be discussed with the president-elect and revised to better express the desired intent. In addition to the assigned objectives, all committees have the following responsibilities:

1. Review ACEP's annual strategic plan.
2. Monitor the environment and identify areas for potential policy statements, PREPs, and/or information papers.
3. Develop course proposals as appropriate and forward to the Education Committee for consideration by September 1 to be considered for the following year's implementation. The Educational Meetings Subcommittee typically meets in December each year to plan for the next annual meeting.
4. Mentor the new committee members.

## Establishing Objectives

Committee chairs, committee members, Board liaisons, and staff liaisons are asked to propose objectives to the incoming president as part of the committee evaluation process each spring. The OED staff also maintain a file of potential objectives that are suggested by College members and staff throughout the year. Proposed objectives are compiled and reviewed by the president-elect, Board liaisons, and staff liaisons approximately three months before the annual meeting. Suggested objectives that do not fall within the scope or current priorities of the College are removed from the list before the preliminary objectives are communicated to committee chairs.

The president-elect determines the need to appoint a committee based on the objectives identified. If there are no objectives proposed for an existing committee or if the proposed objectives do not coincide with the priorities of the College, a committee will not be appointed.

## Changing Objectives

Committee chairs desiring to add or delete objectives should discuss their recommendations with the Board liaison and staff liaison. If the Board liaison agrees with the committee chair and staff, their recommendation should be presented to the president-elect for approval. The president-elect has final authority for adding or deleting committee objectives. The same procedure should be followed for changing objectives in mid-term except that these mid-term recommendations should be submitted to the president by in writing (e-mail) to assure that all appropriate parties are informed of the changes.

## Practical Tips

When developing workplans for objectives that will result in a recommendation for action by the Board of Directors, consult the Board meeting agenda development schedule to be sure you build enough time into the workplan to prepare the necessary paperwork by the due date. If recommendations being submitted will contain cost implications, e.g., recommending spending unbudgeted funds on a project, be sure to build in even more time. Recommendations containing cost implications must be referred to the Finance Committee with a budget modification request before the Board of Directors will consider them. The Finance Committee will hold a telephone conference call to consider budget modification requests several weeks before each Board meeting.

Try to schedule staff liaison tasks around the staff member's other work commitments. The staff liaison will be able to provide information on the timing of major projects they will be involved with throughout the year.

## Work Methods

Each committee will devise its own methods for accomplishing its objectives. The methods selected, which will form the basis of committee workplans, might include individual members researching issues and drafting

recommendations for discussion by the full committee, subcommittees assigned to work on single or similar objectives, and/or staff research and analysis. The committee chair and staff liaison should design methods they believe will work best for their committee, in light of the particular objectives and members appointed. Often, much work can be accomplished utilizing e-mail to generate committee-wide, open discussion on an objective. Also, preliminary committee work can be conducted by sending documents through the mail, e-mail, and by individual telephone conversations between the committee chair, committee members, and staff liaison. Closure on many objectives is usually accomplished utilizing a consensus process.

When the committee chair feels that work on an objective has progressed to a level requiring broader input, several options are available:

1. E-mail poll of committee members are cost-effective techniques for noncontroversial items.
2. Telephone conference call involving committee members, Board liaison (when available), and staff liaison.
3. Meeting involving subcommittee or full committee, Board liaison (when available), and staff liaison.

**Organizational Meetings**

Committees hold organizational meetings during the annual meeting. For most committees, this is the only opportunity for in-person meetings all year for members to discuss objectives, responsibilities, and issues.

A schedule of all committee meetings will be prepared and provided to staff liaisons and to all annual meeting registrants. If sufficient meeting space is available at your preferred facility (convention center or hotel), the committee meeting will be scheduled for the preferred place and time. Coffee and soft drinks for organizational meetings will be supplied.

**Obtaining Guidance from the Board of Directors**

Much committee work can be facilitated by seeking general guidance from the Board of Directors before the committee formulates a specific recommendation. Sufficient time will be provided during each Board meetings for providing direction to committees through a “discussion agenda” format. Committee chairs and staff liaisons are urged to use the discussion agenda if additional guidance is needed from the Board of Directors.

**Recommendations for Board Action**

When a committee determines an issue calls for action by the Board of Directors, the committee chair and staff liaison should work together in preparing the formal recommendation by summarizing the alternatives considered and preparing an analysis of the anticipated results of the proposed action. The staff liaison is also responsible for summarizing previous Board action on the issue and estimating the cost implications of the proposed action.

After the draft Board meeting agenda is prepared, the written recommendation and analysis should be referred to the Board liaison for review. If additional information is not requested, the item will be added to the final agenda for the next Board of Directors meeting. Recommendations containing unbudgeted cost implications should be accompanied by a budget modification request prepared by the staff liaison for referral to both the Finance Committee and the Board of Directors.

A chart depicting the committee recommendation process is provided in this manual as well as action agenda recommendation guidelines, discussion agenda guidelines, and example formats.

**Attendance at Board Meetings**

Funds are not budgeted to reimburse every committee chair for attending every Board of Directors meeting. Some funds are available to reimburse committee chairs when their presence at a Board meeting to present a discussion or action item will significantly enhance the Board’s understanding of that item. Reimbursement for the committee chair to attend a Board meeting should be discussed with OED staff in advance. A conference call can also be arranged for the committee chair to present the discussion or action item by phone during the Board meeting.

Because committee chairs are expected to attend the annual meeting they should make every effort to attend the Board meeting held the day prior to the annual Council meeting, or the Board meeting held on the last day of the

conference. Committee chairs can gain a personal perspective on how the Board of Directors operates by attending those meetings.

**Committee Sponsored Council Resolutions**

All proposed resolutions from national ACEP committees must be submitted to the Board of Directors for review prior to the resolution deadline. This usually occurs at the June Board of Directors meeting. Upon approval by the Board, the resolution will include the endorsement of the committee and the Board of Directors.

## Board Meetings

The Board of Directors meets quarterly. The president-elect works with staff to set the schedule. The Board meetings scheduled for 2019-20 are:

| | | |
|---|---|---|
| October 23 and October 29,2019 | Hyatt Regency Denver | Denver, CO |
| February 5-6, 2020 | ACEP Headquarters | Irving, TX |
| April 15, 2020 | DFW Sheraton | Irving, TX |
| June 24-25, 2020 | ACEP Headquarters | Irving, TX |
| October 23 and 30, 2020 | Omni Dallas | Dallas, TX |

*Agenda Development*

The chair of the Board is responsible for approving the Board meeting agenda. OED staff prepare the draft agenda about six weeks before each Board meeting. The draft agenda automatically includes items postponed definitely by the Board at previous meetings, committee recommendations, and routine reports from officers and other organizations. Staff liaisons work with OED staff to add committee projects to the agenda.

Staff liaisons and committee chairs are expected to contact their Board liaison to discuss committee business that appears on the agenda and, if necessary, to explain any committee delays resulting in a scheduled committee recommendation being removed from the agenda.

*Agenda Options*

Material referred to the Board of Directors for consideration during a meeting is placed on one of three agendas:

1. The **action agenda** is for specific recommendations and is handled according to parliamentary procedure. \
2. The **information agenda** is for reports on general items of interest that do not require action. Items on this agenda are not discussed, although a Board member may request that an item on the Information agenda be moved to another agenda for action or discussion. Policy Resource and Education Papers (PREPs) and Information Papers also appear on this agenda.
3. The **discussion agenda** offers a framework for full discussion and education about new and/or complex issues that do not require or probably cannot result in immediate resolution.

## Committee Conference Calls

**Rationale**

Well-planned conference calls are equally productive and less costly than in-person meetings. Conference calls should only be scheduled when specific agenda items are identified and should not be used to “check in” with members.

### Notification and Preparation

The staff liaison is expected to work with the committee chair and Board liaison to determine the best date(s) for conference calls and notify the committee of the dates as soon as possible. An agenda and background material should be e-mailed to conference call participants in advance of the call to allow adequate review time.

### Conducting the Call

At the beginning of a conference call, the chair should review the agenda and the order in which items will be discussed. As each agenda item comes up for discussion, the chair can call for the names of committee members who wish to speak on that issue. Those members can be called upon in turn to comment on the agenda item under discussion. If additional comments are appropriate, the members discussing the issue can again be called upon in turn until all members feel the issue has been aired. It is anticipated that closure on most business is reached through a consensus process. When necessary, voting is conducted by roll call. After the conference call, the committee chair and staff liaison should confer to review action to be taken and appropriate assignments as a result of the decisions made by the committee.

## Committee Meetings

### Authorization

College planning and budgeting policy is based on the principle that meetings are not funded by ACEP. In certain cases, exceptions may be made, but such requests require advance approval by the president and executive director. Requests for authorization to hold a committee meeting must be directed in writing (e-mail) to OED staff. The request should specify the preferred meeting location and whether travel reimbursement is desired. The authorization request should be submitted six weeks before the date of the proposed meeting to assure adequate lead time for notifying committee members. The authorization decision will be communicated to the committee chair and staff liaison by OED staff as soon as a decision is reached regarding the funded meeting.

### Location

When possible, committee meetings should be held at the ACEP headquarters, which provides several advantages including decreased costs, additional staff participation, and easy access to information.

### Announcement

Committee members should be notified of authorized committee meetings by the staff liaison **no later than 30 days before the meeting**. The communication can occur by e-mail, phone calls, fax, or mail. The announcement should include a reminder to take advantage of reduced airfares, particularly if member travel will be reimbursed by the College. The staff liaison will provide a copy of the agenda and background material to the members with other details of the meeting at least **two weeks prior to the meeting** or as soon as possible to allow adequate review time.

### Reimbursement

If reimbursement has been authorized for the meeting, the staff liaison will prepare reimbursement letters before the meeting. All reimbursement letters must be submitted for approval by the OED staff.

### No Smoking Policy

The College has a no smoking policy at all meetings.

# Board of Directors Meeting Development Schedule

**October 23 and October 30, 2019**
**Hyatt Regency Denver**
**Denver, CO**

| | |
|---|---|
| Notify Sonja of agenda items | 9/4 |
| Agenda background material due to Sonja (e-mail) | 10/3 |
| Material e-mailed to Board of Directors | as finalized |
| Board meeting materials completed | 10/17 |

**February 5-6, 2020**
**ACEP Headquarters**
**Irving, TX**

| | |
|---|---|
| Notify Sonja of agenda items | 12/20 |
| Agenda background material due to Sonja (e-mail) | 1/15 |
| Material e-mailed to Board of Directors | as finalized |
| Board meeting materials completed | 1/29 |

**April 15, 2020**
**Sheraton DFW**
**Irving, TX**

| | |
|---|---|
| Notify Sonja of agenda items | 3/4 |
| Agenda background material due to Sonja (e-mail) | 3/25 |
| Material e-mailed to Board of Directors | as finalized |
| Board meeting materials completed | 4/8 |

**June 24-25, 2020**
**ACEP Headquarters**
**Irving, TX**

| | |
|---|---|
| Notify Sonja of agenda items | 5/6 |
| Agenda background material due to Sonja (e-mail) | 6/3 |
| Material e-mailed to Board of Directors | as finalized |
| Board meeting materials completed | 6/17 |

**October 23 and October 30, 2020**
**Omni Dallas**
**Dallas, TX**

| | |
|---|---|
| Notify Sonja of agenda items | 9/4 |
| Agenda background material due to Sonja (e-mail) | 10/2 |
| Material e-mailed to Board of Directors | as finalized |
| Board meeting materials completed | 10/16 |

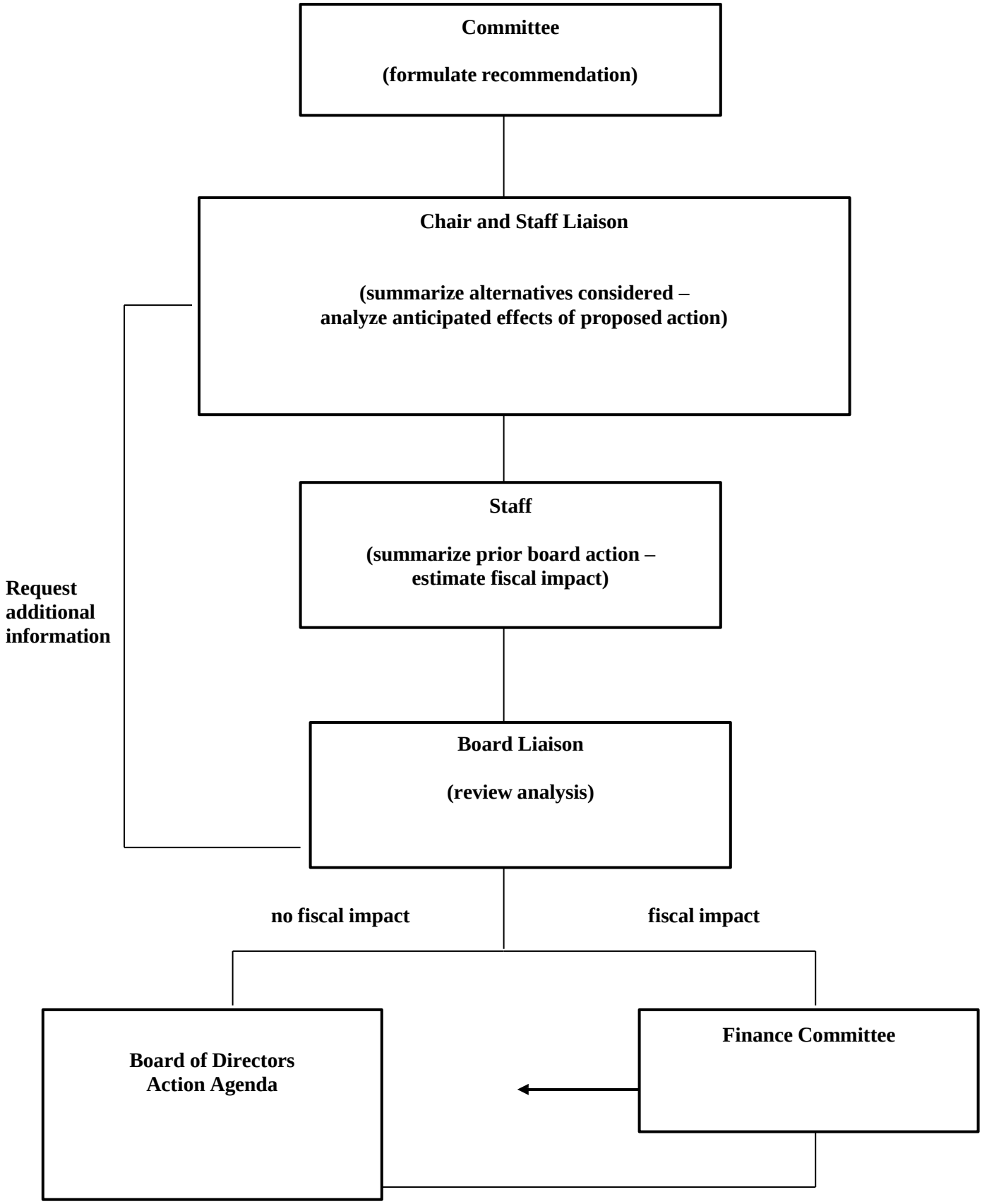
# Board of Directors Conference Call Agenda Development Schedule

All calls are 8:00 am Pacific, 9:00 am Mountain, 10:00 am Central, 11:00 am Eastern

| **September 23, 2020** | |
|---|---|
| Notify Sonja of agenda items | 8/19 |
| Agenda background material due to Sonja (e-mail) | 9/9 |
| Material e-mailed to Board of Directors | as finalized |
| Board conference call materials completed | 9/16 |

# Committee Recommendations

Committee recommendations utilize this process to be included on the Board's action agenda.



# Action Agenda Guidelines

A memo to the Board of Directors should be formatted on current ACEP electronic letterhead and submitted to OED staff according to the published deadlines.

**Recommendation**

A statement of policy, direction, etc., phrased in the exact language you wish the Board to adopt as a motion. The Board liaison should be able to read the recommendations verbatim as a motion for the Board's consideration.

**Background**

When feasible, the background information should be presented in the following format:

1. Problem: briefly define the problem that prompted the action
2. Solution: briefly explain how and why the recommendation was developed as a solution to the problem
3. Political Environment: identify stakeholders in the issue
4. Pro/con Analysis

The background information should also include details on who has been involved in the development of the recommendation, why it was developed (problem identification, how it will affect the College membership if the recommendation is adopted or not adopted, how the medical community will be affected, how the public will be affected, how the recommendation will be implemented, and how stakeholders may be affected by the recommended action, etc. Also, address the timeliness of the issue for action, e.g., critical to take action now or action can be deferred for a period of time.

**Strategic Plan Reference**

Does the recommendation address an objective or strategy of the College? The annual strategic plan includes the objectives and strategies.

**Fiscal Impact**

Will costs be incurred in the implementation of this recommendation? Are any revenues anticipated? Recommendations that have a fiscal impact beyond the current fiscal year approved budget **must be referred to the Finance Committee for review prior to consideration by the Board.**

**Prior Board Action**

Has the Board of Directors taken previous action on this recommendation or a similar recommendation? OED staff can assist with researching prior Board action if needed.

# Discussion Agenda Guidelines

**Purpose**

A discussion agenda is developed for every regular ACEP Board of Directors meeting. Unlike the action agenda which focuses on specific recommendations in accordance with parliamentary procedure, and the information agenda which provides reports on general items of interest, the discussion agenda offers a framework for full discussion and education about new and/or complex issues that do not require, or probably cannot result in, immediate resolution.

The discussion agenda gives Board members an opportunity to facilitate broad-based discussion of key issues. College committees are encouraged to seek guidance from the Board by placing draft policy statements and concept papers on the discussion agenda.

**General Procedures**

Motions are not required to introduce items during the discussion agenda portion of the meeting.

Written background information must be provided to help Board members prepare and participate during the discussion agenda portion of the meeting. Staff members will prepare written background information for items placed on the discussion agenda by committees. Board members are responsible for drafting written background information for any topic they place on the agenda, but staff members will help put this information in final form.

Introduction of a discussion agenda item is best accomplished through a formal presentation by the individual who placed the item on the agenda. That individual may choose to designate someone else, such as a staff member or outside expert, to introduce the discussion. Such delegation requires prior approval by the president, who is responsible for establishing the agenda.

To assure that diverse opinions are fully expressed during the discussion agenda portion of the meeting, the individual who introduces the issue plays the role of the facilitator.

**Format of Written Background Information**

Board members are best prepared to participate during the discussion agenda portion of the meeting when they have the opportunity to review written background information in advance. Three key elements contribute to effective background information.

**Statement of Issue**

The issue must be stated clearly and succinctly. Raising the issue in the form of a question can be quite effective.

**Background/Analysis**

Detailed information must be provided to help explain the potential ramifications of the issue on the College and the specialty.

How did the issue surface?

Is there a specific time frame in which the issue needs to be addressed? Why?

Why should the College address the issue? What might happen if the College fails to address the issue?

Who else has a stake in the issue? What are they doing in relation to the issue? How could they cooperate with us? How could they hinder us?

Are any alternatives available to the College in addressing the issue? How will each alternative affect our members?

**Discussion Questions**

Concluding the background information with key questions helps the Board to focus on the issue at hand. These questions encourage a full discussion of the issue and potential solutions. In general, a maximum of three or four very focused questions is best.

# Chapter IV

# General Procedures and Formats

# General Procedures and Formats

***ACEP Now***

Committee chairs and staff liaisons are encouraged to share information on committee projects with the College membership through *ACEP Now*. Staff liaisons should contact the communications director to arrange the publication of an article. The article will be run on a space-available basis with scheduling determined by the editor.

**ACEP Letterhead**

College policy limits the use of ACEP letterhead. Committee administrative communications, such as conference call notices and recommendations to the Board of Directors, may be prepared on ACEP letterhead by the staff liaison. Personal communications may **not** be placed on letterhead. The Board of Directors approved the ACEP Letterhead Policy in June 1986; policy guidelines were developed and distributed to staff.

*Communications from Board Liaisons*

The Board of Directors may use letterhead to communicate ACEP's views or opinions only if those views or opinions have received prior approval of the entire Board or president. The Board may use letterhead for communications such as meeting notices, meeting background material, correspondence to committee chairs, council officers, other Board members, and committee members.

*Communications from Committee Chairs or Committee Members*

A committee chair or member may use letterhead for communications such as meeting notices, meeting background material, corresponding to other members of their committee, or other committees. Committee chairs or members **may not** use letterhead to communicate to any other organizations, or to the general public, unless it has been approved in advance by the president. Committee chairs are expected to forward copies of their committee-related correspondence to the staff liaison for the College's files.

**Agendas**

Agendas list the “order of business” for meetings and conference calls. They generally list the committee objectives to be discussed and the individual responsible for leading the discussion. The agenda is developed by the staff liaison in consultation with the committee chair. Committee members and the Board liaison should receive a copy of the agenda and related background material at least two weeks, or as soon as possible, before the conference call or meeting.

**Committee Budgets**

Committee activities are funded through committee budgets that are approved annually by the Board of Directors. The committee budgets are prepared and monitored by OED staff.

**It is important to understand that the committee budget supports general committee activities rather than specific committee objectives.** For example, the budgets provide resources required to **develop** recommendations or programs. The resources required to implement recommendations or programs are not included in the committee budgets. The staff liaison will provide the committee with information on how committees may provide input into the College budget process.

The resources available in the committee budgets include:

- *Staff time*, both executive and support, for participating in committee discussions, writing minutes, reports, and recommendations, and coordinating mailings.

- *Telephone calls, including conference calls, communication between the committee chair, staff liaison, and* Board liaisons, and calls to committee members.

- *Photocopying* materials for committee members.

- *Postage* to mail materials by first class mail to committee members. Federal Express packages are discouraged, and should be used only in rare circumstances.

- *Member Travel* funds to provide transportation and expense reimbursement for partial funding of committee meetings or committee chair attendance at Board meetings to present recommendations personally.

- *Meal Functions* to provide beverages during organizational committee meetings during the Scientific Assembly and to provide a lunch for committee members if a special committee meeting is authorized.

**How are these funds accessed?** Staff liaisons have access to time, photocopy, postage and telephone resources except that telephone conference calls must be approved in advance by the OED. The release of funds related to member travel, staff travel, and meal functions must also be approved by OED who will consult with the president on appropriate items.

Reimbursement letters will be prepared by the staff liaison for **signature by the Governance Operations Director and then distributed by the staff liaison**. **Note that travel receipts must accompany the letter so the income is <u>not</u> considered 1099-MISC.**

## How an Idea Becomes a Budgeted Reality

### Introduction

As a member association, ACEP tries to benefit its membership by delivering value-added products and services. Most of these are long standing projects that have demonstrated their worth over the years. The challenge to ACEP as an organization is to continually evaluate member products and services to be sure that they deliver maximal value to the membership. This includes being receptive to new ideas for projects and services, and processing these ideas into actual products or services.

Ideas are a wonderful expression of individual creativity. Unfortunately, ideas by themselves don't accomplish anything. Ideas require resources to be realized.

In an association like ACEP, the allocation of resources to the accomplishment of an idea requires the development of the idea into a budget proposal and the subsequent approval of the proposal. The Board of Directors has fiduciary responsibility for the College, including approval of the ACEP budget. In other words, the Board must approve all ideas that require the budgeting of resources.

How an idea reaches the Board is another matter. A number of routes are available, with the selection of the "best" route a matter of the originator's energy, relationships, and experience.

### Organizing for Success

A member with a new idea for ACEP first needs to ask him/herself four questions.

1. How much time am I willing to put in to the process of getting this approved?
2. Is this idea something that must be done immediately or could it wait a year or so?
3. Do I want to lead this project after it is budgeted or turn it over to others to implement?
4. Does my idea create a potential problem with ACEP's Conflict of Interest policy? (The Conflict of Interest Policy is available on the ACEP Website.)

There are at least three ways to obtain resources from the ACEP budget.

1. **ACEP's Strategic Planning Process.** This is the "official," routine method of putting items into the budget. It also takes the longest, approximately three to eighteen months, depending on the timing of an idea. Input into the process is based on past budget, needs identified by Board and/or Council action, Chapter, Committee and

Member input and staff research. Once an idea is in this process, it can be allowed to succeed or fail on its merits, or the member can follow it through the process to continue advocacy.

2. **Chapter or Section Grants.** This process is limited by the amounts budgeted each year, usually $45,000 for Chapters and $25,000 for Sections. It also requires that a member or members take responsibility for the project. Letters of intent for grant applications are submitted in the fall, and funding can begin as soon as the following spring.

3. **Budget Modification.** A budget modification is essentially a mid-year change to the budget. It is normally reserved for ideas or projects which were unanticipated during the Strategic Planning Process yet now constitute a significant, time-limited opportunity for the College. An example might be the funding of a study necessary to document circumstances essential to the success of a critical legislative initiative. The Executive Director and Deputy Executive Director are authorized to approve changes in the current FY operating budget (up to $10,000 per project) if funds are available. Modifications in excess of $10,000 must be approved by the Finance Committee and the Board of Directors.

   Budget modifications for relatively small amounts such as $1,000, may occur easily. Other ideas that can proceed easily are revenue generating joint ventures, when the proposal assigns little risk to the College. On the other hand, a project with a bigger expense or great financial risk may not be a good candidate for a budget modification. Formal budget modifications for these types of projects are relatively rare, and tend to be considered only in matters of critical interest to a substantial number of College members.

**Getting an Idea into an Appropriate Process**

Now that we have discussed the three potential routes for a member to get an idea in the budget, it is essential to discuss potential access points to these processes.

**I. Strategic Planning**

Successfully navigating the Strategic Planning Process is potentially the most complex pathway to initiate action. At the same time, it offers the most access points, and, in some cases, the best chance of success. It is particularly well suited and perhaps necessary for large budget projects or ideas that a member is too busy to pursue him/herself.

New ideas for Strategic Planning come from College staff, Committees, Chapters, the Board of Directors, the Council, and Members "at large." Strategic Planning is predominately a staff function with member input and approval. While a Board or Council Resolution which is directive in nature could essentially guarantee the inclusion of an idea's budget, most items would be subject to staff prioritization in the early stages. However, all ideas whether recommended by staff or not, are reviewed by the Finance Committee and the Board.

Therefore, to get an idea into the strategic planning process, a member has the following access points.

1. Write a successful Council Resolution. (Council resolution information is available on the ACEP Website)
2. Obtain a favorable recommendation from a committee or section which is then approved by the Board of Directors. (College Committees and Sections, including members and staff liaisons, are available on the ACEP Website)
3. Obtain the support of a Board member who will champion the idea, get it on the appropriate committee or Board of Directors' agenda, and secure Board approval. (Board member information is available on the ACEP Website)
4. Convince appropriate ACEP staff of the value of your idea and have them bring it to Strategic Planning. (ACEP staff and departments are available on the ACEP Website)

Is successfully doing one of these four things easy? Of course not. Unless the value and cost effectiveness of your idea are patently obvious to everyone who hears it, you have some additional work to do.

*Council Resolution*

Unless you have experience as an ACEP Councillor, step one is to contact leaders in your Chapter or the appropriate Section. Discuss your idea, enlist their support, and ask them to support the idea by sponsoring a Council resolution.

The Council meets immediately prior to the annual meeting . Both regular and bylaws resolutions are due 90 days prior to the Council meeting (typically July for October meeting or June for September meeting). Allowing for the time necessary for a Chapter or Section to review and approve a resolution for submission, realistically you need to begin to circulate your idea in April or May in order to get it on the Council's agenda for that fall. Background research on your resolution will be done by ACEP staff, including a fiscal impact.

Once on the agenda, you and your Chapter or Section must work towards securing the votes necessary for its passage. Realize that unless you have lined up a solid base of support, your resolution requesting resources and action stands a high likelihood of being watered down by amendments. If this occurs it will probably become something that supports the concept of your idea but does not guarantee that it will receive funds. If you can generate the support necessary to get your resolution passed without significant amendment you stand an excellent chance of seeing your idea come to fruition through the budget. The only remaining hurdles after passage of a Council resolution are Board approval of the resolution, the Finance Committee recommendation and final Board approval of the budget with your project included. Except in rare circumstances, specific direction from the Council is followed by the Board.

*ACEP Committee*

While ACEP's committees serve the President and the Board, they do have significant influence over their agenda by annual input on Committee objectives. Further, the Committee or its Chair could seek permission from the College President to add a new objective. If your idea seems to naturally fall within the purview of a specific committee you might consider contacting the Committee Chair or a committee member from your Chapter or Section to seek support. If you obtain the support of a College Committee the idea could be inserted into Strategic Planning by either board directive or by the College staffer supporting the committee. It would again need to stay intact during the Strategic Planning process to reach the Finance Committee and then the Board of Directors.

*Board Member*

The ACEP Board maintains the equivalent of an "open door policy" towards member ideas and input. It is therefore possible to contact a Board member, obtain support for your idea, and have them become a successful advocate for Board action. This Board action could ultimately lead to the idea entering the Strategic Planning process, or other appropriate avenues.

As attractive as this quick and easy process may be, in most cases it is unrealistic for a member to assume that a Board member will fully jump on the bandwagon for the member's idea. The members of the Board are, by definition, veterans of the ACEP political process. They have a responsibility to all members to be deliberate and cautious when considering ideas that will require budgeted funds or resources. They know that there is an imperative to respect the Strategic Planning process of the College. Therefore, the member with an idea should typically expect at least some level of reservation from any Board member they contact.

*ACEP Staff*

ACEP staff is always an option and a resource for the member with an idea. Many have been with the College for a long time and are a tremendous source of information. They may have knowledge of a prior attempt to implement your idea and share some of the lessons learned.

Any member can contact the ACEP staff with an idea. The staff each have functional areas and assignments (see list of staff titles and section/committee assignments). Staff will listen, discuss and ask questions. They might give you an assessment of the idea's chances and what needs to be done to improve your idea's chances.

Realistically, sharing your idea with staff is rarely enough to see your idea to completion. Unless your idea is the best one the staff has heard in the past 20 years, you need to gather support. The staff person will dutifully mention your idea during Strategic Planning. If staff feels your idea has particular merit, they may even do additional research. At

that point, the rest of the staff will begin to critically analyze it.

At this point, early on, your idea is at great risk of being left on the cutting room floor. The College simply does not have the resources to accomplish every good idea and must prioritize. The process attempts to give priority to ideas that support the goals and objectives of the College, make fiscal sense and enjoy broad member support. Therefore, the idea which continues to generate support from other members, particularly influential leaders, has the best chance. The staff member introducing your idea can cite this support in Strategic Planning to help the idea survive the first, critical cuts.

## II. Chapter or Section Grants

The Chapter and Section Grant process is the easiest way to get the resources for an idea. It was designed for this purpose. The catch is that ideas must continue to be "owned" by the member or another member who has been persuaded to adopt it. This member continues to be responsible for the idea through funding, implementation, and completion.

A Chapter or Section Grant begins with a "Letter of Intent" submitted by the appropriate Chapter or Section. If the member with the idea is not in a leadership position in a Chapter or Section, it is necessary to contact members who are to discuss the idea. It is also wise to contact the Chapter Executive Director (if any) or the Section Staff Liaison to make sure the idea is on the Chapter Board or Section Steering Committee's next agenda.

Most Chapters and Sections will be predisposed to support appropriate ideas at this stage. A successful grant is perceived as good for the Chapter or Section. Section and Chapter leaders, also know that if an idea has flaws, this will come out in the approval process, so it is not necessary for them to pass final judgment on it.

The only disincentive to a Chapter or Section to support an application is the risk that somehow it will make the Chapter or Section look bad. This can occur either in the application process when an idea is perceived as inappropriate, or in the implementation process, if a funded idea is not completed.

A common "inappropriate" grant idea is a member who wants to do clinical research with a Section or Chapter grant. While member surveys and some other similar projects can be funded this way, true clinical or administrative research is almost never seriously considered. This type of idea is more appropriate for funding by the Emergency Medicine Foundation (EMF). Members with ideas for research projects will often be pointed away from the grants program and towards the EMF. Another situation unique to Sections is when an idea does not seem to "fit" the Section. For example, the leadership of the EMS Section might feel uncomfortable supporting an application to develop a manual on observation medicine, even if they thought it was a great idea.

Once an idea is funded, the Chapter or Section's reputation is on the line to see it accomplished. Therefore, the reputation or track record of the member in "getting things done' is important. In all but the largest Chapters a member will probably get the benefit of any doubt. Regardless, it is important to understand that this will be an issue to your Chapter or Section leaders.

Depending on which Chapter or Section you are approaching, the process of initiating the Letter of Intent may vary. Some may require that you complete a Letter of Intent and forward it to the Chapter or Section Leadership for approval prior to submission. Others may approve submission of the application to the College in the Chapter's or Section's name based only upon discussion of the concept. In either case, a letter of intent will need to be prepared.

The Letter of Intent to apply for a Chapter Grant (available on the ACEP Website) is very user friendly. You will be asked to explain your project and why it is important. You will also need to prepare a proposed budget and implementation timetable. To apply for a Section Grant, contact the staff liaison.

A grant awards committee composed of members of other College Committees and the Chapter Advisory Panel review completed Letters of Intent. This committee is usually formed with little fanfare, and its membership list is not widely circulated.

The committee judges each application on its merit within the confines of the total annual budget for grants, usually $45,000 for Chapters and $25,000 for Sections. While ideas are supposed to stand alone based upon your application,

it may not hurt to identify and lobby one or two committee members, particularly if some of the rationale behind the idea cannot be fully developed in the allotted one or two pages.

If the Committee accepts your Letter of Intent, you will then need to prepare a full-blown grant application. At this point, the bias is towards supporting your project so you can expect considerable guidance from College staff.

Completion of the full grant application results in a second review by the Committee. If your application is solid and no new developments have occurred to undermine your idea, approval by the Board is likely.

An approved grant application is an idea which is now a funded reality. The member must then take the budgeted resources and accomplish the idea.

## III. Budget Modification

A budget modification for an idea which risks significant unbudgeted expenses should be reviewed as the equivalent of a "budget emergency." While some budget modifications occur on a regular basis, typically these are new activities within a previously budgeted area. Use of budget modifications is discouraged for new programs with significant associated expenses. In other words, the clear desire is that members should utilize Strategic Planning or the Grant process to obtain resources. Ideas which are not of immediate overwhelming importance to the College will not seriously be considered for a budget modification.

An example of something that could be a successful budget modification might be a study needed to deal with a major political or reimbursement issue. The need for data could arise quickly with an aggressive timeline. Usual processes for budgeting will not accommodate the project. The issue is of obvious importance to College staff and membership.

To be aware of such a crisis and opportunity, the member generating such an idea is almost certainly already working closely with senior College staff or leadership. If not, the member should immediately contact the senior staff responsible for this area, the appropriate committee chairs, the College President, and/or other Board officers. An idea which solves a crisis situation will quickly develop a life of its own, as staff quickly marshal resources to research the solution and prepare a budget modification. If your idea does not generate this level of excitement, frankly it is not going anywhere as a budget modification and you should look at your other options.

Once prepared by College Staff, a budget modification goes straight to the Finance Committee for recommendation, then to the Board. In extreme cases, the Finance Committee may not even have time to formally consider the modification prior to the Board action. In these cases a joint conference call is held for available participants. Once at the Board level, the budget modification will either be approved or defeated. If approved, resources will be immediately available, often from Member Equity, to accomplish the project.

*Conclusion*

Obtaining the resources from ACEP necessary to make an idea become a budgeted reality is not always easy. Like most things worth doing, it takes time, energy, and understanding.

As an association of more than 33,000 members, ACEP needs defined processes to channel and prioritize creativity. The processes in use now have developed over the past thirty years. Adherence to these processes has served the College well, and contribute greatly to its success.

While the processes we have outlined might seem overwhelming at first, do not become frustrated. Believe in your idea. Pick a path. Seek support from College staff, Leaders, and your fellow members. With hard work and perseverance, your idea can become a budgeted reality.

**Attachments:**

A) Figure 1: How a member idea becomes a budgeted reality.
B) Figure 2: Flow Chart for Strategic Planning Process
C) Budget Process (from *Compendium of Financial Policies & Operational Guidelines)*

Figure I
How a member idea becomes a budgeted reality.

Note
Finance Committee makes recommendations to Board of Directors but can be ovenuled by Board.

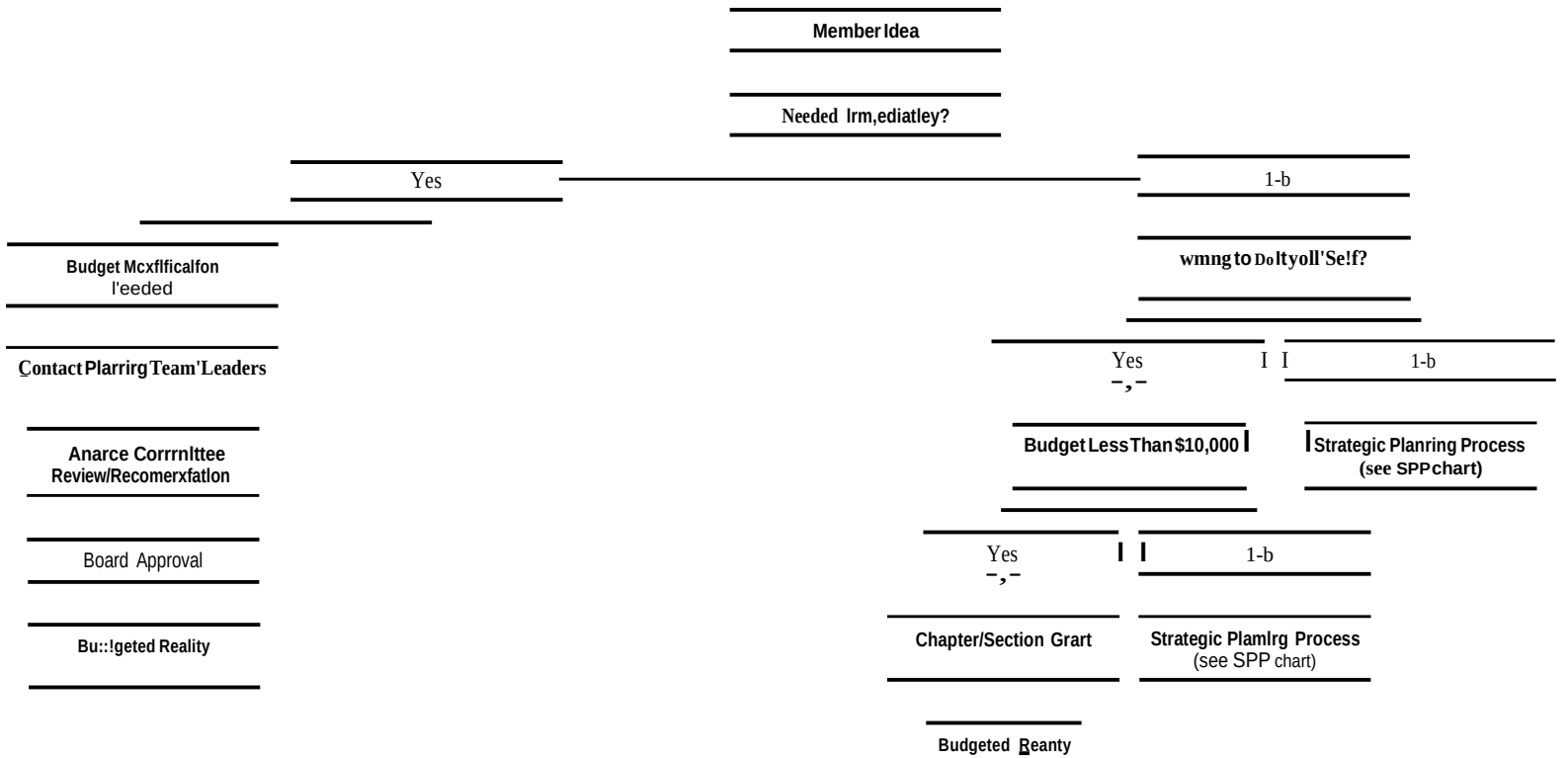
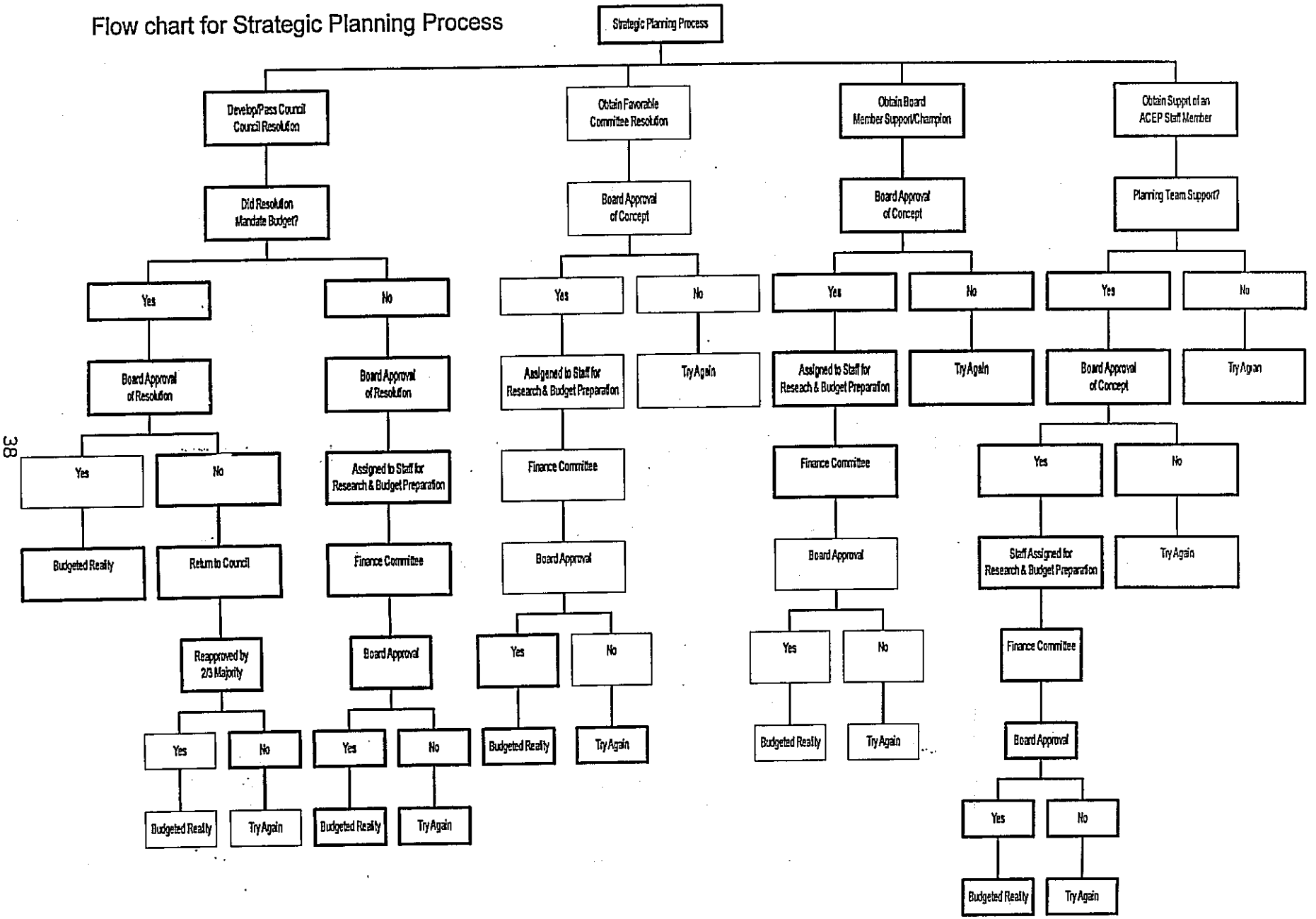
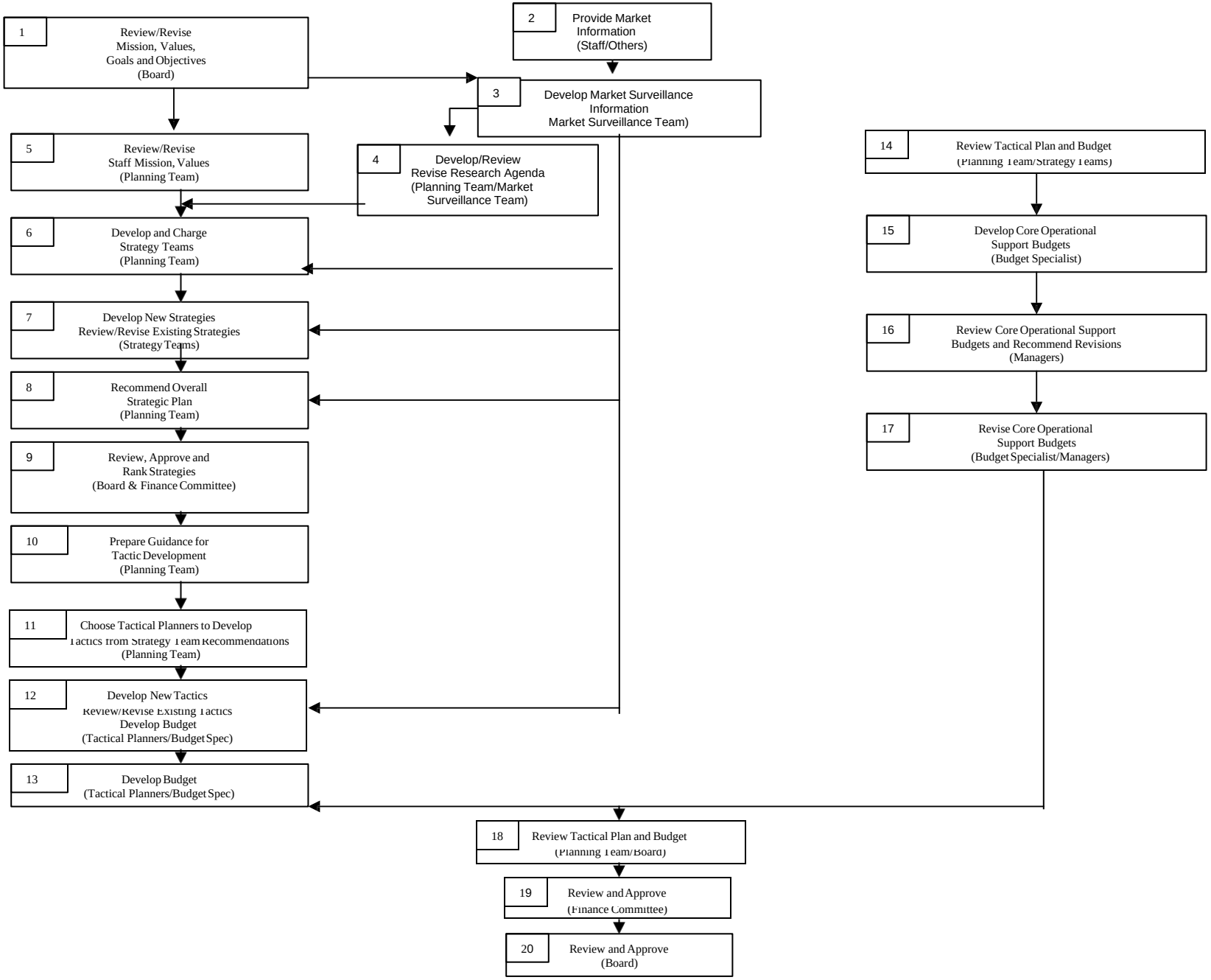


Figure 2

Flow chart for Strategic Planning Process



# Planning/Budgeting Flowchart




Reviewed/approved:
Board of Directors: Feb 03
Finance Committee: October 02

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

# POLICY STATEMENT

Approved June 2011

# *Conflict of Interest*

Revised and approved by the ACEP Board of Directors June 2011

Revised and approved by the ACEP Board of Directors June 2008

Reaffirmed by the ACEP Board of Directors October 2001

Approved by the ACEP Board of Directors September 1997

Approved by the ACEP Board of Directors January 1996

Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, *Annals* Editor, staff, and others acting on behalf of the College have a fiduciary duty to the College, including the duties of loyalty, diligence, and confidentiality. Despite the self-interests that members inevitably have, those in positions of responsibility, must act in utmost good faith on behalf of the College. In accepting their positions, they promise to give the association the benefit of their care and best judgment. They should exercise the powers conferred solely in the interest of the association and should not use their role or position for their own personal interest or that of any other organization or entity. Even the perception of conflict can potentially compromise the confidence and trust of ACEP members and the public in the stewardship of its leaders.

Conflicts of interest arise when participants in positions of responsibility have personal, financial, business, or professional interests or responsibilities that may interfere with their duties on behalf of ACEP. The immediacy and seriousness of various conflicts of interest situations differ. Of basic importance is the degree to which the interest would tend one toward bias or pre-disposition on an issue or otherwise compromise the interests of the College.

A conditional, qualified, or potential conflict of interest can arise when the outside interest is not substantial in size or does not relate significantly to any contemplated action of the College. For example, a person might hold a minor financial interest in a company wishing to do business with the College. Disclosure is ordinarily sufficient to deal with this type of conflict of interest, provided that there is no expectation that one's duty of loyalty to the College would be affected.

Direct conflicts of interest arise, for example, when an individual engages in a personal transaction with the College or holds a material interest or position of responsibility in an organization involved in a specific transaction with the College or that may have interests at variance or in competition with the College. Such a situation places the person in the impossible position of attempting to represent both the College and one's personal interests or those of the other organization. The appropriate and necessary course of action in such cases is to disclose the conflict and recuse oneself, i.e., to remove oneself from the room during the deliberations and the vote on the issue.

In rare circumstances, an individual may have such a serious, ongoing, and irreconcilable conflict, where the relationship to an outside organization so seriously impedes one's ability to carry out the fiduciary responsibility to the College, that resignation from the position with the College or the conflicting entity is appropriate.

Dealing effectively with actual, perceived, or potential conflicts of interest is a shared responsibility of the individual and the organization. The individual and organizational roles and responsibilities with regard to conflicts of interest follow.

A. General

1. All individuals who serve in positions of responsibility within the College need not only to avoid conflicts of interest, but also to avoid the appearance of a conflict of interest. This responsibility pertains to Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, *Annals* Editor and the Executive Director (hereinafter collectively "Key Leaders") and other elected or appointed leaders, and staff. Decisions on behalf of the College must be based solely on the interest of the College and its membership. Decisions must not be influenced by desire for personal profit, loyalty to other organizations, or other extraneous considerations.

2. Key Leaders shall annually sign a statement acknowledging their fiduciary responsibility to the College and pledge to avoid conflicts of interest or the appearance of conflicts of interest. The issue of conflicts of interest with regard to the remainder of the staff shall be the responsibility of the Executive Director. The issue of conflicts of interest with regard to Section and Task Force Members who participate in the development of policy and resources on behalf of the College shall be the responsibility of the Section and Task Force Chairs with the ultimate determination made by the College President as to Section and Task Force Members to be designated as Key Leaders for the purpose of this policy and the related disclosures, acknowledgements, pledges and statements.

3. Key Leaders shall annually complete a form designated by the ACEP Board of Directors that includes the disclosure of pertinent financial and career-related information and will update that information as necessary to continuously keep it current and active.

4. Key Leaders shall annually sign a statement acknowledging that they sometimes have access to confidential information and pledge to protect the confidentiality of that information.

5. Key Leaders shall annually pledge to clarify their position when speaking on their own behalf as opposed to speaking on behalf of the membership as a whole, or as an officer or member of the Board of Directors or senior staff member.

6. Officers, Board Members, the Executive Director, the General Counsel or their designees will periodically review the conflict of interest disclosure statements submitted to the College to be aware of potential conflicts that may arise with others.

7. When an Officer, Board member, the Executive Director, or General Counsel believes that an individual has a conflict of interest that has not been properly recognized or resolved, the Officer, Board Member, Executive Director, or General Counsel will raise that issue and seek proper resolution.

8. Any member may raise the issue of conflict of interest by bringing it to the attention of the Board of Directors through the President or the Executive Director. The final resolution of any conflict of interest shall rest with the Board of Directors.

B. Disclosure Form

1. Key Leaders shall annually complete a form that discloses the following:

   a. Positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and entities – e.g., board of directors,

committees, spokesperson role. Include a brief description of the nature and purposes of the organization or entity.

b. Positions of employment, including the nature of the business of the employer, the position held, and a description of the daily responsibilities of the employment.

c. Direct financial interest (other than a less than 1% interest in a publicly traded company) or positions of responsibility in any entity:

i. From which ACEP obtains substantial amounts of goods or services;

ii. That provides services that substantially compete with ACEP; and

iii. That provides goods or services in support of the practice of emergency medicine (e.g. physician practice management company, billing company, physician placement company, book publisher, medical supply company, malpractice insurance company).

d. Industry-sponsored research support within the preceding twenty-four (24) months.

e. Speaking fees from non-academic entities during the preceding twenty-four (24) months.

f. The receipt of any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products.

g. Any other interest the Key Leader believes may create a conflict with the fiduciary duty to ACEP or that may create the appearance of a conflict of interest.

2. Except as provided in Section 4 below, completed disclosure forms shall be submitted to the President and the Executive Director no later than sixty (60) days prior to commencement of the annual meeting of ACEP's Council. For Officers and Board Members newly elected during a meeting of ACEP's Council, the forms shall be submitted no later than thirty (30) days following their election if they were not previously submitted. Any Key Leader who has not submitted a completed disclosure form by the applicable deadline will be ineligible to participate in those specific College activities for which they have been appointed or elected until their completed disclosure forms have been received and reviewed as set forth in this policy.

3. Information disclosed by Officers, Board Members and the Executive Director pursuant to this policy will be placed in the *General Reference Notebook* available at each Board meeting for review by Officers and Board Members. Committee, Section, and Task Force Chairs will have access to the disclosure forms of the members of the entity they chair. In addition, any ACEP member may request a copy of a Key Leader's disclosure form upon written request to the ACEP President.

4. Completed disclosure forms required from Section and Task Force Members will be submitted to the relevant Section or Task Force Chair and the

Executive Director within thirty (30) days of appointment or assignment.

5. ACEP may disclose to its members and the public the disclosure forms of its Officers, Board Members, *Annals* Editor and the Executive Director.

C. Additional Rules of Conduct

1. Prior to participating in any deliberation or vote on an issue in which they may have a conflict, Key Leaders shall disclose the existence of any actual or possible interest or concern of:

   a. The individual;
   b. A member of that individual's immediate family; or
   c. Any party, group, or organization to which the individual has allegiance that can cause ACEP to be legally or otherwise vulnerable to criticism, embarrassment or litigation.

2. After disclosure of the interest or concern that could result in a conflict of interest as defined in this policy and all material facts, the individual shall leave the Board, Committee, Section, or Task Force meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board, Committee, Section, or Task Force members shall decide by majority vote if a conflict of interest exists. If a conflict of interest is determined to exist, the individual having the conflict shall retire from the room in which the Board, Committee, Section, or Task Force is meeting and shall not participate in the deliberation or decision regarding the matter under consideration. However, that individual shall provide the Board, Committee, Section, or Task Force with any and all relevant information requested.

3. The minutes of the Board, Committee, Section, or Task Force meeting shall contain:

   a. The name of the individual who disclosed or otherwise was found to have an interest or concern in connection with an actual or possible conflict of interest, the nature of the interest, any action taken to determine whether a conflict of interest was present, and the Board's, Committee's, Section's, or Task Force's decision as to whether a conflict of interest existed;
   b. The extent of such individual's participation in the relevant Board, Committee, Section, or Task Force meeting on matters related to the possible conflict of interest; and
   c. The names of the individuals who were present for discussion and votes relating to the action, policy, or arrangement in question, the content of the discussion including alternatives to the proposed action, policy, or arrangement, and a record of any votes taken in connection therewith.

This is a preview. You will not see your Confirmation Text and any information entered will not be submitted in CRM.

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# 2018 - 2019 Conflict of Interest Disclosure & Copyright Assignment Agreement For Committees

**Please enter the following:**

**Please type your full name** *

**Today's Date** *

**Please check the Committee(s) on which you serve:** *

- ☐ Academic Affairs
- ☐ Audit
- ☐ Awards
- ☐ Bylaws
- ☐ Bylaws Interpretation
- ☐ Clinical Data Registry
- ☐ Clinical Policies

- [ ] Clinical Policies Subcommittee
- [ ] Coding and Nomenclature Advisory
- [ ] Compensation
- [ ] Disaster Preparedness & Response
- [ ] Education
- [ ] Emergency Medical Services
- [ ] Emergency Medicine Practice
- [ ] Ethics
- [ ] Federal Government Affairs
- [ ] Finance
- [ ] Medical Legal
- [ ] Membership
- [ ] National Chapter Relations
- [ ] Pediatric Emergency Medicine
- [ ] Public Health and Injury Prevention
- [ ] Public Relations
- [ ] Quality and Performance
- [ ] Reimbursement
- [ ] Research
- [ ] State Legislative/Regulatory
- [ ] Well-Being

**Acknowledging that my service to ACEP requires the completion of a disclosure statement related to certain affiliations and interests, I hereby provide the following information:**

**Are you employed?** *

- ◯ Yes
- ◯ No

**If yes, please indicate the name of your employer and describe your position of employment, including the nature of the business of your employer, the position you hold and a description of your daily employment responsibilities.**

**Do you hold any positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and/or entities (e.g. board of director positions, committees and/or spokesperson roles)?** *

- ◯ Yes
- ◯ No

**If yes, please describe the position you hold, including a brief description of the nature and purposes of the organization or entity.**

**Do you have any outside relationships with any person or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); c) any gift, gratuities, lodging, dining, or entertainment valued at more than $100?** *

- ◯ Yes
- ◯ No

**If yes, please explain:**

**Do you have any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g. physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company?** *

- ◯ Yes
- ◯ No

**If yes, please explain:**

**Do you have any other interest that may create a conflict with your fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest?** *

- ◯ Yes
- ◯ No

**If yes, please explain:**

**By serving on a Committee, Task Force, or Section of ACEP for which I have been asked to complete this agreement:**

**a) I acknowledge my fiduciary responsibility to ACEP and pledge to avoid conflicts of interest or the appearance of conflicts of interest.**

**b) I acknowledge that at times I may have access to confidential information and agree to protect the confidentiality of that information.**

**c) I agree to clarify my position when speaking on my own behalf as opposed to speaking on behalf of ACEP.**

**d) I have read the ACEP Conflict of Interest Policy, as amended from time to time, and will abide by the terms and requirements of the Policy as applicable to the position I hold.**

**e) My answers to this Conflict of Interest Disclosure & Copyright Assignment Agreement are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to ACEP, I recognize that I have the obligation to notify, based on my position, the appropriate individual as required by the Conflict of Interest Policy, and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so, how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have a continuing obligation to file an amended Conflict of Interest Form.**

**f) I agree to assign and hereby assign to ACEP all right, title and interest (including copyright) in and to any and all works of authorship ("Works") that I prepare, create or contribute to ACEP in my capacity as a member of the Committee(s) indicated in this form, including those Works that have been made in the past and those that will be made inthe future. I further agree to execute all documents that ACEP shall require to confirm this assignment as to any particular Work.**

**ACEP hereby grants and licenses back to me a royalty free, worldwide limited right (i) to use the Works for educational or research purposes for myself, my institution or company; (ii) to use the Work, in whole or in part, as the basis for my own further research or spoken presentation, provided I neither sell it nor encourage others to infringe the copyright; (iii) to revise, adapt, or prepare derivative works from the Work and (iv) to present such derivative works orally as well as distribute or authorize publication of the derivative works for educational, personal, or other noncommercial uses or for my own professional use.**

**Please select one:** *

- ◯ I agree to these terms
- ◯ I do not agree to these terms

**Full Name and Title(s)** *

**If you have any questions or concerns about this form, please contact the office of the General Counsel at 800-798-1822.**

Submit

**FAX Services**

The ACEP headquarters **FAX** number is **972/580-2816**. To ensure that all material you send by FAX is directed to the appropriate staff member, please be sure to add a cover page to indicate the intended recipient and include instructions on how you wish the material to be handled.

The Washington Office FAX number is **202/728-0617.**

ACEP also has a toll free number for you to use when calling the headquarters **800/798-1822.** If you know the extension number of the staff person you are calling, you may dial it at any time.

**Liaison Program**

The College currently maintains active liaison representation with approximately 40 other organizations. When a liaison relationship relates specifically to committee activities, the College members serving as liaison representative may be recommended for that appointed position by the appropriate committee chair. The liaison representative should be invited by the committee chair to attend the organizational committee meeting during ACEP's annual meeting and should be copied on appropriate committee correspondence throughout the year. Copies of activity reports submitted by the liaison representative will be distributed automatically to the committee chair and staff liaison for action as necessary. The action on recommendations is summarized for the Board of Directors prior to each Board meeting.

**Member Contact Information**

ACEP's membership system includes a specific designation for each committee. These designations make it possible to communicate information to one committee or a combination of committees without time-consuming retrieval of individual ACEP member records.

Numerous telephone, address, and e-mail changes are received at the headquarters in an average month, therefore, committee membership contact lists and address systems can become outdated rapidly. Committee members need to provide any changes in their telephone, address, and e-mail addresses as soon as possible. Staff liaisons are encouraged to provide a current committee roster to their committee chair every three months. Committee members are also encouraged to use e-mail as a communication method.

Any change made to a committee member's ACEP record is transferred automatically to the ACEP system. College leaders may elect to receive general mailings at their business address and leadership mailings at their home address. Please contact the Member Services Department to avail yourself of this service.

**Minutes**

Minutes must be taken of any committee conference call or meeting. The minutes relate the agenda items discussed and the actions taken during the meeting or call. The minutes should not be a transcript of the meeting or conference call.

*Format*

For legal reasons, the College has developed a standard format for committee minutes that must be followed. The information included in the minutes is limited to a list of participants, the meeting agenda, a brief statement of the discussion on each agenda item, and a summary of recommendations being referred to the Board of Directors for consideration.

*Responsibility*

The staff liaison is responsible for drafting minutes within 10 working days of the meeting or conference call. The staff liaison refers the draft minutes to the committee chair for approval. The committee chair is encouraged to provide approval to the staff liaison as soon as possible.

*Distribution*

Approved committee minutes should be distributed to the committee members and posted to the ACEP Website by the staff liaison. The minutes should also be maintained by the staff liaison for future reference and historical records.

**Printed Mailings**

The Board of Directors, Council officers, and committee chairs must be kept well informed and up-to-date on committee and other College activities. Although email is the primary distribution method for most correspondence and other items, there are some items that may need to be mailed or sent overnight. Staff liaisons should coordinate with other staff when sending printed materials to ensure efficiency and potentially reduce costs for separate mailings.

**Reports**

Each committee is required to submit an annual summary report on objectives. The annual report is posted on the ACEP Website and is distributed to the Council with other materials for the annual meeting. The annual report should list each assigned objective with a short description of the results achieved by the committee during the year. Annual reports are due August 1. The committee chair is responsible for reviewing and approving the reports before they are submitted.

Annual Report Format
Objective 1 - (list each objective)

Outcome: Describe the results achieved. Do not simply state "ongoing" or "completed." If a policy statement, Information Paper, or PREP has been developed and is available on the ACEP Website, please hyperlink the name of the document within the annual report. Do not list individual names of committee members who worked on each objective and please do not refer to work group numbers (e.g., WG4, or Work Group 4). If the work on an objective will not be completed by the annual meeting (September or October), include a statement that the objective will continue in the next committee year.

**Policy Statements**

*Development*

Several committees are responsible for developing policy statements. In general, the Board expects policy statements to be concise. Committees may find it helpful to seek guidance from the Board of Directors during the development process. One option is to submit an outline of key issues to be included in the statement as a discussion agenda item. The Board liaison and/or the committee chair will review the outline with the Board and request additions and deletions. Another option is to submit a preliminary draft of the statement, again as a discussion agenda item. Related policies of other organizations (e.g., AMA) should be reviewed as a standard step in the development of ACEP policy. Committee chairs should also feel free to use both options in sequence to assure adequate guidance is provided by the Board of Directors.

*Recommended Version*

When the committee believes the statement is ready to be considered by the Board of Directors as an official ACEP policy, the final draft should be referred by the staff liaison to the *Annals* Editorial Manager for editorial review at least one week prior to the deadline for submission for the Board agenda. Editorial changes will be provided to the staff liaison for review with the committee chair. Should the chair take exception to the recommended editorial change, the Board liaison and OED will intervene. The edited policy statement is then placed on the action agenda for the next Board meeting. Draft policy statements cannot appear on the action agenda without *Annals* review.

*Approved Version*

When a new policy statement is adopted by the Board of Directors, the staff liaison must first confirm final Board-approved language with the Governance Operations Director. The staff liaison will then prepare the final copy and provide it to the Policy Division Executive Assistant electronically in Word format for final formatting. All official policy statements are included in the *ACEP Policy Compendium* that is updated annually to include all policies adopted by the Board of Directors. Policy statements approved by the ACEP Board of Directors are also published

in a special section of *Annals of Emergency Medicine*.

Note: Once a policy statement is approved by the Board of Directors, a copy may be provided to any member who requests one, regardless of whether or not the policy has been printed in the *Annals.*

Policy statements are also posted on the ACEP Website.

*Background for Forms on Distributing Policies, PREPs, and Information Papers*

The forms are designed to facilitate the development and distribution of policies, PREPs, and information papers. Please complete one form for each document. The form will be attached to the document so that staff involved in the development and distribution process can track its progress.

*ACEP's Website and E-Mail*

Each committee has an area within the ACEP Website that is maintained by ACEP staff. It contains a list of members and objectives along with a committee e-mail address. E-mail sent to this address will be forwarded to the staff liaison for handling. An up-to-date listing of e-mail addresses for chapters, committees, sections, and ACEP departments is also provided on the Website. Please check with your staff liaison for e-mail addresses of other key staff and member

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**DISTRIBUTION FORM**
**POLICY STATEMENT (PS)**

Title of policy statement submitted:_____

Submitted by which committee/section/task force:_____

Staff responsible:_____

Policy statement is: New_____ Reaffirmed_____ Revised w/same title_____ Revised w/new title_____
Replaced w/same title_____ Replaced w/new title_____ Rescinded_____ Sunsetted_____

Previous title of policy statement, if any:_____

Category on website:_____

Website alternate search terms:_____

Is there a PREP with the current policy statement? Yes_____ No_____

PREP name: _____

Does the PREP apply to the proposed policy statement? Yes_____ No_____

Should the policy statement be held for publication with the PREP? Yes_____ No_____

Will this policy statement be submitted to another organization for endorsement? Yes_____ No_____

If yes, please list:_____

Date due to Leadership Operations for inclusion in Board materials:_____

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

| | Date Submitted | Initials | Date Completed | Initials |
|---|---|---|---|---|
| **1. Submit to Senior Policy Director, Craig Price:** | _____ | _____ | _____ | _____ |
| **2. Submit to Sonja Montgomery for Board materials:** | _____ | _____ | _____ | _____ |
| **3. Approved by Board:** | | | _____ | _____ |
| **4. Submit to Sonja Montgomery for final language:** | _____ | _____ | _____ | _____ |
| **5. Submit to Julie Wassom by email and hard copy:** Email, printed versions of the PS must be identical | _____ | _____ | _____ | _____ |

Word file name is:_____

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

| **(For Policy Division use only)** | Date Completed | Initials |
|---|---|---|
| Add to ACEP website | _____ | _____ |
| Email to internal contacts and submitter | _____ | _____ |
| Submit to *Annals* | _____ | _____ |

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**DISTRIBUTION INFORMATION**
**POLICY STATEMENTS**

Title of policy statement:_____

Submitted by which committee:_____

Staff responsible for content and accuracy:_____

Policy is: New ____ Revised_____ Reaffirmed ____ Replaces policy with same title ____

Replaces policy with different title ____ Rescinded ____ Sunsetted ____

Previous title is_____

Previously published in *Annals* in:_____(month) _____(year)

If policy is rescinded/sunsetted, is the related PREP still valid? Y or N

Is there a PREP with the old policy? Y or N Does the PREP apply to the proposed policy? Y or N

Name of the PREP that applies to this Policy:_____

Hold Publication of policy for publication with PREP: Y or N

- - - -

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**DISTRIBUTION INFORMATION**
**POLICY RESOURCE AND EDUCATION PAPERS**

Title of PREP:_____

Submitted by which committee:_____

Staff responsible for content and accuracy:_____

PREP is: New ____ Revised_____ Replaces PREP with same title ____ Replaces PREP with different title ____

Rescinded_____ Sunsetted ____

Previous title is:_____

Name of Policy that applies to this PREP:_____

Will this PREP be submitted to *Annals* for publication? Y or N If yes, see step 6.

- - - -

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**DISTRIBUTION INFORMATION**
**INFORMATION PAPERS**

Title of Information Paper (IP):_____

Submitted by which committee:_____

Staff responsible for content and accuracy:_____

IP is: New _____ Revised_____ Replaces IP with same title_____ Replaces IP with different title____

Previous title is_____

- - - -

# Publishing Policy Statements, Information Papers, and PREPs in *Annals*

**Policy statements**

***Submission to Annals*:** *Annals* publishes all policy statements approved by the ACEP Board of Directors. Committee staff liaisons are responsible for submitting the approved, final version to the editorial office for publication. The form to use for this purpose is available from the Policy Division Executive Assistant and is also included in this Committee Manual. An approved policy will usually be published in *Annals* four to six months after submission. When the policy is submitted, the committee should indicate if publication should be delayed until a companion PREP is ready to be published.

***Authorship:*** The American College of Emergency Physicians is shown as the author of policy statements. The committee that developed the statement will be indicated in an acknowledgment at the end or in the margin listing on the title page.

**Information Papers and Policy Resource and Education Papers (PREPs)**

***Submission to Annals*:** Information Papers and PREPs will follow the same peer review process as other manuscripts submitted to the journal and are not automatically accepted for publication. Committee members should refer to the current "Information for Authors" (published in every issue of the journal in preparing an Information Paper or PREP for submission. The staff liaison should submit the Information Paper or PREP to the *Annals* editorial staff on behalf of the committee, using the Information Paper or PREP submission forms as a guide. *Note: Information Papers, PREPS, and other manuscripts must be reviewed by the Board before submitted to Annals for publication consideration.*

***Authorship:*** Only individuals who actually wrote the paper, or portions of it, should be listed as authors on the title page. Usually this is not the entire committee. The author may choose to mention individual committee members in the acknowledgments if they made especially significant contributions, such as in collecting data or suggesting revisions. If appropriate, a prefatory note may indicate that the PREP was developed as part of a committee objective. Companion PREPs and policy statements will be cross-referenced in the journal

***Publication:*** For peer-reviewed papers, the average time from submission to decision is about 60 days. A decision letter will be sent to the corresponding author, with a copy to the committee staff liaison. The three possible decisions are to accept, reject, or request revision. The normal time from acceptance to publication is four-six months. If *Annals* declines to publish the Information Paper or PREP, the PREP will still be made available on the ACEP Website..

*Annals* also has a specific policy on manuscript co-publication in multiple journals.

http://www.annemergmed.com/content/policies-copublication

**Policy Development and Dissemination**

The Board of Directors has approved standard mechanisms for developing and articulating College policy and related information. Four classifications of College documents were designated: 1) Policy Statement; 2) Clinical Policy; 3) Policy Resource and Education Paper; and 4) Information Paper. A description of each classification follows:

**Policy Statement**

*Definition*

A brief, concise, Board-approved statement of College beliefs, values, or positions. A description of where the College stands on a particular issue or topic. A policy statement may proactively delineate College policy, state a position taken in response to a question, issue, or proposal from another entity; or endorse policies established by other organizations. A policy statement will usually not exceed one page in length.

*Development Process*

1. The need for a College policy statement may be identified in several ways:
   a. individual member input
   b. chapters
   c. Council
   d. Board of Directors
   e. Council officers
   f. sections
   g. committees
   h. staff
   i. external constituencies

2. Under normal circumstances, once the need is identified, the president will assign a committee the task of researching the issue and developing a recommended policy statement for Board consideration.

   Council resolutions represent an exception to this practice since they are often approved by the Board without assignment to a committee. However, for those that are referred to a committee for further development, this process would apply.

   A final exception to this process would be those instances when the Board must act rapidly to meet a pressing need or deadline. In this case, while member and staff expertise will certainly be solicited, formal committee input may not be possible.

3. For each assigned issue, committees will be responsible for three activities:
   a. Issue/problem analysis
   b. Solution Identification
   c. Development of a recommendation for the Board. If the recommendation is to adopt a policy statement, the committee will also be responsible for the activities described in #4 below.

4. The committee will ultimately submit a recommendation to the Board that includes:
   a. The recommended policy statement
   b. Background provided to the Board identifying:
      - Problem
      - Solution
      - An analysis of the political environment
      - Intended target audience
      - Potential uses for the policy statement
      - Fiscal Impact

5. Prior to submission to the Board, all policy statements will undergo final editorial review by appropriate College staff to assure consistency, clarity, and compatibility with other position statements.

*Dissemination*

1. All policy statements will be published in *Annals of Emergency Medicine*. This will serve as the primary dissemination mechanism to the membership.
2. Since there may be a time delay before publication can be accomplished in Annals, an announcement about the Board adoption of a policy statement will be made in *ACEP Now*.
3. Single copies of policy statements are available from ACEP on request.
4. All policy statements are published in the annual Policy Compendium.
5. Based on the target audience, the committee discussion, and the Board discussion, staff will assess the need and cost-effectiveness of additional dissemination mechanisms. This would vary with the target audience and might include:
   a. press release to the public or trade press
   b. special mailing to state EMS directors
   c. special mailing to Members of Congress

   Based on the assessment, staff will accomplish additional dissemination and the Board will be notified.
6. All policy statements are posted on ACEP's Website.

*Summary of Board Role*

Ultimately, the Board will take action on the recommended policy statement. However, a policy statement might appear before the Board in one of two ways.

<u>Discussion Agenda: Discussion, Input, Feedback, Direction</u>

Policy statements may come to the Board in the form of discussion agenda items, in which case the committee will be seeking specific Board input, discussion, or direction. The committee needs additional feedback or clarification from the Board before proceeding with development of a recommendation. In this instance, the Board contributes any thoughts, suggestions, or criticisms that are necessary to improve the document. As always, the option exists to move an item from the discussion agenda to the action agenda, but this should be done with caution since the committee has not necessarily finished its work on the policy statement.

<u>Action Agenda: Approval, Disapproval, Amendment & Approval, Referral Back to Committee</u>

All policy statements will ultimately come to the Board as an action agenda item. The Board action in this instance is approval, amendment and approval, disapproval, or referral back to committee. In addition to the actual recommended policy statement, the Board will also have a description of the target audience, potential uses, and other pertinent information that led the committee to its recommendation.

**Clinical Policy**

*Definition*

Clinical policies are Board-approved documents describing the College's policy on the clinical management of specific illnesses or injury. They are developed according to the Board-approved "Clinical Policy Development Process" that is summarized below.

*Development Process*

1. The need for a clinical policy may be identified in several ways:
   a. individual member input
   b. chapters
   c. Council
   d. Board of Directors
   e. Council officers
   f. sections
   g. committees
   h. staff
   i. external constituencies
2. The Board of Directors approves topics for future clinical policy development, taking into consideration available resources and existing and future College activities and priorities. Assignment of the actual task of developing the clinical policy is achieved through the normal committee process.

3. Although the actual work may be performed by an assigned committee or section, the Clinical Policies Committee will provide oversight of all clinical policy development.
4. A work group, including experts in the topic will review the pertinent literature and draft the policy.
5. Draft clinical policies will be distributed for expert review to emergency physicians knowledgeable in the subject area and to the Board of Directors. On a case-by-case basis, expert review may also be sought from external sources with interest or expertise in the subject.
6. Draft clinical policies may be field tested in a variety of practice settings.
7. Once the clinical policy is close to final form, the following additional materials may be prepared:
   a. references
   b. application tools
      - quality assurance forms
      - risk management suggestions
      - quick reference form
      - reimbursement implications
      - research questions
      - resource listing
8. Ultimately, a recommended clinical policy will be submitted by the Clinical Policies Committee to the Board of Directors for approval. The Board approves the clinical policy only, not the various adjunct resources that are also provided.

*Dissemination*

1. Initial publication of all clinical policies will be in *Annals of Emergency Medicine*.
2. Following publication in *Annals*, the availability of the clinical policy will be announced in *ACEP Now*.
3. Following publication in *Annals*, single copies of the clinical policy will be available on request from ACEP.
4. Based on an assessment of the target audience and the potential uses of the clinical policy, staff will assess the need and cost-effectiveness of additional dissemination mechanisms. This would vary with the target audience and might include:
   a. press release to the public or trade press
   b. special mailing to other medical specialties

   Based on the assessment, staff will accomplish additional dissemination and the Board will be notified.
5. All clinical policies are posted on ACEP's Website.

*Note:* Once approved by the Board of Directors, a clinical policy may be disseminated to members on request, regardless of whether they have been published in *Annals of Emergency Medicine.*

*Summary of Board Role*

<u>Forwarded by E-Mail: Review, Comment, Provide Written Input to Committee</u>

As defined in the Clinical Policy Development Process, each clinical policy will be forwarded to the Board and Council officers as an integral component of the "expert review" process. The Board and Council officers are encouraged to provide input, comments, and suggestions to the committee at this point in the development process.

<u>Action Agenda: Approval, Disapproval, Amendment & Approval, Referral Back to Committee</u>

All clinical policies will come to the Board as an action agenda item. The Board action in this instance is approval, disapproval, or referral back to committee. Since the Board and Council officers have had the opportunity for review and comment of the policy earlier in the development process and discussed and approved the exhaustive development process that is used for all clinical policies, amendment of a clinical policy during the course of a Board meeting should be avoided. Instead, continuing significant comments about the content of a clinical policy should be forwarded to the committee in writing and the policy should be referred back to committee until the concerns are addressed.

**Policy Resource and Education Paper**

*Definition*
A document, based on existing policy, that is intended to provide additional background, clarification, education and/or implementation assistance. Using one or more existing policy statements as its foundation, the Policy Resource and Education Paper (PREP) may include:

- references
- bibliographies
- discussion papers
- practical applications
- "how to"

Since a PREP is based on existing College policy, separate Board approval of the PREP will not occur. The PREP will specifically reference all policy statements that serve as its foundation.

A PREP may be of any length necessary to meet its goal of providing clarification or education on a given policy statement. In addition to text, it may also contain charts, diagrams, illustrations, lists, models, or other educational devices.

*Development Process*
1. The need for additional clarification or resource material on a College policy statement may be identified in several ways:
   a. The president, Board, or staff might identify the need prior to assignment to a committee.
   b. A committee might identify a need while developing a policy statement.
   c. The Board discussion at the time of policy statement approval might point out the need for additional information.
   d. Once a policy statement is approved and disseminated, feedback from the membership or other constituencies might identify a need for additional clarification or resources.

2. Just as the need for a PREP might be identified in a number of ways, the actual work of creating the PREP might be accomplished with several different resources. In addition to committees doing the work directly, PREPs might be developed by sections, consultants, staff, or individual members. No matter how the work is initially accomplished, all PREPs will be assigned by the president to a committee as the final approval authority and to provide a check and balance on the document quality.

3. For each assigned PREP, committees are responsible for three activities:
   a. Identify the target audience and potential uses for the document.
   b. Develop the PREP, using caution to avoid the creation of new policy.
   c. Discuss potential dissemination mechanisms.

4. Board comment will be actively solicited during the development stage and a final copy will be provided to the Board prior to dissemination. Typically, the Board is given a 30-day review period to provide their comments. A shorter review period may be considered if necessary. The comments from the Board, if any, are then reviewed and considered for incorporation into the final document.

*Dissemination*
1. The availability of PREPs will be announced in *ACEP Now*.
2. The PREP will be referenced in the foundation policy statement.
3. Single copies of a PREP will be available from ACEP.
4. Based on the target audience, the committee discussion and the Board discussion, staff will assess the need and cost-effectiveness of additional dissemination mechanisms. This would vary with the target audience and might include submission for publication in *Annals of Emergency Medicine*, press release to the public or trade press, and a special mailing to Members of Congress. The PREP will also be added to the ACEP Website. Based on the assessment, staff will accomplish additional dissemination as appropriate and as directed by the Board.

*Summary of Board Role*
Since every PREP is based on existing Board-approved policy, the Board will not take action on a PREP. Board involvement will be actively sought during the development process.

Discussion Agenda: Discussion, Input, Feedback, Direction

PREPs may come to the Board in the form of discussion agenda items, in which case the committee is seeking specific Board input, discussion, or direction. The committee needs additional feedback or clarification from the Board before proceeding with development of a final document. In this instance, the Board should contribute any thoughts, suggestions, or criticisms that are necessary to improve the document. Since this document does not require Board approval, the option of moving this to the action agenda is not applicable.

Information Agenda: Submit Comments in Writing, Refer Back to Committee

The assigned committee will forward a copy of the final PREP to the Board in the information agenda. Since the PREP is based on existing policy and does not create new policy, Board approval is not required. However, Board members are encouraged to submit comments or suggestions to the committee in writing before, during, or after the Board meeting.

The only action that might be necessary on a PREP during the course of a Board meeting would occur if the Board believes that the PREP goes beyond articulation of existing policy and it is, in fact, setting new policy. In this case, the Board should refer the PREP back to the committee. The committee would then have the option of deleting the new policy or creating a draft policy statement for Board approval.

**Information Paper**

*Definition*
A document that is developed to ask questions, raise issues, raise awareness, and/or present information on a particular topic without espousing a position. The most common use would be to provide background information on a topic or to serve as a discussion piece that leads to policy formulation. Other examples might include "lists," "bibliographies," etc. An information paper can be of any length as determined by the complexity of the issues to be presented, however the emphasis is to present the issues in a manner that is useable and readable.

An Information Paper does not propose or articulate new College policy and is not approved by the Board, but is reviewed by the Board. Typically, the Board is given a 30-day review period to provide their comments. A shorter review period may be considered if necessary. The comments from the Board, if any, are then reviewed and considered by the committee for incorporation into the final document.

*Development Process*
1. Most often, the need for an Information Paper will be identified internally. Staff, Board members, College leaders, or our external liaisons may identify issues on the horizon that we need to begin thinking about. Another purpose might be those very complex issues that we deal with every day (e.g., patient transfer, HIV, elderly abuse or abandonment) that need the occasional update.

2. Development of information papers might be accomplished by staff, committees, sections, the Board or the Council. At a minimum, Information Papers will:
   - Define the issue.
   - Provide pertinent background information including analysis of the political environment.

*Dissemination*
1. Information Papers will almost exclusively have an "internal" distribution determined on a case-by-case basis. The most common recipients are staff and the Board of Directors.
2. Based upon an assessment of the subject matter and the target audience, Information Papers may receive wider circulation, including committees, sections, liaison/coalition organizations, councillors, and may also be added to the ACEP Website. Additionally, the Information Paper may also be submitted to *Annals of Emergency Medicine* for publication consideration.

*Summary of Board Role*
The Board might receive Information Papers under two circumstances: 1) as a discussion agenda item during a Board meeting; or 2) as a stand-alone piece e-mailed directly.

Discussion Agenda: Discussion, Input, Feedback, Direction

In this instance, the Information Paper will be framed as a discussion agenda item with an issue identified, background provided, and questions asked to focus discussion and obtain feedback. This option will most often be used when Board discussion or direction is needed.

E-Mail: Read Only

When the purpose of an Information Paper is simply to update or educate, without any requirement for discussion, it will be forwarded by email. The material will specify any particular Board action that is required, but in most cases, it will simply be an issue that the Board needs to think about, be informed about, or be prepared to deal with in the future.

**Recordings**

College policy requires that recordings cannot be retained. Conference calls or meetings can be recorded as an aid to preparing the minutes, however, the recording must be erased once the minutes are approved. The simple format for committee minutes is intended to reduce the need for recordings. Meetings of the Board of Directors are not recorded.

**Release of Survey Data**

Survey data collected by committees is considered proprietary information of the ACEP Board of Directors requiring their approval prior to any release of the data. The data obtained from studies conducted by the College should only be used for studies that are done in collaboration with the College. Committees are also encouraged to submit information to ACEP's communications staff for posting on the various communication vehicles.

**Social Media**

Committees are not permitted to create separate social media accounts (Twitter, Facebook, etc.) in addition to the official accounts maintained by ACEP. The existence of multiple social media accounts is confusing and detrimental to effective communications. Members are encouraged to post on ACEP's official social media sites so a larger number of emergency physicians can join the conversations.

**Staff Travel**

When a funded committee meeting is authorized or when a committee meeting occurs in a location other than the headquarters, authorization for the staff liaison to attend the meeting must be obtained through the budget process.

**Travel Insurance**

The College provides business travel accident insurance for committee chairs and committee members. This policy provides 24-hour accidental death and dismemberment coverage for up to $200,000 when you travel on officially designated College business. Covered trips are from your residence or place of regular employment directly to the business destination with immediate direct return to your residence or place of employment when the College business is completed. Flying in private planes is not covered. A covered loss of life, limb or sight must occur within 180 days after the date of the accident causing the loss.

**Committee chairs and members should complete the beneficiary form provided and return it to Pamela Autrey at ACEP headquarters.**

If a claim is necessary and a beneficiary designation is not on file, allowable benefits would be paid to the first of the following survivors: legal spouse, children, parents, sisters/brothers. If none of these are surviving, benefits would be paid to your estate.

American College of Emergency Physicians®

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**Business Travel Insurance Beneficiary Designation**

I,_____, designate as beneficiary(s) for my insurance under the
(print or type)

American College of Emergency Physicians business travel insurance group policy the following:

| NAME | RELATIONSHIP | SHARE (%) |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

_____ _____

Date Signed

# Examples

American College of Emergency Physicians®

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# Memorandum

**To:** Board of Directors
Council Officers

**From:** Robin E. Polansky, MD, MPH, FACEP
Chair, Public Health & Injury Prevention Committee

John J. Rogers, MD, CPE, FACEP
Board Liaison, Public Health & Injury Prevention Committee

**Date:** June 13, 2014

**Subj:** 911 Caller Good Samaritan Laws

## Recommendation

That the ACEP Board of Directors approve the policy statement, "911 Caller Good Samaritan Laws" (Attachment A).

## Background

The Public Health & Injury Prevention Committee (PHIPC) was given an objective for the 2013-14 committee year to review the first resolved of Amended Resolution 17(13) "911 Caller Good Samaritan Laws" and provide a recommendation to the Board regarding development of a policy statement:

> **Amended Resolution 17 911 Caller Good Samaritan Laws**
>
> RESOLVED, That ACEP supports and endorses 911 Caller Good Samaritan policies for overdose victims; and be it further
>
> RESOLVED, That ACEP support 911 Caller Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national levels; and be it further
>
> RESOLVED, That ACEP work with the AMA on 911 Caller Good Samaritan policies.

## Prior Board Action

October 2013, adopted Amended Resolution 17(13) 911 Caller Good Samaritan Laws

## Fiscal Impact

None, beyond budgeted printing and distribution costs.

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972-580-2816 (FAX)
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*Vice Speaker*

EXECUTIVE DIRECTOR
Dean Wilkerson, JD, MBA, CAE

Attachment A

911 Caller Good Samaritan Laws
Draft policy statement
April 2014

To encourage the public to call for help during a potential overdose, the American College of Emergency Physicians (ACEP) supports the widespread passage of laws eliminating legal liability for good faith reporting of emergencies through 911 and other official communication channels. ACEP also supports public participation, education, funding, and coordination for successful implementation of such laws.

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

# Memorandum

**To:** Board of Directors
Council Officers

**From:** Alex M. Rosenau, DO, CPE, FACEP
President

Gordon B. Wheeler
Associate Executive Director for Public Affairs

**Date:** March 28, 2014

**Subj:** Advocacy "Ask" – National Lobby Day, May 20, 2014

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*Vice Speaker*

EXECUTIVE DIRECTOR
Dean Wilkerson, JD, MBA, CAE

## Issue

What are the three issues the Board would like to see as our main "asks" during ACEP's National Lobby Day on May 20, 2014 in Washington, DC?

## Background

Each year, ACEP hosts its annual Leadership & Advocacy Conference (LAC) in Washington, DC. The meeting brings ACEP leaders, interested members, and policymakers together on Capitol Hill and in educational sessions at the conference. The conference also offers a number of leadership courses and programs designed to help current and new members in leadership hone their advocacy, management, and communications skills.

In addition to speakers from the Administration and Capitol Hill, the LAC features a full day of advocacy training and on-the-ground advocacy on Capitol Hill. More than 340 Hill visits were scheduled last year with members of Congress and members of their staff. We expect that many or more visits to be scheduled this year. These visits afford members the opportunity to meet legislators and in many cases renew contact and meet new staff. These meetings also enable ACEP members to put a human face on emergency medicine and educate legislators and staff about the key issues facing emergency medicine and the patients for whom we provide care.

Visits on Capitol Hill vary in length and knowledge of subject matter. With changes over the last several congresses (retirements, failure to win reelection, pursuit of other offices), there are many members and staff who can benefit from simply learning about emergency medicine, the specialty of emergency medicine and the unique requirements under which our members practice (EMTALA). However, in many cases, time during a visit can and should be devoted to **three** key issues. Follow up correspondence, an invitation to visit your emergency department, and attendance at district events offer opportunities to bring up other issues not covered during National Lobby Day.

*Federal Legislative and Regulatory Agenda*

Each year, the Federal Government Affairs Committee develops ACEP's preliminary legislative and regulatory agenda. The committee receives recommendations and input

from staff, ACEP members, outside consultants, and ultimately direction from the Board of Directors. The committee submits the agenda to the Board at the beginning of each year coinciding with the beginning of a new session of Congress. The agenda for a second session reflects any action taken on the prior year's agenda and any new additions (Attachment A – 2014 2nd Session of the 113th Congress Agenda).

The agenda is a reflection of those ACEP priorities set out in the annual strategic plan, of many issues confronting most if not all of organized medicine (the SGR, liability reform, implementation of the Affordable Care Act), and of items for which ACEP has a specialty-specific interest. The agenda serves as an important guide for members and staff throughout the year as they pursue its priorities on Capitol Hill, at fundraisers in Washington and in-district/state member of Congress visits to emergency departments, in correspondence with federal agencies, and in testimony delivered before Congress. For ACEP, the annual LAC is the principal time to advocate for ACEP's agenda to members of Congress and their staff. Materials area also prepared to leave with members of Congress and their staff following the visit.

*Political Environment on Capitol Hill*

The environment on Capitol Hill at any particular moment during the year can vary widely. As a rule, even numbered years present the greatest challenges because they are election years for one-third of the Senate, all seats in the House, and the presidency every four years. As a result, presidents and those seeking legislative action see the first year of a Congress (odd-numbered years) as presently more favorable opportunities.

At stake in these elections, especially this year, is control of the U.S. Senate. Barring the unforeseen, the House will likely remain under Republican control. Many experts, including Charlie Cook, see a Republican takeover of the Senate as a distinct possibility (Attachment B – Cook Report Analysis). If this comes to pass, existing friction between the Administration and Congress will intensify and limit action on big ticket items (immigration reform, entitlement reforms etc). While there may be exceptions, we should not rule out achieving progress on items of interest to ACEP.

As evidenced by the offsets (5-year delay in the individual mandate penalty in the ACA) included in the SGR repeal bill, H.R. 4015, the Republican-controlled House continues to focus its opposition on the Affordable Care Act. In fact, we can anticipate a more concerted effort to target elements of the Affordable Care Act this year (Attachment C – Washington Post article).

*Legislative Issues*

The 113th Congress, like its predecessor, has been dominated by partisan bickering and bare knuckles politicking. Finding common ground in either the House or the Senate, let alone between the House and Senate, has been especially difficult. A two year budget deal late last year (a singular exception to the preceding statement) and a consensus that tax reform, entitlement reform, and immigration reform will have to wait until 2015 at the earliest has limited legislative activity in Congress.

In March, Congress adopted another "patch" for the SGR to avert a cut of approximately 24 percent. That patch delays the cut through the election this year. The matter will be readdressed during a lame duck session of this Congress. A variety of options are available during such a session: pass a repeal without offsets, try again to pass a repeal with offsets, or pass another patch to carry the issue into the First Session of the 114th Congress.

One of the major issues dividing Congress on the SGR is whether a "fix" needs to be offset. House and Senate Republicans believe offsets must be identified; Sen. Reid and others believe the cost of the "fix" ($140 billion) should simply be added to the national debt. House Republicans chose to offset their bill (H.R. 4015) with a 5-year delay in the individual mandate penalty established by the ACA. (See Attachment D for efforts to repeal/replace the ACA.)

As the standoff continues, federal regulators continue to implement the Affordable Care Act and the move toward greater emphasis on quality tied to reimbursement. ACEP has dedicated significant resources to develop, validate, and maintain quality measures on which emergency physicians can report and be evaluated. At the same time, Board members and others have been advocates for legal safe harbors for physicians who can demonstrate they followed recommended best practices and the right of removal to federal court and alternative dispute resolution with an independent review panel of experts. The Barr/Bera bill (H.R. 4016) offers a reasonable approach to achieve that goal. (See Attachment D, white paper on bill, and Attachment E for bill language.)

ACEP continues to advocate for liability protections for care provided pursuant to EMTALA, H.R. 36, Health Care Safety Net Enhancement Act of 2013. Introduced by Rep. Sessions and Rep. Dent, the bill now has a total of 68 bi-partisan supporters.

**Discussion Questions**

1. What three issues should ACEP members advocate for on Capitol Hill during National Lobby Day on May 20, 2014?

    a. Co-sponsorship of H.R. 36, Health Care Safety Net Enhancement Act of 2013.
    b. Support for H.R. 4016, Saving Lives, Saving Costs Act (Barr/Bera bill).
    c. Full repeal of the SGR.
    d. Value of emergency medicine – Rand report et al.

2. Are there other issues that should be included that are not on the Legislative and Regulatory Agenda?

American College of Emergency Physicians®
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**EMERGENCY MEDICINE PRACTICE COMMITTEE**

Monday, October 14, 2013
3:00 pm – 5:00 pm
Sheraton Hotel Seattle
Metropolitan Ballroom A, Third Floor

**AGENDA**

**Welcome and Introductions**.....**Dr. Wiler**
Committee Roster passed around for corrections/additions

**Overview of Committee Process**.....**Dr. Wiler**
Strategic Plan **Dr. Jaquis**
Committee Manual/Housekeeping/Antitrust/Copyright **Margaret**

**2012-2013 Annual Report** .....**Dr. Wiler**

**Sunset Policy Review/Recommendations**.....**Entire Committee**

**Review of 2013-2014 Objectives**.....**Dr. Wiler**

Assignment of Objectives

**Objective 1** **Entire Committee**
Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues as requested.

**Objective 2** .....**Dr. Wiler**
Submit a nomination for the Rorrie Award for Excellence in Health Policy.
http://www.acep.org/Content.aspx?id=22558

**Objective 3** .....**Dr. Short**
Policy revision: Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine and PREP: Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine.

**Objective 4** .....**Dr. Brown**
Continue to compile resources and develop an information paper on the management and transitions of care for psychiatric patients.

**Objective 5**
Revise the following policy statements as part of the policy sunset review process:

- ED Planning and Resource Guidelines **Dr. Mazzio**
- Medical Screening of Emergency Department Patients **Dr. Honnigman**
- Recognition of Subspecialty Boards In Emergency Medicine **Dr. Nugent**
- Third-Party Payers and Emergency Medical Care **Dr. Sharma**
- Use of Patient Restraints **Dr. Pearson**

**Objective 6**.....**Dr. Broida**

Develop recommended language for posters/educational materials on opioid prescribing policies in the ED that minimize EMTALA risk (i.e., address timing of when the information should be provided to patients) with a focus on patient education and safety. Compile resources for members to include pain contracts, protocols etc. for use in the ED.

**Objective 7**.....**Dr. Fite**

Develop a policy statement on Freestanding Emergency Departments and include issues such as hours of operation, EMTALA compliance, staff experience, state regulations, and maintenance of an on-call list.

**Other topics for discussion**

TJC proposed NPSG on patient care transitions - review in November

**Break into subcommittees for initial work on objectives**..... **Entire Committee**

**Schedule Initial Conference Calls**..... **Subcommittee Chairs**

Please see Margaret to schedule your first subcommittee conference call

American College of Emergency Physicians®
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**Emergency Medicine Practice Committee**
Meeting at *Scientific Assembly* in Seattle, WA

October 14, 2013

**MINUTES**

## Participants

Committee members present for all or part of the meeting included: Jennifer L. Wiler, MD, MBA, FACEP, Chair; Elizabeth H. Arrington, MD *(EMRA);* Adam Brown, MD, FACEP; Nathan Deal, MD; Benjamin D. Easter, MD; Enrique R. Enguidanos, MD, FACEP; Heather L. Farley, MD; Diana L. Fite, MD, FACEP; Juan Francisco Fitz MD FACEP; Daniel Freess, MD; Andrew J. French, MD; Alan J. Hirshberg, MD, MPH, FACEP; Leah Honigman, MD; Shkelzen Hoxhaj, MD, MPH, MBA, FACEP; Hanson Hsu, MD, FACEP; Ralf Joffe, DO, FACEP; Michael F. Kamali, MD, FACEP; Stuart Kessler, MD, FACEP; Marylou Killian, DNP, RN, FNP-BC, CEN *(ENA);* Richard Kwun, MD; Anthony Mazzeo, MD, FACEP; Laura N. Medford-Davis, MD *(EMRA);* Howard K. Mell, MD, MPH, FACEP; Alan S. Miller, MD, FACEP; Carla E. Murphy, DO, FACEP; Andrew S. Nugent, MD, FACEP; Claire Pearson, MD, MPH, FACEP; Michael A. Peterson, MD, FACEP; Mark Rosenberg, DO, MBA, FACEP; Rahul Sharma, MD, MBA, FACEP; Joseph R. Shiber, MD, FACEP; Michael Silverman, MD, FACEP; Todd L. Slesinger, MD, FACEP; Cary J. Stratford, PA-C (SEMPA); Thomas Sugarman, MD, FACEP; Michael A. Turturro, MD, FACEP; Patrick Um, MD, FACEP; Daniel R. Wehner, MD, FACEP; and Leslie Zun, MD, FACEP.

Others participating included: William P. Jaquis, MD, FACEP, Board Liaison; and Margaret Montgomery, RN, MSN, staff liaison.

## Agenda

Introductions
Overview of Committee
Sunset Policy Review
Committee Objectives and Assignments
Other topics discussed

## Major Points Discussed

1. Committee members were welcomed to the meeting and introductions were made. The committee roster and committee objectives were circulated for review and subcommittee assignment.

2. Committee members were encouraged to review the committee manual and the *Antitrust* policy. Dr. Wiler reviewed the annual report for the 2012-2013 committee year.

   Dr. Jaquis provided a brief summary of the Board activities and thanked the committee for all their efforts over the last year and congratulated committee members on the quality and quantity of their work. Dr. Jaquis shared information about the opioid use and abuse posters and the action taken by the Board last week, Council action on patient satisfaction surveys, the Cost Effective Care Task Force and ACEP participation in the Choosing Wisely Campaign. It was suggested that resources be developed to educate members about the list of five tests and procedures identified and develop educational materials for ED patients.

3. Dr. Wiler led the group discussion on the eight policies for the Sunset Policy Review Process. It was recommended that four policies be reaffirmed and 4 be referred to committee. It was recommended that the sexual assault policy also be reviewed by the Forensic Medicine Section and that the “Restrictive Agreements” policy be reaffirmed with the reference deleted.

4. Dr. Wiler then led a discussion on the committee objectives for the 2013-2014 committee year.

**Objective 1** .....**Entire Committee**

Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues as requested.

The importance of committee input for comment letters was discussed. It was shared that due to ACEP input, The Joint Commission plans for a National Patient Safety Goal on transitions of care was postponed as the proposed language did not reflect the unique nature of a number of care settings.

**Objective 2** .....**Dr. Wiler**

Submit a nomination for the Rorrie Award for Excellence in Health Policy.

Dr. Wiler explained the award is recognition of a significant contribution to achieving the health policy objectives of the College and/or political leader. The committee will submit a nominee in the spring.

**Objective 3** .....**Dr. Short**

Policy revision: Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine and PREP: Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine.

Work on this objective was initiated last committee year and continued work is pending the revision of the "Model of Emergency Medicine" that is currently being reviewed by a number of organizations.

**Objective 4** .....**Dr. Brown**

Continue to compile resources and develop an information paper on the management and transitions of care for psychiatric patients.

Dr. Brown shared that the review of the literature was submitted to the Board for review last week. The document will be posted on the ACEP website. A survey developed by the subcommittee was sent to EMPRN participants. Approximately 250 responses have been received to date. Additional responses to the survey will be compiled and information will be shared. Resources will be compiled and posted on the ACEP website as it becomes available.

It was recommended that as the resources become available that efforts be made to announce this to membership as well as sharing with other stakeholders. ACEP News and EM Today were suggested vehicles for sharing this information.

**Objective 5**

Revise the following policy statements as part of the policy sunset review process:
ED Planning and Resource Guidelines .....**Dr. Mazzeo**
Medical Screening of Emergency Department Patients .....**Dr. Honigman**
Recognition of Subspecialty Boards In Emergency Medicine .....**Dr. Nugent**
Third-Party Payers and Emergency Medical Care.....**Dr. Sharma**
Use of Patient Restraints .....**Dr. Pearson**

The policies for revision were briefly reviewed.

**Objective 6**.....**Dr. Broida**

Develop recommended language for posters/educational materials on opioid prescribing policies in the ED that minimize EMTALA risk (i.e., address timing of when the information should be provided to patients) with a focus on patient education and safety. Compile resources for members to include pain contracts, protocols etc. for use in the ED.

Committee members shared information about efforts in NY, CA, CO and WA to address these issues in the ED. Not all were in support of the use of posters in the ED. It was agreed that this is a significant issue and states are addressing it differently. Use of posters was identified as one are of contention.

**Objective 7**.....**Dr. Fite**

Develop a policy statement on Freestanding Emergency Departments and include issues such as hours of operation, EMTALA compliance, staff experience, state regulations, and maintenance of an on-call list.

The information paper on Freestanding EDs was developed during the past committee year reviewed by the Board. A policy statement will developed in the coming year.

**Other topics for discussion**

Dr. Wiler asked subcommittee chairs to plan calls to begin work on their objectives in the next four to six weeks. Three or four conference calls will be scheduled for the entire committee during the upcoming committee year. Committee members were thanked for their many contributions to the College and the high quality of their work and the meeting was adjourned.

American College of Emergency Physicians®
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**2013-14 Annual Report**
**Emergency Medicine Practice Committee**

1. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues as requested.

   *Outcome:* The Joint Commission Advanced Palliative Care Certification Field Review was submitted August 2014.

2. Submit a nomination for the Rorrie Health Policy Award.

   *Outcome:* The committee submitted nomination by the deadline.

3. Policy revision: Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine and PREP: Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine.

   *Outcome:* Draft revisions were reviewed by the Board in June 2014. The Board's comments were referred back to the committee. The documents will be resubmitted to the Board in October 2014.

4. Continue to compile resources and develop an information paper on the management and transitions of care for psychiatric patients.

   *Outcome:* A second review of the literature was conducted and articles were categorized and annotated for ease of access to topic specific information. The information paper will be submitted for Board review in October 2014 and will be available on the ACEP Website after Board review.

5. Revise the following policy statements as part of the policy sunset review process:
   - ED Planning and Resource Guidelines
   - Medical Screening of ED Patients
   - Recognition of Subspecialty Boards in Emergency Medicine
   - Third-Party Payers and Emergency Medical Care
   - Use of Patient Restraints

   *Outcome:*
   - ED Planning and Resource Guidelines
     The policy was revised and approved by the Board in April 2014.

   - Medical Screening of ED Patients
     The policy was revised and the title changed to "Deferral of Care and Medical Screening of Emergency Department Patients." It was approved by the Board in June 2014.

   - Recognition of Subspecialty Boards in Emergency Medicine
     The policy was revised and approved by the Board in January 2014.

   - Third-Party Payers and Emergency Medical Care
     The policy was revised and approved by the Board in April 2014.

   - Use of Patient Restraints
     The policy was revised and approved by the Board in April 2014.

6. Develop recommended language for posters/educational materials on opioid prescribing policies in the ED that minimize EMTALA risk (i.e., address timing of when the information should be provided to patients) with a focus on patient education and safety. Compile resources for members to include pain contracts, protocols etc. for use in the ED.

   *Outcome:* Resources were compiled and the committee has divided the materials into three categories: Instructions and background, patient educational materials, and case management resources. The committee will develop resources for members in each of the above categories and forward to the Board for review.

7. Develop a policy statement on Freestanding Emergency Departments and include issues such as hours of operation, EMTALA compliance, staff experience, state regulations, and maintenance of an on-call list.

   *Outcome:* The Board approved the policy statement "Freestanding Emergency Departments" in June 2014.

8. Finalize the PREP "Emergency Physicians Contractual Relationships."

   *Outcome:* Input was received from the Medical Legal Committee and the PREP will be provided to the Board for review in October 2014.

9. Review Substitute Resolution 30(13) Use of the Title "Doctor" in the Clinical Setting and provide a recommendation to the Board regarding development of a policy statement.

   *Outcome:* The Board approved the policy statement, "Use of the Title 'Doctor' in the Clinical Setting" in April 2014.

10. Develop a rapid integration of care toolkit as directed by Resolution 36(13).

    *Outcome:* Resources are being compiled and will be submitted to the Board in October 2014. The toolkit will be available on the ACEP Website after completion and Board review.

11. Develop a policy statement regarding the role and the training of the patient advocate in the emergency department as directed by Amended Resolution 42(13) Patient Advocates in the ED.

    *Outcome:* The Board approved the policy statement, "Patient Advocates in the Emergency Department" in June 2014.

12. Work with the Emergency Nurses Association to develop a policy statement as directed by Amended Resolution 49(13) Triage-Based Protocols to Optimize ED Front End Operations.

    *Outcome:* A policy statement was drafted with input from the Emergency Nurses Association representative on the committee. The ENA Board of Directors is reviewing the draft policy. The ACEP Board will review it after comments are received from ENA.

13. Provide a recommendation to the Board regarding Referred Resolution 43(13) Patient Satisfaction Scores.

    *Outcome:* The committee agreed that the activities already completed by ACEP addressed the intent of the resolution. It was noted that it is anticipated that CMS will provide another comment period after the EDCAHPS instruments are tested and that ACEP will respond to the request for comments and follow-up on this issue as appropriate. The Board approved the committee's recommendation to take no further action on this referred resolution in April 2014.