

Emergency Care News

For the Week of June 21, 2010

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Located within the Office of the Assistant Secretary for Preparedness and Response,

United States Department of Health and Human Services

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News From the Hill

When the House completes its business for the week of July 26, it will have concluded its business for the July work period. The House is not expected to be in session during the week of August 2. This is a change to the previously announced schedule.

Additionally, on the first voting day of the week, votes will be postponed until 6:00 p.m. for the balance of the year. This is also a change to the previously announced schedule.

Doc Fix Fixed, For Now

The House on Thursday approved a six-month plan to prevent a steep cut in doctors' fees paid by Medicare, agreeing to a short-term solution that Speaker Nancy Pelosi called "totally inadequate" but said the House had decided to adopt after concluding that the Senate was hopelessly gridlocked and could do no better. The vote in the House was 417 to 1. The \$6.4 billion measure reverses a 21 percent cut in physician payments that had raised the possibility that some doctors might begin to turn away those covered by Medicare. The measure is retroactive to June 1. The legislation, known on Capitol Hill as the doc fix, was approved by the Senate last week without a roll-call vote after leaders of both parties agreed to separate it from a stalled package of tax changes and safety-net spending, including extended unemployment benefits. That bill remains stuck in the Senate. <http://nyti.ms/9Ex3i1>

Berwick not on list of soon-to-be approved nominees

Senate leaders are nearing an agreement to approve more than 60 Obama administration nominees who have been pending before the upper chamber for months. But Donald Berwick, the White House choice to head the Centers for Medicare and Medicaid Services, didn't make the cut. "He will not get unanimous consent," a spokesman for Senate Minority Leader Mitch McConnell (R-Ky.) told The Hill Monday evening. McConnell and Senate Majority Leader Harry Reid (D-Nev.) are all but agreed on allowing 67 nominees to proceed by unanimous consent Monday night or Tuesday morning, the spokesman said. <http://bit.ly/dndHGV>

Debate heats up on the Hill over sale of public safety spectrum

Does the country need to allocate more scarce spectrum so people can use their iPhones at max speed everywhere, or should it be reserved for public safety communications? That's what officials at the Federal Communications Commission, Congress, and police and fire departments nationwide debated on Thursday at a hearing of the House Subcommittee on Communications, Technology and the Internet. They reached no formal agreement, however. The subcommittee wants to auction off to commercial cellular carriers 10 megahertz of spectrum, the 758-763 MHz and 788-793 MHz bands, known as the D-Block, which Congress originally allocated in 1997 to public safety agencies. Panel

members want to use the proceeds of the auction, along with monies from two other spectrum sales, to pay for the construction and operation of an \$11 billion national public safety broadband network. <http://bit.ly/b9tGqV>

House Panel Approves Weapons of Mass Destruction Bill

The U.S. House Homeland Security Committee yesterday overwhelmingly approved legislation intended to bolster security measures at the country's biological research laboratories and strengthen federal prevention and response efforts for a potential WMD attack. Less than two weeks after being introduced by Representative Bill Pascrell (D-N.J.) and the panel's ranking member Peter King (R-N.Y.), the committee voted 26-0 in favor of the WMD Prevention and Preparedness Act of 2010. Not all members of the committee were present. The measure has not been scheduled for a vote by the full House, according to a committee spokesman. The 95-page bill would require the homeland security secretary to hold a "negotiated rulemaking committee" with other government agencies to develop enhanced regulations for biological research facilities and personnel. That body would in turn create a tier of disease materials deemed to be the most serious threats to the United States, labeling them "Tier 1 Material Threat Agents." The Agriculture and Health and Human Services departments would then conduct inspections of those laboratories to enforce the rules written by the negotiating committee and retain their current oversight roles. Agriculture and HHS officials also would be assigned to establish training programs for employees at those sites. <http://bit.ly/cW33F3>
To view the WMD Prevention and Preparedness Act of 2010 click the link below
<http://bit.ly/cnNTyr>

Upcoming Hearings on the Hill

Veterans' Claims Processing Review

Senate Veterans Affairs Committee - Hearing [09:30 am, 07/01/2010]

Full committee hearing on "Review of Veterans' Claims Processing: Are current efforts working?"

Witness(es): TBA

Location: 418 Russell Senate Office Building

Contact: 202-224-9126 <http://veterans.senate.gov>

BP Workplace Safety/Worker Protections

Senate Health, Education, Labor and Pensions Committee - Hearing [10:00 am, 07/01/2010]

Employment and Workplace Safety Subcommittee hearing on "Workplace Safety and Worker Protections at BP."

Witness(es): TBA

Location: 430 Dirksen Senate Office Building

Contact: 202-224-5375 <http://help.senate.gov>

State News

California - County-USC emergency room 'dangerously overcrowded' in May Report says hospital's emergency room was crowded more than 10% of last month up from 2% in April.

The emergency room at Los Angeles County-USC Medical Center was "dangerously overcrowded" for more than 10% of the month of May, according to a report submitted Tuesday to the county Board of Supervisors. The overcrowding — up from less than 2% of the time in April — drew a sharp rebuke from Supervisor Gloria Molina. "I think we're having a real problem. This is a serious situation," said Molina, whose district includes County-USC, just east of downtown in Boyle Heights. The overcrowding is not the first that County-USC has experienced since it moved into a new, smaller facility in November 2008. <http://bit.ly/aUOoFs>

California - Whooping Cough Epidemic Rages in California: 5 Babies Dead, 910 Infected

After 910 cases of whooping cough that have left five babies dead, California has had enough. The state is calling the outbreak an epidemic. The number of infections is on pace to break a 50-year record. Officials fear the surge in whooping cough, also known as pertussis, is about to get much worse. Six hundred cases are under investigation. The case load this year is 400 percent higher than last. <http://bit.ly/dDpn4V>

California - Judge extends order barring UC nurses from striking

A judge Friday extended a temporary restraining order barring thousands of nurses from striking at University of California hospitals and student health centers while contract negotiations proceed. San Francisco County Superior Court Judge Peter J. Busch had issued a temporary restraining order June 8, saying that a strike would be contrary to the public interest and might break the law. The order was requested by the California Public Employment Relations Board, a state regulatory agency that handles public employee relations. <http://bit.ly/dcqhmg>

Florida – Center for Innovative Collaboration in Medicine & Law at the Florida State University College of Medicine Examines Advance Directives.

The center is coordinating efforts to promote the POLST (Physician Orders for Life-Sustaining Treatment) Paradigm, a program that is intended to ensure that a patient's wishes regarding life-sustaining treatments are known, communicated and honored across all health care settings. The first major event will be a conference Sept. 20 in Orlando where interested individuals from around the state will be able to brainstorm a detailed strategy for implementing POLST in Florida. Participants will develop a legal strategy for POLST becoming an accepted document in Florida and also will discuss educational strategies for informing health care professionals and the general public. The driving forces behind the POLST initiative are the need to improve end-of-life care, rising health care costs and the intrusion of malpractice fears in the health care decision making process. <http://bit.ly/bre718>

Georgia - Desperate psychiatric patients wait Some wait days in ERs, get no help

Hundreds of psychiatric patients have spent hours, days — as long as a week — in emergency rooms awaiting admission to state hospitals or other mental health facilities, according to health care executives, physicians and others familiar with the situation. Few patients receive psychiatric care in the emergency rooms. Some get no more than a chair to sit through the delay. Just since April, more than 230 patients committed to Georgia psychiatric facilities — nearly one of every five — have been forced to wait 24 hours or more before being admitted. At least two waited in emergency rooms for seven days, state records reviewed by the AJC show, and three others spent more than six days in limbo. Many are psychotic or suicidal, a threat to themselves or others — a volatile group of people not getting the psychiatric care they need. “They’re very high risk” and require “a very high level of attention,” said Dr. Robert Cox, president of the Georgia College of Emergency Physicians. “We stabilize them in the emergency department rather than the psychiatric hospital stabilizing them. That’s not optimal. ... It’s not our specialty.”

<http://bit.ly/autt5o>

Illinois - Rush gets state grant for advanced emergency response center

A hospital on Chicago's West Side is getting \$10 million from the state to help build an advanced emergency preparedness center. Officials say the center at Rush University Medical Center will be equipped to treat people in the event of chemical and biological attacks or a massive outbreak of infectious disease. <http://bit.ly/9MBo8b>

News From the Agencies / Administration

GAO Announces Appointments to CO-OP Program Advisory Board

Gene L. Dodaro, Acting Comptroller General of the United States and head of the U.S. Government Accountability Office (GAO), today announced the appointment of 15 members to the Advisory Board to the Consumer Operated and Oriented Plan (CO-OP) Program. The board, newly created by the Patient Protection and Affordable Care Act, will make recommendations to the Department of Health and Human Services on grants and loans to establish nonprofit, member-run health insurers serving the individual and small-group markets. The Act directed the Comptroller General to appoint board members with expertise or experience related to health insurance and health care delivery but without significant interests in the insurance sector. <http://bit.ly/clyvpx>

AHRQ Releases Decision making Guides to Support Hospital Evacuation and Reoccupation

The Agency for Healthcare Research and Quality has released two new guides to help hospital leaders and emergency planners make the decision to evacuate a facility during a disaster, and when and how to safely return after the event.

The “Hospital Evacuation Decision Guide” <http://www.ahrq.gov/prep/hospevacguide/> helps decision makers better understand what factors to consider when making the decision to evacuate, shelter in place, or defer the decision to evacuate and reassess as the situation evolves. Its companion, “Hospital Assessment and Recovery Guide,” <http://www.ahrq.gov/prep/hosprecovery/> includes a checklist to facilitate the assessment of infrastructure components critical to ensuring that staff and patients can safely return to the hospital following a disaster. These new guides supplement existing hospital emergency plans, which often do not include such decision making guidance.

Federal health care site coming July 1

A federal government website that starts July 1 takes a step in that direction. The site, for the first time, will give consumers a list of all private and government health care plans for individuals and small businesses in their areas. The nation's new health care law requires the site www.healthcare.gov. Initially, it will provide just basic facts, such as the names of companies, health plans and Web links. Beginning in October, it will list detailed cost and benefits information. Consumer groups and insurers already are clashing over exactly what information should be displayed. "What we are trying to do is create some order in the marketplace," says Karen Pollitz, a top official at the new Office of Consumer Information and Insurance Oversight at the Department of Health and Human Services. <http://bit.ly/amuzcK>

Medicare Proposes New Rules to Ensure Equal Visitation Rights for All Hospital Patients

Centers for Medicare & Medicaid Services (CMS) today proposed new rules for hospitals that would protect patients' rights to choose their own visitors during a hospital stay, including visitors who are same-sex domestic partners. The new proposed rules implement an April 15, 2010, Presidential memorandum, in which the President tasked HHS with developing proposed standards for Medicare- and Medicaid-participating hospitals (including critical access hospitals) that would require them to preserve the rights of all patients to choose who may visit them when they are inpatients of a facility. The proposed rules would require every hospital to have written policies and procedures detailing patients' visitation rights, as well as instances when the hospital may restrict patient access to visitors based on reasonable clinical needs.

A key provision of the proposed rules specifies that visitors chosen by the patient (or his or her representative) must be able to enjoy visitation privileges that are no more restrictive than those for immediate family members. The proposed rules would update the Conditions of Participation, which are minimum health and safety standards all Medicare- and Medicaid-participating hospitals and critical access hospitals must meet.

Specifically, the proposed rules would add new requirements for hospitals and critical access hospitals to explain to all patients their right to choose who may visit them during their inpatient stay, regardless of whether the visitor is a family member, a spouse, or a domestic partner (including a same-sex domestic partner), as well as the right to withdraw such consent at any time. The proposed rules are available for public comment for 60 days and will be finalized after CMS has read and considered the comments. More information about the proposed rules is available on CMS' website at http://www.cms.gov/CFCsAndCoPs/06_Hospitals.asp and http://www.cms.gov/CFCsAndCoPs/03_CAHs.asp.

HHS Assistant Secretary for Preparedness and Response (ASPR) Launches new Public Health Emergency Portal

The new PHE.gov acts as a cross-governmental portal for residents in the U.S. and worldwide to obtain information from all U.S. federal agencies and their state and local partners involved in a public health emergency, medical disaster or public health aspects of a natural or man-made disaster. The site was created by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) in conjunction with cross-governmental partners to meet public information requirements of the Pandemic and All Hazards Preparedness Act of 2006, Public Law No. 109-417 and National Health Security Strategy (NHSS) objectives. Using this portal, visitors can find the current status and actions taken by the federal government in preparing for and responding to [public health emergencies and medical disasters](#). Links to report potential public health threats, and information about medical response, emergency support functions and medical services are also available along with public health actions taken by the federal government during domestic and international emergencies. In addition, visitors can learn about U.S. efforts to provide basic and advanced research and development of medical countermeasures and how these countermeasures will be used in response to public health emergencies. The portal also provides specific information for federal, state, and local emergency planners to aid in preparing for, responding to, and recovery from public health emergencies. Information on legal authorities and guidance, preparedness and planning tools, and specific preparedness programs are also provided for emergency planners. Information for responders includes information on physical safety and mental health, and guidance for dealing with specific public health emergencies.

VA plans to provide wireless Internet access to patients in hospitals

The Veterans Affairs Department plans to install wireless networks at health care facilities nationwide so patients and their families would have Internet access, top officials said on Thursday. The project would be a massive undertaking to deploy the service throughout VA's 153 hospitals, 134 nursing homes and 50 residential rehabilitation facilities across the country. But patients have asked the department provide Internet service in its health care facilities and officials said they view the requests as part of their service to the veteran community. <http://bit.ly/dpRy8a>

HHS Issues Final Rule on Temporary Certification of Health IT.

SUMMARY: This final rule establishes a temporary certification program for the purposes of testing and certifying health information technology. This final rule is established under the authority granted to the National Coordinator for Health Information Technology (the National Coordinator) by section 3001(c)(5) of the Public Health Service Act (PHSA), as added by the Health Information Technology for Economic and Clinical Health (HITECH) Act. The National Coordinator will utilize the temporary certification program to authorize organizations to test and certify Complete Electronic Health Records (EHRs) and/or EHR Modules, thereby making Certified EHR Technology available prior to the date on which health care providers seeking incentive payments available under the Medicare and Medicaid EHR Incentive Programs may begin demonstrating meaningful use of Certified HER Technology. <http://bit.ly/9Xxobf>

In the News

EPINEPHrine Shortage May Result in Dangerous Medication Errors

A shortage of EPINEPHrine prefilled syringes may cause serious medication errors, with 1 death reported from an overdose of EPINEPHrine, according to a National Alert for Serious Medication Errors issued June 16 by the American Society of Health-System Pharmacists and the Institute for Safe Medication Practices (ISMP). A hospital patient in Bangor, Maine, died from an EPINEPHrine overdose a few days before the alert was finalized. However, it is still unknown whether the EPINEPHrine shortage played any role in the fatal medication error. EPINEPHrine emergency syringes 1 mg/10 mL (0.1 mg/mL) are currently on back order from the sole manufacturer of this product until later this summer, creating risk for error. Injectable EPINEPHrine is still available in 1 mg/mL in 1 mL ampuls or vials, 1 mg/mL in 30 mL vials, and 1 mg/10 mL (0.1 mg/mL) emergency syringes with an intracardiac needle, but these products may not be safe alternatives for code carts, in emergency vehicles, and for other emergency needs.

<http://bit.ly/aFXmSr>

ER doctors: Lawsuit fears lead to overtesting

Fast decisions on life-and-death cases are the bread and butter of hospital emergency rooms. Nowhere do doctors face greater pressures to overtest and overtreat. The fear of missing something weighs heavily on every doctor's mind. But the stakes are highest in the ER, and that fear often leads to extra blood tests and imaging scans for what may be harmless chest pains, run-of-the-mill head bumps, and non-threatening stomachaches. Many ER doctors say the No. 1 reason is fear of malpractice lawsuits.

<http://bit.ly/dc8HuD>

Tips for When to Go to ER, Avoid Overtreatment

Advice for when to seek emergency care, and questions to ask to avoid extra tests, treatments

Wondering whether an illness or injury warrants a trip to the emergency room is a common quandary. With severe, life-threatening conditions, call 911. Here are some other symptoms experts say require an ER visit: <http://bit.ly/bX5nIf>

NEMSMS Announces Live Streaming of Memorial Service

The National EMS Memorial Service recently announced that for the first time, the 2010 National EMS Memorial Service will be steamed live via the Internet. The move to the new host venue at the First Presbyterian Church of Colorado Springs brought with it the technical ability to provide family members, the EMS community, and any other interested parties who cannot be present in Colorado Springs the opportunity to view the Service live, rather than wait for the official DVD to be released. The web cast will begin at 6:00 pm MDT on Saturday, June 26, 2010 and will be available from links to be posted at <http://live.nemsms.org>

New Test Approved for Swine Flu

A new and improved diagnostic test for the 2009 swine flu was approved Tuesday by the Food and Drug Administration. The new kit, developed by the Centers for Disease Control and Prevention, has been shown to be 96 percent accurate on samples taken from nasal swabs, which can be done in a doctor's office. It takes about four hours. The test replaces the one authorized for emergency use in April, 2009, when the flu pandemic was just beginning. That test was less accurate and worked more consistently on samples from the lungs, which are usually taken in hospitals. <http://nyti.ms/c9B6XF>

NQF Issues Call For Board of Directors Nominations

The National Quality Forum (NQF) announces a call for nominations and/or applications for its Board of Directors. A unique public-private partnership, NQF has broad participation from approximately 400 organizations representing all sectors of the healthcare industry, including consumers, purchasers, employers, payers, healthcare providers, and other critical stakeholders. The NQF Board of Directors consists of individuals with extensive experience and diverse perspectives. At this time, candidates from all stakeholder groups and perspectives are being sought with the understanding that Directors should serve as individuals and not as stakeholder representatives per se. <http://bit.ly/9RwEoq>

Accreditation Council for Graduate Medical Education Issues New Work Hour Guidelines

The proposed new guidelines—published online Wednesday by the New England Journal of Medicine—are "an attempt to balance those [concerns] and to teach residents to learn their own limits," said Thomas Nasca, chief executive officer of the ACGME. The guidelines are now open for a 45-day public-comment period and if approved by the board in September, will go into effect in July 2011. At the heart of the ACGME's proposed changes is the recognition that the least-experienced residents need to be treated differently than more experienced ones. The plan recommends that first-year residents be limited to 16-hour shifts, and those in the second year and above work continuously for no more than 24 hours. They can stay an additional four hours to facilitate patient handoffs to another doctor. Currently residents are allowed to work up to 30-hour shifts. <http://bit.ly/c9IXzl>

Discharging and readmitting patients costing NHS £1.6 billion Discharging patients from hospital too early and readmitting them after complications is costing the NHS £1.6 billion, figures show.

The most common readmissions were among newborn babies, with almost 25,000 readmissions costing almost £20m. Almost one million patients are being sent home too early or are having to go back into hospital as emergency readmissions after they leave, NHS data shows. Andrew Lansley, Health Secretary, has announced plans to penalise hospitals if their patients return within 30 days, claiming the majority can be prevented with proper treatment during their initial stay. Hospital waiting time targets under Labour and financial constraints has encouraged hospitals to discharge patients as soon as possible in order to get new ones in the beds. Readmissions account for up to 15 per cent of hospital turnover in some areas but less than one per cent in others, NHS figures show. The figures show that of the 14.2 million discharges from hospital in 12 months up to June 2009, in total 916,000 patients, just under 6.5 per cent, were readmitted within 30 days. <http://bit.ly/9L3OaB>

Gulf Oil Spill News

Florida Creates New Response Website

“A geospatial assessment tool for operations and response”

The state of Florida has created the site called SERT GATOR. Navigation charts and radar can be superimposed as well as a host of other real time activities. By clicking on any of the red, green or orange dots you can find out more details, and you can also see photos and maps as well. Red dots are emergency reports, orange dots are priority reports and green dots are routine reports. <http://map.floridadisaster.org/gator>

Free live (and later on-demand) webcast from the South Central Public Health Training Center in partnership with Alabama Dept of Public Health

Anatomy of an Oil Spill: Public Health Response, an on demand Web cast available on or around July 1st.

Please see: <http://adph.org/ALPHTN/assets/062910flyer.pdf>

Federal Mobile Medical Unit Arrives in Louisiana

A federal mobile medical unit arrived in Venice, La., today to provide additional basic medical care for responders and residents of coastal communities affected by the oil spill.

The mobile medical unit, provided by the U.S. Department of Health and Human Services in coordination with the Louisiana Department of Health and Hospitals, will integrate with the local medical community to triage and provide basic care for responders and residents concerned about health effects of the oil spill. Patients then can be referred to local healthcare providers or hospitals. <http://bit.ly/d0AteF>

NOAA - <http://www.geoplatform.gov>

CDC – Oil Spill Resources

http://www.bt.cdc.gov/chemical/oil_spill_gm_2010.asp

HHS – Health Related Information

<http://www.hhs.gov/gulfoilspill/>

NLM - Disaster Information Management Research Center

<http://disasterinfo.nlm.nih.gov/dimrc/oilspills.html>

Department of Energy – Oil Response Page

<http://bit.ly/aN3nRm>

Recent Publications

HealthGrades Evaluates Hospital Emergency Medicine for the First Time Study of Patients Admitted through Emergency Departments Finds Wide Range of Mortality Rates

The quality of emergency medical care at the nation’s hospitals varies widely – both individually and by state – according to a new HealthGrades study released today that,

for the first time, examines mortality rates for patients entering hospitals through emergency departments. The first annual HealthGrades Emergency Medicine in American Hospitals Study examined more than 5 million Medicare records of patients admitted through the emergency department of 4,907 hospitals from 2006 to 2008 and identified hospitals that performed in the top 5% in the nation in emergency medicine. <http://bit.ly/diLqGX>

FCC – White Paper on The Public Safety Nationwide Interoperable Broadband Network.

<http://bit.ly/9q0rgk>

Healthcare System Cost Evaluation of Antiviral Stockpiling for Pandemic Influenza Preparedness

Yang Li, Edbert B. Hsu, Jonathan M. Links

Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. June 2010, 8(2): 119-128. <http://bit.ly/aEqrH3>

Determinants of Paramedic Response Readiness for CBRNE Threats

Garry Stevens, Alison Jones, George Smith, Jenny Nelson, Kingsley Agho, Melanie Taylor, Beverley Raphael

Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. June 2010, 8(2): 193-202. <http://bit.ly/aEqrH3>

Cardiac MRI in the ER cuts costs, hospital admissions for chest pain patients

A new study done by researchers at Wake Forest University Baptist Medical Center indicates that chest pain may no longer have to mean a hospital stay – there is another option for diagnosing heart-related chest pain that costs less and, in some cases, allows the patient to return home the same day. "Every year, millions of people in the United States visit the emergency department (ED) because they are experiencing chest pain," said Chadwick D. Miller, M.D., M.S., an assistant professor of emergency medicine and lead author on the study. "A lot of those people end up being admitted to the hospital unnecessarily. "To be able to either provide patients with the reassurance that their chest pain isn't related to a more serious cardiac problem and get them back home within a day, or to diagnose the cardiac problem more quickly and begin treatment, is really satisfying." The study is currently featured online and is scheduled to appear in a future issue of the Annals of Emergency Medicine. <http://bit.ly/cYhj38>

Upcoming Events

Robert Wood Johnson - Urgent Matters Webinar: Emergency Department

Workforce Wednesday, June 30, 2010 1:00 pm

Eastern Daylight Time (New York, GMT-04:00)

Duration: 1 hour 30 minutes

Join us for this exciting event examining the Emergency Department Workforce Participants will learn about the role and utilization of the ED Nurse Practitioners Explore strategies for improving and promoting multi-professional care in the emergency department. Have to opportunity to interact share ideas and strategies related to emergency department workforce. <http://bit.ly/bCuCaL>

July

ENA Presents Pediatric Needs Webinar

On July 14, 2010 at 2:00pm Central Time, the Emergency Nurses Association (ENA) will present a Webinar addressing Pediatric Needs. This web session will focus on unique and effective tips and hints for assessing and caring for the pediatric patient. The webinar is being offered for 0.5 contact hours in the clinical category, and costs \$15 for ENA members, \$25 for nonmembers. <http://bit.ly/cnQJOI>

NASEMSO: Developing EMS Based Instruction for EMS

Wednesday, July 21, 2010

3-4pm EST

<https://www2.gotomeeting.com/register/545631170>

Symposium by the Sea 2010. Sponsored by EMLRC and FCEP. July 29 - August 1, 2010 Boca Raton, FL The Boca Raton Resort & Club.

Go to <http://www.emlrc.org/sbs2010.htm> for more information.

August

AAP Announces Pediatric Emergency Medicine CME Conference

The American Academy of Pediatrics (AAP) will host "Prep: EM – An Intensive Review and Update of Pediatric Emergency Medicine" at the Hyatt Regency Chicago in Chicago, IL, August 7-11, 2010. This continuing medical education (CME) activity is designed to provide a comprehensive review of key topics in pediatric emergency medicine and to disseminate information on recent developments in the field.

<http://www.aap.org/sections/PEM/PREPPEMBrochure2010.pdf>

6th Annual International Roundtable on Community Paramedicine and Rural Health Care Delivery

August 9 - 10, 2010 Vail, Colorado

Manor Vail Lodge

Abstracts are to be submitted by June 15, 2010 via e-mail to:

ircp@wecadems.com with "Abstract Submission" in the subject line.

<http://bit.ly/9x3JS8>

5th Annual Disaster Planning for Hospitals Conference.

August 12-12, 2010 in Washington DC. To view the complete agenda, please visit <http://www.worldrg.com/disaster>. Use promotional code "GPN752" and priority code "HW10075-82329" to receive an additional \$300 discount by calling 800-647-7600, e-mailing info@worldrg.com or visiting <http://www.worldrg.com/disaster>

September

National Association EMS Educators 15th Annual Educational Symposium and Trade Show taking place September 7-12, 2010 in Schaumburg, IL.

<http://bit.ly/NnGpf>

Pennsylvania State EMS Conference. September 17-18 (with preconference sessions on September 15-16), 2010 at the Lancaster County Convention Center in Lancaster, PA. More information can be found at www.pehsc.org.

2010 Emergency Nurses Association Annual Conference

September 21 – 25, 2010

San Antonio, Texas

<http://bit.ly/d8iXfK>

AHRQ 2010 Annual Conference, September 26-29, 2010. North Marriott Hotel & Conference Center in Bethesda, Maryland

American College of Emergency Physicians Scientific Assembly

September 28 - October 1, 2010

Mandalay Bay Resort – Las Vegas

Registration & Housing are open

www.acep.org/sa or 800-798-1822, ext 6 for registration

October

The Chicago Medical School, in conjunction with, Mount Sinai Hospital is sponsoring two exciting conferences on behavioral emergencies. Last year, we hosted a very successful conference with 250 attendees at Mount Sinai Hospital in Chicago. After that success, we are gearing up for a regional conference in Chicago, Illinois on Tuesday, October 26, 2010 2009, beginning at 7:30am in Glasser Auditoriums of Mount Sinai Hospital. We will also be presenting a national conference in Las Vegas, Nevada on Thursday, December 2 through Friday, December 3, 2010 at the Westin Casuarina Las Vegas Hotel. The conferences will provide CME and continuing education credit of approximately 8 -12 hours. Call 773-257-6589 for more information.

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