Final Objectives 2022-23

Clinical Policies Committee

Chair: Deborah B. Diercks, MD, MSc, FACEP
Board Liaison: John T. Finnell, MD, FACEP
Staff Liaisons: Travis Schulz, MLS, AHIP and Kaeli Vandertulip, MSLS, MBA, AHIP

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.

2. Review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.

3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.

4. Serve as a resource and continue working with the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.

5. Continue updating, modifying, and disseminating current clinical policies as necessary:

   <u>Clinical policies in development or revision:</u>
   a. Blunt trauma
   b. Airway management
   c. Acute ischemic stroke
   d. Sedation (Pilot)
   e. Pediatric fever (Pilot)
   f. Seizures (Pilot)
   g. Asymptomatic elevated blood pressure
   h. Carbon monoxide poisoning
   i. Thoracic aortic dissection
   j. Transient ischemic attack
   k. Reversal of Non-Vitamin K Antagonist Oral Anticoagulants

   <u>Clinical policies being prepared for revision pending committee capacity:</u>
   l. Early pregnancy
   m. Psychiatric patient
   n. Reperfusion therapy for STEMI
   o. Venous thromboembolism
   p. Non–ST-elevation acute coronary syndromes
   q. Headache

   <u>Clinical policies in which literature is being monitored for substantial changes:</u>
   r. Opioids
   s. Community-acquired pneumonia
   t. Acute heart failure syndromes
   u. Mild traumatic brain injury
   v. Appendicitis

6. Continue clinical policy development process strategic review and redesign through the sedation policy pilot.

7. Review the following policies per the Policy Sunset Review Process:
   - Reversal of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) in the Presence of Major Life-Threatening Bleeding
   - Mechanical Ventilation
   - Procedural Sedation in the Emergency Department

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

8. Develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations as directed in Amended Resolution 50(21) Complications of Marijuana use (first resolved).

9. Ensure that ACEP's clinical policies do not utilize race-based calculators as directed in Amended Resolution 56(21) Race-Based Science and Detrimental Impact on Black, Indigenous, and People of Color Communities (second resolved).

10. Serve as a resource to the American Board of Emergency Medicine (ABEM) by developing processes to identify knowledge gaps in the current Key Advance Categories and submit content to be considered for inclusion as a Key Advance learning resource.

11. Develop a policy statement on asymptomatic hypertension.

12. Complete revisions to the policy statement "Naloxone Prescriptions by Emergency Physicians." Include endorsement for take-home naloxone programs in EDs as directed in Substitute Resolution 41(21) Take Home Naloxone Programs in EDs (first resolved). Obtain input from the EMS Committee, the Pain Management & Addiction Medicine Section, the National Association of EMS Physicians, and the American College of Medical Toxicology.