

**American College of Emergency Physicians
Clinical Policies Committee Meeting
June 20-21, 2023
Zoom Meeting**

MINUTES

Participants

Committee members participating in all or part of the meeting: Deborah B. Diercks, MD, MSc, FACEP, Chair; Christopher R. Carpenter, MD, MSc, FACEP; John T. Finnell, MD, FACEP, FACMI, Board Liaison; Benjamin Friedman, MD, FACEP, Methodologist; Seth R. Gemme, MD, FACEP; Charles J. Gerardo, MD, MHS, FACEP; Steven A. Godwin, MD, FACEP; Sigrid A. Hahn, MD, MPH; Benjamin W. Hatten, MD, MPH, FACEP; Amy Kaji, MD, MPH, PhD, Methodologist; Heemun Kwok, MD, MS, FACEP, Methodologist; Bruce M. Lo, MD, MBA, RDMS, FACEP; Sharon E. Mace, MD, FACEP, FAAP; Susan B. Promes, MD, MBA, FACEP; Kaushal H. Shah, MD, FACEP; Richard D. Shih, MD, FACEP; Scott M. Silvers, MD, FACEP; Michael D. Smith, MD, MBA, FACEP; Molly E.W. Thiessen, MD, FACEP; Christian Tomaszewski, MD, MS, MBA, FACEP; Stacy Trent, MD, MPH, Methodologist; Jonathan H. Valente, MD, FACEP; Lauren Westafer, DO, MPH, MS, FACEP; Yanling Yu, PhD, Advocate for Patient Safety.

Also present for all or part of the meeting: Jessica A. Whittle, MD, PhD, FACEP, Writing Committee on Procedural Sedation; Christopher Sampson, MD, FACEP, Writing Committee on Seizures; Travis Schulz, MLS, AHIP, Staff Liaison; Kaeli Vandertulip, MSLS, MBA, AHIP, Staff Liaison.

Agenda

1. Welcome and introductions
2. Disclosures pertinent to the agenda
3. Subcommittee and liaison reports
4. 60-Day comments on acute agitation clinical policy
5. Clinical Policy Recommendations to ACEP BOD
6. Seizures clinical policy

Major Points Discussed

1. Welcome and introductions

Dr. Diercks welcomed everyone to the meeting. Participants introduced themselves.

2. New disclosures pertinent to the agenda

There were no new disclosures pertinent to the agenda.

3. Subcommittee and liaison reports

Dr. Promes informed the committee that the first meeting with American Heart Association/American College of Cardiology (AHA/ACC) guideline on Acute Coronary Syndromes was held. She also provided an update for the American College of Radiology (ACR) Appropriateness Criteria for Penetrating Trauma, which is in the final draft stage.

Dr. Carpenter provided an update on the American Academy of Orthopaedic Surgeons (AAOS) Hip Fracture Policy, which is near completion. He also noted that they have produced an app which helps with bedside operationalization.

Dr. Tomaszewski updated the committee on the draft for the joint guideline on corneal abrasion with the American Academy of Ophthalmology (AAO), which is in the review stage now.

Dr. Thiessen provided an update on the ACR Appropriateness Criteria for Abdominal Aortic Aneurysm; the workgroup is currently deciding on the best screening tool for abdominal aortic aneurysm.

Dr. Yu announced that the National Quality Forum (NQF) is seeking nominations for their Advancing Measurement of Diagnostic Excellence Committee.

Dr. Diercks provided an update on the ACR Appropriateness Criteria for Blunt Trauma, which is editing their drafts.

Dr. Shih provided an update on the ACR Appropriateness Criteria for Dizziness. He brought a concern regarding the use of the HINTS exam, citing both ACEP and GRACE's policies regarding the use of HINTS.

Dr. Hatten provided an update on the ACR Appropriateness Criteria on plural-based imaging. He also updated the committee on his work with the American College of Toxicology (ACMT) and the European Society of Toxicology (EUROTOX) on QT prolongation guideline.

4. 60-Day comments on acute agitation clinical policy

Dr. Thiessen, with assistance from the writing committee members, led the committee members in the discussion of the comments received on the acute agitation policy's 60-day open comment period. Recommendations were made for revisions to the draft based on the comments. The writing committee will incorporate the revisions into the draft.

5. Discuss clinical policy recommendations to ACEP Board

Travis led the discussion on the disposition of clinical policies in the context of the single question structure the committee has adopted. The committee discussed the possibility of reaffirming, revision, or rescinding previous clinical policies, in part or in whole.

The committee also discussed that they would like to provide explanations to the Board about which question needs to be considered for a clinical policy. In addition to the input from membership, internal groups, external constituencies, or in response to the external environment, information from the Education Committee's gap analysis can also be used to drive a critical question and inform the Board. To help communicate with and inform the Board of the committee's activities, Kaeli recommended the creation of a dashboard tool displaying the current status of all policies and critical questions. The committee welcomed the idea.

Dr. Carpenter provided information regarding the UpPriority Tool, which is intended to improve the critical question selection process. The committee discussed this and the early pregnancy writing group will pilot the use of this tool.

6. Discussion of the seizures clinical policy

Dr. Smith, with assistance from Dr. Sampson, led the committee members in the discussion of the draft of the seizures clinical policy. Recommendations were made for revisions to the draft based on the comments. The writing committee will incorporate the revisions into the next draft.