TRUE NORTH

Saving Lives,
Improving Health,
Providing Hope.

Our Mission

To deliver exceptional prehospital and emergency care, advance groundbreaking science through translational and public health research, accelerating innovation, and providing unmatched education to a diverse group of trainees and communities.

Our Vision

To stand alone as the premier academic Emergency Medicine Department in the nation by leading a transformation in acute and emergency care delivery through discovery of innovative data-driven solutions that improve the patient/family experience, preparing the next generation of emergency care providers for the future and guiding discoveries that save lives, improve health and provide hope.
MESSAGE FROM THE CHAIR

The Evolution of Emergency Medicine: Reflecting and Looking Ahead

The Department of Emergency Medicine remains steadfast in its mission to impact our patients’ lives, foster our students’ growth, ensure our community’s safety, and contribute to global health through our multifaceted roles in clinical service, education, innovation, and research.

In this edition of “EM in Review,” we delve into the whirlwind of 2021 and 2022, recounting the hurdles we surmounted, from the complexities brought about by the COVID-19 variants, supply chain disruptions, and the nursing deficit to the unexpected emergence of the Monkey Pox outbreak. During these taxing times—marked by arguably the gravest pandemic in a century—our team remained resilient, facing adversity head-on.

Our heartfelt gratitude goes out to all our healthcare allies and visionary leaders who braved these trying times alongside us. United in purpose, the Emergency Medicine team demonstrated its tenacity, collaboratively tackling multifarious challenges.

2022 witnessed the Department pioneering several innovations, underscoring our vanguard role in telemedicine and health design’s nascent arenas. As this edition unfolds, you will discover myriad initiatives spearheaded by our team, testimonies to our ambition and aspiration.

As we peer into the horizon, the promise of Emergency Medicine sparkles. Our vision revolves around revolutionizing how patients interface with the healthcare system, ensuring holistic care anytime, anywhere. Simultaneously, we’re sculpting the future by preparing budding clinicians to assimilate tech-centric care and novel care paradigms. Emory EM remains at the forefront, championing technology’s potency in enhancing accessibility and ensuring care delivery remains seamless—whether you’re at home, work, or on the move.

Through pioneering ventures like Health DesignED, TeleEMS, and Clinical Decision Units (CDUs), Emory EM is reshaping patient-healthcare dynamics. As we weave artificial intelligence more intricately into our operational tapestry and harness wearable technology’s diagnostic capabilities, we remain optimistic. The emerging tools and platforms promise to be game-changers for those seeking urgent care. Furthermore, leveraging data analytics offers unprecedented insights, potentially illuminating public health trends and concerns. Our unwavering commitment is to harness these innovations, enhancing patient experiences and ensuring optimal outcomes.

In closing, a profound thank you to each member of our team. Your daily contributions—whether through groundbreaking research, exemplary patient care, genuine compassion and empathy, community outreach, mentorship, or clinical expertise—resonate deeply. As we stand on the cusp of 2023, I eagerly anticipate the trailblazing endeavors we shall undertake together.

David Wright, M.D.
Chair, Department of Emergency Medicine

INTRODUCTION | SPOTLIGHT | CLINICAL SITES

EXECUTIVE COMMITTEE
The Executive Committee brings together leaders from the Department of Emergency Medicine to enact the recommendations of the Vice Chair Group and share thoughts and ideas to ensure alignment of the Department’s strategic plan.

First row (left to right): Marilea Grider, Dr. David Wright, Chair, and Dr. Matthew Keadey
Second row (left to right): Daniel Wu, Dr. Douglas Ander, Dr. Sheryl Heron, Anna Yaffee, and Dr. Alex Isakov
Third row (left to right): Andrew Pendley, Dr. Ziad Kazzi, Dr. Joshua Wallenstein, and Chris Perry
Fourth row (left to right): Brent Morgan, Dr. Phillip Shayne, and Jocelyn Montgomery
Not pictured: Dr. Nicole Fruenda, Dr. Gregg Holland, Dr. Megan Henn, Dr. Mike Ross, Dr. Jonathan Rupp, Dr. Montague Smith, Meredith Haush, and Dr. National Jerry

DEPARTMENT TOTAL GROWTH

| FY 22 | 838 |
| FY 21 | 399 |
| FY 20 | 381 |
| FY 19 | 380 |
| FY 18 | 411 |

Thank you to Susie Cruzado and Sonnet Robinson for compiling this data.

RETURN TO CONTENTS
Tele-Emergency Medicine

PREPARED BY: DR. MICHAEL CARR AND DR. MICHAEL ROSS

BACKGROUND

The COVID-19 pandemic created the immediate need to expand the role of telemedicine across the healthcare system. The Emory Department of Emergency Medicine Tele-Emergency Medicine (TEM) workgroup was developed in response to the COVID-19 pandemic with a goal of improving timely access to high value patient care and workflows, and staffing were developed which led to thousands of virtual acute care evaluations over the course of the pandemic, and beyond.

EMERGENCY ROOM TELE-EMERGENCY MEDICAL SERVICES (ER-TEMS)

Emory Rural Tele-EMS (ER-TEMS) is a novel telemedicine network with a primary goal to address medical disparities in rural residents throughout the state of Georgia. ER-TEMS has been deployed in fifteen rural counties (15 ambulances) throughout southern Georgia. They recently partnered with the Southern Regional Disaster Response System (SRDRS) funded by the Assistant Secretary for Preparedness and Response (ASPR). ER-TEMS provides a virtual disaster support framework that is the first-of-its-kind and is a model for other states and Federal Emergency Management Agency (FEMA) regions throughout the country.

TELE-TRIAGE

Physicians remotely staffed two triage zones (“hot” and “cold”) at two hospitals during several waves of the COVID-19 pandemic. They performed several thousand screening medical swabs, ordered tests and treatments, called consultants, while minimizing exposures and preserving the use of limited PPE equipment. These efforts expedited patient care as a result.

EMERGENCY MEDICINE TELE-VISIT (ER-TV)

Acute care ER-TV program is a multifaceted approach to accommodating acute, unscheduled tele-visits from multiple referral sources. ER-TV provides a platform where on-call emergency physicians can provide a virtual evaluation for patients referred from the Emory nurse navigation call center, 911 nurse navigation call centers, Emory waiting rooms, and other partner organizations.

TELE-OBSERVATION MEDICINE (TOM)

Telemedicine is ideally suited for “cognitive” services such as triage visits, emergency visits, critical care, and now at Emory: observation visits. Observation services in a protocol-driven emergency department observation unit (EDOU) provides several benefits relative to traditional care in an inpatient bed. The Emory TOM group is the first in the country to demonstrate that virtual rounding is comparable to in-person rounding, with several unique advantages. In their study of 4,936 observation patients, they found no decline in EDOU performance with virtual rounds. More significantly, relative to traditional inpatient settings, EDOU length of stays were shorter (19 vs 38 hours), costs were lower ($1,890 vs $2,814), and admit rates were lower (17.5% vs 26%).

PUTTING IT ALL TOGETHER

Emory Department of Emergency Medicine has partnered with vendors to build a capable digital access point to accommodate the above, multiple referral sources. The Emory Emergency Digital Front Door is a virtual solution for intake and registering patients, and for connecting virtual access patients with the appropriate, credentialed providers. Future programs include mobile integrated healthcare, inHOMEse (in-home observation unit services), and PO-TV (post-discharge tele-visit). Virtual healthcare solutions are quickly becoming essential to meet the growing demand for Emory’s acute care services.

SPOTLIGHT

The Emory Rural tele-EMS Network (ER-TEMS) provides telemedicine services to ambulance crews treating patients across rural Georgia. The Health Resources and Services Administration (HRSA) awarded ER-TEMS a $1.2 million grant over four years. With this grant, the ER-TEMS team will create a sustainable model resulting in improved efficiency of the EMS system as well as improved medical care. Early comprehensive telemedicine assessments will reduce unnecessary transports and optimize the utilization of hospital resources to deliver the right care at the right time and the right place.

WHO

Ill and injured rural residents of Georgia are at a disadvantage. Prolonged EMS transport times due to long-distances contribute to worse medical outcomes in time-sensitive critical conditions like strokes, heart attacks, and trauma. Rural Georgians also have an increased incidence of high-risk medical conditions leading to complications of childbirth. Worse medical outcomes in rural Georgia are linked to the prolonged time required to transport patients to the closest most appropriate medical facility.

WHY

The ultimate goals of the ER-TEMS program are to address disparities in medical care, support rural EMS personnel, and enhance access to high quality healthcare for rural populations. We expect to achieve improved medical outcomes for rural Georgians by providing comprehensive evaluations and treatment recommendations at the point of patient contact with EMS. Implementation of this telehealth network in rural EMS will allow for evidence-based coordinated care for thousands of rural Georgians. ER-TEMS will leverage relationships with academic, commercial, and public health partners to decrease time-to-diagnosis and time-to-definitive care.

HOW

Computers and remotely linked telecommunications technology allow for earlier comprehensive evaluation by Emory Emergency Physicians at the point of patient contact in rural Georgia. The patients are safely transported to local facilities for definitive care after initial stabilization and treatment, in collaboration with guidance from the on-call tele-emergency provider. The Emory physician coordinates care with the most appropriate and closest rural hospital to ensure consistent, up-to-date management that occurs at the right time and place.

WHERE

ER-TEMS Emergency Physicians are available to perform tele-EMS evaluations for patients residing in a rural counties of Georgia: Baldwin, Clay, Cobb, Cook, Decatur, Hancock, Lincoln, Mitchell, Morgan, Newton, Quitman, Randolph, Rockdale, Seminole, and Paulding.
Health DesignED
THE ACUTE CARE DESIGN + INNOVATION CENTER AT EMORY

COVID MESSAGING CAMPAIGN
At the height of the pandemic, Health DesignED leveraged its strengths in partner development to provide trusted and accessible health information to communities of color. The Health DesignED collaborated with a healthcare engagement company to increase COVID-19 awareness among vulnerable communities in Atlanta through a targeted mobile messaging campaign.

DATA SANDBOX
Recognizing that homogenous data is a barrier to equitable innovation, Health DesignED established a prototype of a Health Equity Data sandbox to bring together intentionally diverse datasets to capture the diversity in patients’ lived experiences. The Health Equity Data Sandbox is a tool for uncovering insights within data to drive the discovery and development of solutions by Emory and our industry partners. The Sandbox provides a centralized and secure environment for the discovery of knowledge and low-hypothesis exploration by combining datasets that are traditionally siloed and difficult to navigate independently like patient encounter data, labs, claims, and publicly available social determinants of health data.

DIGITAL FRONT DOOR
The Health DesignED is reimagining the acute care continuum to meet patients where they are as soon as they feel their first symptom. Our Digital Front Door is designed to improve care and patient outcomes for the more than 75% of Americans who begin their medical journey on Google. By offering an omnichannel platform that provides patients with access to accurate and timely information about their symptoms and appropriate care pathways including virtual on-demand care with an Emory Emergency Medicine physician, the Digital Front Door enhances the patient experience and reduces avoidable and costly visits to the emergency department. With a launch planned for late 2022, we have partnered with innovative companies in the health technology space to deliver the value that is missing among disconnected digital health point solutions.

SYMPTOM CHECK AND TRIAGE
Patient uses triage assistant or message service to determine best course of care.

PERSONALIZED CARE PLAN
Depending on symptom triage, patient is offered appropriate care pathways, including potentially a virtual visit with an Emory Emergency provider.

DIGITAL FOLLOW-UP
Our Digital Front Door maintains strong patient engagement following their visit to support the patient’s personalized care plan.
Wellness, Equity, Diversity, and Inclusion (WEDI)

Director of WEDI: Dr. Michelle Lall

VISION STATEMENT
Provide vision, guidance, coordination and leadership for the department’s Equity, Diversity and Inclusion Committee and Wellness Committees that address their initiatives across the various clinical, teaching and research sites. These initiatives should be in alignment with the Department of Emergency Medicine’s vision and strategic plan. Develop annual metrics to inform strategic planning/decision-making and create a dashboard to ensure accountability in tracking and monitoring of wellness, resilience, diversity, equity, inclusion, and women’s initiatives.

DEPARTMENT DEMOGRAPHICS
INCLUSIVE OF EMMORY UNIVERSITY TEAM MEMBERS AND NOT HEALTH CARE PROVIDERS ON THE TEAM

<table>
<thead>
<tr>
<th>FACULTY (154 TOTAL)</th>
<th>NATIONAL DATA*</th>
<th>RESIDENTS</th>
<th>NATIONAL DATA*</th>
<th>STAFF (40 TOTAL)</th>
<th>GRADEY APPs (49 TOTAL)</th>
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<tr>
<td>Female 63 (41%)</td>
<td>38%</td>
<td>28%</td>
<td>52%</td>
<td>36%</td>
<td>31 (78%)</td>
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<tr>
<td>Asian 29 (19%)</td>
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<td>10%</td>
<td>15%</td>
<td>16%</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Black 21 (14%)</td>
<td>5%</td>
<td>5%</td>
<td>30%</td>
<td>6%</td>
<td>15 (38%)</td>
</tr>
<tr>
<td>Hispanic 8 (5%)</td>
<td>3%</td>
<td>6%</td>
<td>3%</td>
<td>9%</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

*National Data from the Association of American Medical Colleges (AAMC)

STRENGTHS
The department has had a longstanding commitment to diversity, equity and inclusion. This includes a national, regional and local reputation as a department that has had tremendous success in recruiting, advancing and supporting URiM and women. In addition, there has been significant scholarship addressing diversity, equity and inclusion including manuscripts and key textbooks published on these topics.

WEAKNESSES
Historically, advancing diversity, equity and inclusion rested on the shoulders of only a few people. While there has been an attempt to target programming specifically for mid-career female and URiM faculty, there is a need for a more coordinated approach to meet this goal that would include pathways for faculty to be competitive for leadership opportunities.

OPPORTUNITIES
Develop a repository of meeting dates, conference dates, faculty development opportunities, and related local, regional and national events. This would be done with the intention to advocate and sponsor our female and URiM faculty to attend and participate in these targeted opportunities.

THREATS
There is a growing number of Emergency Medicine Academic Departments in Groups that may compete for our URiM and women faculty, staff and learners. This could present a challenge to our department and school if we continue to solely rely on a few people in the department or on our department’s reputation to sustainably recruit and retain women and URiM.

Wellness Committee
Chair: Dr. Mike Zdradzinski

Wellness Committee Highlights
During the pandemic and other critical incidents, the department has responded with debriefing sessions, focus groups, educational sessions, and sharing the resources of Emory’s Faculty Staff Assistance Program.

THEME FOR THE YEAR
Re-establishing Connections
Looking forward to moving beyond COVID and re-invigorating wellness efforts, including in-person events. Continuing to support the team as they process the stress of the past few years through additional wellness outreach, education, and debriefing opportunities.

- Family Leave working group was convened and made recommendations to the chair and vice chairs.
- Townhall listening sessions were conducted with mid-career faculty and the entire faculty to solicit input on multiple topics including the clinical schedule and communications.
- Faculty retreat September 2022

AFFINITY GROUPS

WEM-PWRDD
In November 2021, Women in Emergency Medicine-Promoting Wellness, Research, Diversity, and Professional Development (WEM-PWRDD) gathered virtually and re-invigorating wellness efforts, including in-person events.
- During the pandemic and other critical incidents, the department has responded with debriefing sessions, focus groups, educational sessions, and sharing the resources of Emory’s Faculty Staff Assistance Program.
- The theme for this year is Re-establishing Connections.

Equity, Diversity and Inclusion Committee (EDIC)
Co-Chairs: Dr. Anika Buckste, Dr. Sheryl Honon, Dr. Michelle Lall

EDIC Updates
In 2021, we worked to restructure EDIC. There are many active members of EDIC who work in the following sections: education, LGBTQ+ initiatives, recruitment and retention, recognition, advocacy, social EM, community outreach, and health equity.

Recruitment
MUSE Rotation - Mentoring Under-Represented Students in Emergency Medicine | Director: Maurice Selby
The purpose of this program is to provide a longitudinal mentoring program for rising clinical year medical students from underrepresented in medicine groups who have an interest in pursuing emergency medicine as a career.

We have recruited 3 MS4s for the 22-23 program and 3 MS3s for the 23-24 program.

Accommodations
- Continued Collaboration with SAEM Accommodations committee to provide annual national conference didactic as well as scholarly papers and medical magazine articles. These initiatives promote an understanding of the need for various types of accommodations to patients, learners, and faculty.
- Launched Emory EM webpage offering resources.
- Didactic presented to the National SAEM
- Conference: From Inequity to Access: Evidence-based institutional practices to enhance care for individuals with disabilities.
EDIC Highlights

- Dr. Maurice Selby is leading the development of a DEI curriculum
- Hosted resident lecture on “LGBTQIA+ Health”
- Unique cultural email campaign created by Dr. Anika Backster focusing on education for holiday and cultural topics throughout the year

COMMUNITY ENGAGEMENT WITH REFUGEE AND IMMIGRANT POPULATIONS

Partnership with Georgia State University Prevention Research Center and Grady Trauma Surgery

Completed 3 Stop the Bleed Trainings in the Community:

- Stop the Bleed Training in English, Burmese, Somali, Swahili
- Stop the Bleed and CPR training at the Clarkston Summit in Pashto
- Stop the Bleed Training in Brookhaven Community in Spanish

Multiple EM Residents/Faculty/APPs joined these trainings: Samira Asker, Michael Clery, Kimberly Herard, Esther Hwang, Nichelle Jackson, Mustafa Rasheed, Amy Zeidan

Georgia Human Rights Clinic

- Provided 10 asylum cases, supporting 7 asylum related organizations (most referrals through The Georgia Asylum and Immigration Network)
- Provided 24 expert declarations for medically vulnerable individuals detained throughout Georgia, most referrals coming from the Southern Poverty Law Center Southeast Immigrant Freedom Initiative (SPLC-SIF)
- Developed “Know Your Medical Rights” Resources for individuals detained in immigration prisons
- Developed immigration policy toolkits. Collaborated with Georgia State University Immigration Law Clinic, University of California San Francisco Health and Human Rights clinic, and Center for Gender and Refugee Studies to develop 'best practices for clinician-lawyer communication' toolkit
- With partner organizations SPLC SIFI, El Refugio, BAJI, filed a Civil Rights and Civil Liberties Complaint on behalf of medically vulnerable individuals at Stewart Detention Center
- Developed and implemented an elective for second year medical students and fourth year medical students focused on creating asylum-immigration informed health systems

COMMUNITY OUTREACH EVENTS

- Atlanta Pride
- The Hope Clinic/AV2oo Bike Ride
- CPR Training
- “Shots in Arms” Community Vaccination Campaign in collaboration with Fair Count

ADVOCACY

- Georgia Human Rights Clinic
- Asylum Cases and Expert Declarations
- Transgender healthcare reform policy

EDIC plannned a successful LGBTQIA+ Welcome event for the GME Pride Committee for the new interns across GME
EMORY UNIVERSITY SCHOOL OF MEDICINE

INTRODUCTION

SPOTLIGHT

CLINICAL SITES

EMORY DEPARTMENT OF EMERGENCY MEDICINE

EM IN REVIEW 2022

EMORY DEPARTMENT OF EMERGENCY MEDICINE

CLINICAL SITES

Emory University Hospital

The Emory University Hospital on Clifton Road is Emory Healthcare’s flagship quaternary care hospital. The Emory University Hospital Emergency Department (EUHED) leadership team, through years of culture work, has built a strong, resilient, and emotionally intelligent team of physician and advanced practice providers. Through Dr. Andrew Pendley and Dr. George Hughes’ leadership, the group has intentionally developed collaborative working relationships with the hospital’s specialists, service lines, and executive leadership.

RESILIENCY EFFORTS

The Covid pandemic has been the greatest challenge the EUHED, and frankly emergency medicine has ever faced. The EUHED encountered the same struggles that every emergency department nationally dealt with through the pandemic. Increasing patient volumes, nursing shortages and a lack of inpatient capacity led to boarding of admitted patients, room closures and long waits for non-emergent patients.

As with any crisis, innovative ideas often evolve to solve our problems. In response to fewer nurses and not enough treatment spaces, the EUHED has challenged the traditional model of patient ED care to improve the patient experience and department patient flow. In the traditional model of emergency department patient care, a patient would arrive, be triaged, be placed in a room, and finally see a provider. If there were no rooms, patients would often wait long periods of time. Through a series of rapid improvement events, the EUHED has transitioned to a “physician first model,” where physicians and advanced practice providers lead the triage process. Patients are seen and evaluated routinely within 30 minutes of arrival and are getting the right care on the front end so that rework is often not required. In the past, like most emergency departments, the EUHED utilized a physician in triage model for years.

However, this new care model is significantly different, where all physicians and advanced practice providers are working in triage to see patients upon arrival 24 hours a day and then they follow the patient throughout their course of care. In this new model, more than 85% of ED patients are being seen prior to being placed in a room. This new model of care has led to significant reductions in length of stay and left without completing care. Through the success of this initial work, a new LEAN-based effort has been undertaken to create a novel patient intake and rapid care area to further support our new care model. This novel model represents the first major revision to the triage process in over 55 years of emergency medicine and hopefully, based on its success, we can further explore its utility in other areas of medicine.

A PATHWAY TO SUCCESS

EUH LEADERSHIP

From left to right: Hali Smith, Lee Economy, Dr. George Hughes, Dr. Andrew Pendley, Julius Rodillas, Amanda Petrey

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INTRODUCTION

CLINICAL SITES

Emory University Hospital Midtown (EUHM) was at the center of the Covid surge and had to react quickly to work within the stresses created by sudden supply chain shortages as well as an uptick in the influx of patients seeking care. The new normal rapidly changed and EUHM did the same to keep up with the needs of both staff and patients. The Department of Emergency Medicine at large was quick to act and convened a daily Covid awareness report for all of the sites within our department to give updates on status, challenges, as well as needs. EUHM then worked within the local unit to continue to uphold the standard of care for our patients, while providing support to our staff throughout the difficulties presented by the global pandemic. From an operations perspective, EUHM made many changes in order to accommodate the influx of Covid patients while still providing exemplary care. We sectioned off the waiting room to isolate patients both in the waiting room as well as treatment areas to mitigate the potential for Covid spread. With collaboration with nursing as well as infection prevention, we worked to develop conservation efforts for PPE, as well as protocols and procedures for the interaction, management, and movement of Covid patients. We partnered with local operating unit leadership to provide targeted clinical updates on ever-evolving covid-19 care management and held quarterly meetings with Grady EMS to streamline processes for patient care. As a result of the efforts by the Emergency Department at EUHM, we were recipients of the Daisy award for excellent level of care and attentiveness to patients.

OUR VISION

To achieve operational excellence by providing holistic care to patients and their families while providing a pinnacle workplace experience for physicians, advanced practice providers, nurses, and staff.

GOALS

1. Operational Excellence
   - Improve admit Length of Stay and Discharge Length of Stay
   - Decrease Left Without Being Seen
   - Expand areas for care in the ED
   - Decrease CT wait times
   - Maximize physical preparedness (stocking)

2. Best in Class Workplace
   - Increase collaboration between physicians, advanced practice providers and nurses to create an optimal provider and patient experience
   - Increase provider wellness and morale
   - Create a culture of workplace safety

3. Holistic Patient Care
   - Improve patient experience
   - Destination ED for Corporate Partners and Patients

BUILDING RELATIONSHIPS

The leadership at EUHM also made efforts to strengthen staff engagement and took efforts to increase staff morale secondary to the stress brought on by the Covid pandemic. The hospital worked with local restaurants to secure donations to ensure that staff had food during shifts. “Tea for the soul” was hosted by spiritual care and attentiveness to patients. Daisy award for excellent level of care. As a result of the efforts by the Emergency Department at EUHM, we were recipients of the Daisy award for excellent level of care and attentiveness to patients.

WORKPLACE SAFETY INITIATIVES

- Hiring dedicated ED Public Safety officers
- Adding metal detectors and wanding capabilities to the ED waiting room and ambulance bay entrance
- Exploring the addition of bullet-resistant film to ED triage/ booth windows
- Performed a standardized assessment of physical ED safety features led by a local Public Safety Director and identified opportunities to add locking mechanisms to triage booth, ensure ability to lock exterior ED doors in case of a violent event in front of the ED, improve visibility and availability of panic buttons, add card readers to specific doors to limit access to authorized personnel, ensure adequate security camera coverage of ED common areas, fix broken door locks to allow staff to shelter in place in case of an active shooter, and assess physical space redesign to provide more separation between care team members and behavioral health patients

PANDEMIC RESILIENCE

Emory University Hospital Midtown (EUHM) was at the center of the Covid surge and had to react quickly to work within the stresses created by sudden supply chain shortages as well as an uptick in the influx of patients seeking care. The new normal rapidly changed and EUHM did the same to keep up with the needs of both staff and patients. The Department of Emergency Medicine at large was quick to act and convened a daily Covid awareness report for all of the sites within our department to give updates on status, challenges, as well as needs. EUHM then worked within the local unit to continue to uphold the standard of care for our patients, while providing support to our staff throughout the difficulties presented by the global pandemic. From an operations perspective, EUHM made many changes in order to accommodate the influx of Covid patients while still providing exemplary care. We sectioned off the waiting room to isolate patients both in the waiting room as well as treatment areas to mitigate the potential for Covid spread. With collaboration with nursing as well as infection prevention, we worked to develop conservation efforts for PPE, as well as protocols and procedures for the interaction, management, and movement of Covid patients. We partnered with local operating unit leadership to provide targeted clinical updates on ever-evolving covid-19 care management and held quarterly meetings with Grady EMS to streamline processes for patient care. As a result of the efforts by the Emergency Department at EUHM, we were recipients of the Daisy award for excellent level of care and attentiveness to patients.
Emory Johns Creek Hospital

While the year was uniquely challenging in many ways, we are proud to share that our department continued to excel.

EJCH CDU continued to function as best in the system for percentage of observation patients captured, percent discharged within 24 hours. Beyond that, our patient satisfaction scores rose to a new and sustained high as we strove to improve communication to our patients including the development of patient flyers to explain the role of CDU and share expectations with patients.

EJCH Emergency Department participated and led many successful initiatives. We collaborated with EMS agencies in the area on a quarterly basis to elicit and provide feedback in an effort to further strengthen our relationship and the shared care we provide to our community. We also co-lead an inaugural EMS 12lead APP; Cynthia Chuc, Senior Clinic Operations Manager; Dr. Douglas Chesson, MD, Medical Director
day meeting that doubled as a Secret Santa gift exchange. We invited our full-time physicians and APPs at EJCH ED as well as any part-time or PRN providers to participate and were able to share fun facts and get to know one another as well as enjoy each other’s presence outside of clinical work. More recently, we had the idea of ordering custom paper cards that would allow any EJCH provider to handwrite a message to a consultant of ordering custom paper cards that would allow any EJCH provider to handwrite a message to a consultant.
Grady Memorial Hospital

Our vision is to be the nation’s preeminent public academic emergency department, renowned for patient-centered care, precedent-setting research, and quality medical education.

COVID RESILIENCY

Since encountering our first COVID case in a returning traveler in January of 2020, the staff, advanced practice providers, and faculty of the Grady Emergency Care Department have worked hard to provide outstanding patient care and service.

In 2021, the department expanded COVID care by being the first ED in Atlanta to provide COVID vaccines as an option to all ED patients. We developed a temporary shelter program for patients facing domestic violence with limited access to shelter, and another program to house homeless COVID patients. We ran a COVID treatment area for patients with low acuity illness and restructured the process as new drug information became available, preventing hundreds of additional hospitalizations in the community. We have paired with clinic partners in the development of a post-COVID and Long COVID care clinic that provides wrap-around services for patients experiencing a variety of health needs. We have spearheaded advocacy and awareness efforts both in the lay press and the greater medical community on the care of Long COVID patients. Most importantly, we have protected our physicians, staff and advanced practice providers by providing a safe care environment while navigating an often-austere supply chain.

MILESTONES

- With the pandemic response, the ED was able to create additional space with Zone 4.
- The EM APP team assumed control of the Sickle Cell Clinic and Call Center. Ensured that all CP providers received education for obstetric and sickle cell care.
- Established a Respiratory Isolation Unit during Covid and a Complex Observation Unit.
- The leadership team established an administration phone line that is open 24/7 that can be used to report episodes of violence to the emergency department.
- Worked with Hospital leadership to implement new safety initiatives in response to the shooting incident outside the hospital in June 2022.

INNOVATION SPOTLIGHT: SICKLE CELL CLINIC

In October 2021, Grady’s Acute-Care Sickle Cell Center transitioned from the Hematology/Oncology service to Emergency Medicine, under the direction of Associate Medical Director Dr. Elizabeth Redare and Lead Advanced Practice Providers Meredith Stauch and Kevin Patel. The Sickle Cell Center at Grady is the only comprehensive sickle cell center in Georgia and was the world’s first 24-hour acute care center of its kind. The area is staffed by advanced practice providers with attending oversight as needed. This new model aligns with emergency medicine’s mission and expertise since the clinic patients present with acute pain crises and other emergent complaints. The advanced practice provider group is committed for enthusiastically expanding their knowledge base to include this vulnerable population. Patients are promptly evaluated upon arrival with minimal wait times and receive protocol-driven analgesia and care. Grady’s hospital admission rate for vaso-occlusive crisis was 20-25%, well below the often-cited national average of 40% (Lanier et al., 2020). Sickle cell clinic renovations were completed in July 2022, providing a modern and inviting in-room space for the acute care needs of patients with sickle cell disease. We are grateful for the continued partnership of Dr. Morgan McLemore and his team, who remain close consultants for the care we deliver to the sickle cell population.

WORKPLACE SAFETY INITIATIVES

The incidents of workplace violence have increased since the beginning of the Covid-19 pandemic. The Emory Department of Emergency Medicine at Grady, led by its Workplace Violence Committee, is dedicated to ensuring a safer environment for our patients and staff. This past year, following an incident of gun violence just outside of the Grady ED doors, we have seen unprecedented engagement and progress in the arena of workplace safety. We have met monthly as a department, and with system leadership to develop plans and processes that ensure that we practice in a safe patient care environment. In the past year, we have employed new technology to bolster emergency communication in the event of workplace threats. We have installed signage to reinforce our commitment to a zero tolerance environment. We have increased our Atlanta Police Department presence and offered mass-casualty incident training. Additionally, the ambulance entrance doors have been permanently secured. We are in the process of instituting system wide de-escalation training, placing metal detectors at all points of entry, and remodeling our waiting room façade with bullet proof glass. We look forward to continued support as we aim to eliminate violence from our work environment.
EMORY UNIVERSITY SCHOOL OF MEDICINE

EM SECTIONS

Medical Toxicology

Emory’s Department of Emergency Medicine employs seven Emergency Medicine board-certified Medical Toxicologists at Grady. At Grady, the section runs three different clinical operations, serves as the primary clinical educational site for an ACGME-accredited fellowship, provides medical back-up for the state of Georgia’s only poison center, and participates in several international activities.

CONSULT SERVICE
The consultation service is available twenty-four hours a day, seven days a week to assist emergency physicians and admitting physicians in the evaluation and treatment of poisoned patients and patients with opioid use disorder. We participate in the care of over 600 patients each year. The Section members have unique knowledge and access to resources that are tremendously valuable in managing these patients.

OUTPATIENT CLINIC
The Georgia Occupational and Environmental Toxicology Clinic is the only outpatient clinic member of the Association of Occupational and Environmental Clinics within a 400-mile radius of Atlanta. Accordingly, we receive referrals to evaluate patients from all over Georgia and surrounding states. Services provided by the clinic include diagnosis and treatment of patients suffering from a wide variety of occupational and environmental diseases, poisonings, and exposures to hazardous substances.

We are an approved site for The World Trade Center (WTC) Health Program and provide medical monitoring and treatment for responders at the WTC and related sites in New York City.

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INNOVATION IN TOX

The Pediatric Environmental Health Specialty Units (PEHSUs) are a national network of experts in the prevention, diagnosis, management, and treatment of health issues that arise from environmental exposures from preconception through adolescence. Region 4 (R4) of the PEHSU is based at Emory University and serves 8 states in our region, providing environmental health education and training to healthcare professionals, supporting families and the community through consultative services, and providing information on environmental health issues that affect children. Dr. Melissa Gittinger serves as the sole medical toxicologist for R4 and responds to the clinical consultations to the PEHSU, providing advice on evaluation and treatment of children’s health problems related to environmental toxin exposures and suggests strategies on mitigation of these exposures. Furthermore, she has been involved in developing modules for healthcare providers on safer disinfecting practices during the COVID-19 pandemic, and the health risks of “forever chemicals.” She has collaborated with national organizations including the Environmental Protection Agency and the CDC to educate the public on environmental intoxicants including lead poisoning, chemical exposures from sterilization plants, and chemical exposures in a community with a paper mill. She has also ensured our toxicology fellows have adequate opportunities for training in environmental toxicology, involving them in projects and consultations when appropriate.

INTERNATIONAL TOXICOLOGY PROGRAM

In 2021, the International Toxicology Program graduated its 21st and 22nd fellows. Since 2010, graduates of the program have worked to advance the care of poisoned patients worldwide and prevent exposure to chemicals and poisons in their communities. Moreover, the program continues to lead in providing telephonic toxicology consultations in Lebanon and Turkey through collaborations with leading academic partners in both countries. These collaborations benefit dozens of patients every month and result in important research that is consequential in poison prevention efforts and public health. Lastly, the International Toxicology Program continues to deliver impactful in-person and virtual clinical toxicology education in countries belonging to the World Health Organization Eastern Mediterranean Region, the Caucasus Region and Central Asia.
EMORY UNIVERSITY SCHOOL OF MEDICINE

INTRODUCTION

MEDICAL TOXICOLOGY MISSION

TO PROVIDE COMPASSIONATE AND INNOVATIVE MEDICAL TOXICOLOGY CARE TO A DIVERSE POPULATION. DEVELOP AND RESEARCH INNOVATIVE, PREVENTIVE AND THERAPEUTIC STRATEGIES IN THE FIELD OF MEDICAL TOXICOLOGY. TO TRAIN DIVERSE CLINICIANS IN THE CARE OF POISONED PATIENTS LOCALLY, REGIONALLY, NATIONALLY AND INTERNATIONALLY.

MEDICAL TOXICOLOGY HIGHLIGHTS

• North American Congress of Clinical Toxicology
• American College of Medical Toxicology Annual Scientific Meeting
• American Society of Addiction Medicine
• IDWeek

ABSTRACTS presented at national meetings

11 MANUSCRIPTS PUBLISHED in peer-review journals

Most notably an article in CDC’s Morbidity and Mortality Weekly Report detailing an outbreak of hepatitis associated with an alkaline bottled water in Nevada and California

11 MANUSCRIPTS UNDER REVIEW from section fellows and faculty

20 ABSTRACTS

EMORY EMERGENCY MEDICINE MEDICAL TOXICOLOGY IS TOP 25% of all 30 study sites with respect to the number of subjects enrolled

MEDICAL TOXICOLOGY MISSION

25% TOP

EMORY EMERGENCY MEDICINE

Medical Toxicology

Most notably an article in CDC’s Morbidity and Mortality Weekly Report detailing an outbreak of hepatitis associated with an alkaline bottled water in Nevada and California

8 ACTIVE RESEARCH GRANTS & CONTRACTS an increase from 4 in 2021

FUNDING RECEIVED FROM MULTIPLE GOVERNMENT AGENCIES

• National Institute on Drug Abuse (NIDA)
• National Institute of Allergy and Infectious Diseases (NIAID)
• U.S. Environmental Protection Agency (EPA)
• U.S. Food and Drug Administration (FDA)

5 + MANUSCRIPTS UNDER REVIEW from section fellows and faculty

TOKAY UNIVERSITY SCHOOL OF MEDICINE

Medical Toxicology

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Prehospital and Disaster Medicine

Emory’s Section of Prehospital and Disaster Medicine, founded in 2002, is committed to serving the community through a mission of service, education and discovery. The faculty provide medical oversight for 50 medical communications centers, first-responder medical first responders and 18 advanced life support ambulances and associated ground ambulance providers in the metro Atlanta area and other communities in Georgia.

Grady EMS is the 911-ambulance service for the City of Atlanta and has been in continuous operation since 1894. In the last calendar year, Grady EMS responded to 556,919 patients of which 62,915 were pediatric. Grady EMS, also operating in South Fulton County, works together with Metro Atlanta Ambulance Service, operating in Cobb County, to transport over 290,000 patients annually in the metro Atlanta area under the medical oversight of Emory Emergency Medicine physicians. Grady EMS also operates 911 services in a total of 16 counties in Georgia. In addition, they offer programs for critical care transport, high consequence infectious disease transport, event medicine, mobile integrated healthcare and a mobile stroke unit.

Further cultivate national leadership in disaster preparedness and response
Continue leadership in high consequence infectious disease transport
Further develop CARES to become the national out-of-hospital cardiac arrest registry
Continue to contribute to national leadership within the EMS profession
Further cultivate national leadership in disaster preparedness and response
Seek opportunities to further develop the EMS research enterprise at Emory

FUTURE GOALS

Vision Statement

The Section of Prehospital and Disaster Medicine aspires to serve the community’s health and preparedness for disaster through excellence in out-of-hospital care, disaster preparedness and injury prevention.

FACULTY AND STAFF

Alexandre I. Sakoulis, MD, MPH, Professor of Emergency Medicine and Section Director
Ingrid Blom, MD, Assistant Professor of Emergency Medicine
Michael Capraro, MD, Assistant Professor of Emergency Medicine
Sethine Hinson, MD, Director, Sections and Programs
Jian Hsueh, MD, MPH, Assistant Professor of Emergency Medicine
Esther Hsu, MD, Assistant Professor of Emergency Medicine
Leokhemi Kamar, MD, MPH, Associate Professor of Emergency Medicine
Julio Lavin, DO, Associate Professor of Emergency Medicine
Bryan McNally, MD, MPH, Professor of Emergency Medicine
Wade Miles, MD, Training Manager
Yuko Nakajima, MD, Assistant Professor of Emergency Medicine
Elieh Robinson, MD, Assistant Professor of Emergency Medicine
Cynthia Romero, MD, Assistant Professor of Emergency Medicine
San Senthur, MD, RN, CEN, Administrator
Cary Sheahan, Fellowship Program Coordinator
Arthur Yancey, MD, MPH, Associate Professor Emeritus

EMORY UNIVERSITY SCHOOL OF MEDICINE

EM IN REVIEW 2022
The SRDRS mission is to complement existing preparedness and response frameworks, and the partnerships represented by the Health Care Coalitions and the HHS Region 4 states. The mission is accomplished by integrating clinical and health care systems’ operational expertise into existing preparedness and response structures at the local, state, and regional levels across HHS Region 4.

The SRDRS aims to:
- Augment horizontal and vertical integration of key stakeholders by championing public-private partnerships and aligning preparedness and response plans, policies, and procedures.
- Improve bidirectional communication and situational awareness of the medical needs and issues of a chemical, biological, radiological, nuclear, and explosive (CBRNE) response between health care organizations and government partners.
- Facilitate greater access to highly specialized clinical expertise and capabilities to improve medical surge capacity.

HHS/ASPR has also funded the Nebraska Medical Center, Massachusetts General and Denver Health and Hospital Authority. All four regional recipients will build or continue to expand systems that collaborate in disaster response to support clinical specialty care; align plans, policies, and procedures for clinical excellence in disasters; increase statewide and regional medical surge capacity; improve statewide and regional situational awareness; and develop metrics and test the regional system’s capabilities.
EM GROUPS

Emergency Ultrasound

We train medical students through an intensive month-long elective, along with quarterly hands-on sessions coordinated with the medical student POCUS Interest Group. We have joined the medical school curriculum development committee in the hopes of creating a 4-year longitudinal curriculum for medical students similar to many other leading institutions. Dr. Tricia Smith also coordinates the wildly popular “Image of the Fortnight” series for Ultrasound cases.

For the new Emergency Medicine Residents, the team offers a full day ultrasound “bootcamp” during their first month and then each intern receives a month of twice weekly lectures and hands-on training with the ultrasound faculty and fellows. The hands-on training covers all the core ultrasounds they will need to work efficiently and effectively in the ED. Their education continues with resident class days which give our faculty an opportunity to get their creative juices flowing through fun simulated cases for the residents.

Recently, the team hosted a Legends of the Hidden Temple themed escape room. Congratulations to team Blue Barracuda: Mustafa Rasheed, Kimberly Herard, Farina Shafqat, and Jessica Dunn. A special thank you to Gregg Helland, Kahra Nix, Pete Gutierez (PEM faculty), and our fellows Jordan Leumas, Shawn Sethi, Ahmad Bakhribah, and James Statler (PEM US) for working on all of the details for this fun educational day.

We are also home to one of the first accredited advanced emergency ultrasound fellowships in the country which will allow our fellows to qualify for the Advanced Emergency Medicine Ultrasonography exam when they graduate. Our fellows learn advanced ultrasound exams which are integral to the overall education efforts of the section. They also learn about the administrative and leadership side of an ultrasound program in emergency medicine.

In addition to our residents and fellows, we also train Trauma and Critical Care Fellows, Nurses in PIV placement, and have begun training some of our APP leads to be EFAST superusers. They will be able to train new APP hires so they can work in the MTC.

Dr. Liang Liu is starting a grant funded Ultrasound Training Program in Mozambique that will include monthly didactics, virtual hands-on training using Butterfly Teleguidance, asynchronous educational materials, and image review. Drs. Helland and Sethi will be the first to travel there in October for in-person education. We hope to expand our international footprint with opportunities in Jamaica, Turkey, and Vietnam to offer our residents and advanced ultrasound fellows a chance to add a global health component to their education.

We have added six new ultrasound machines to three Emory ED sites which allows for improved physician access to machines in order to provide optimized and efficient medical care. With the purchase of Qpath, a middleware program designed specifically for POCUS programs, we will be able to integrate standardized documentation into the patient’s EPIC medical records along with access to the images for consultants and inpatient treatment teams. This access will decrease redundant scans and, in many cases, allow faster surgical or medical interventions based on the work the emergency physicians have already done at the bedside.

Qpath will also improve operational excellence through quality and safety by integrating the Emory sites into the quality assurance structure already in place in our section. With the same machines, documentation, and QA across our sites, it will allow for systemization of patient care so the process is the same no matter what hospital our physicians are working in that day, or which hospital our patients seek care from.

Dr. Laura Oh received a Bubble-Enhanced FAST exam for Hemodynamically Stable Blunt Abdominal Trauma (BEFAST) Grant from the Department of Defense to study contrast-enhanced ultrasound in blunt abdominal trauma. Drs. Oh, Helland, Gutman, Nix, Leumas, Sethi will be working on the grant. The goal is to enroll 267 patients.
Global Health

The mission of Global Health in Emergency Medicine Section (GHEMS) is to build emergency medicine capacity and preparedness around the world through development of sustainable, bilateral educational partnerships that provide and promote the training of healthcare providers in emergency medicine.

I. EMERGENCY CARE CAPACITY DEVELOPMENT

Continue to develop international products and expand reach of offerings at collaborating sites, including international toxicology short courses and collaboration, Collaborative Advanced Trauma Care, special pathogen and chemical preparedness courses, and global nursing short courses. Continue to foster specialty development through support of conferences at collaborating institutions.

II. EDUCATION

Recruit robust, complementary international faculty who can grow post graduate medical education offerings including the eventual establishment of a global EM fellowship. Continue to foster resident development of global health interests through Global Emergency Medicine Pathway and the School of Medicine’s GLOBE pathway.

III. RESEARCH

Foster sustainable grant application development for faculty in section, with support of Departmental research faculty. Support and strengthen faculty research, including through encouraging and supporting publication and conference presentation.

IV. BILATERAL PARTNERSHIP

Establish a funded exchange program mechanism for residents or faculty from collaborating sites to visit, engage, and collaborate with EM colleagues at Grady or Emory. Continue to collaborate with Grady, Nursing, Grady Trauma, Emory Surgery, and others on programming.

Section played a pivotal role in the creation of the Office of Global Health and Equity (GLOBE) within the School of Medicine including section member Dr. Anna Yaffe serving as Director of Global Health Education within the Office. Launched the GLOBE curriculum in November - a multidisciplinary graduate medical education global health curriculum at the SOM level, which our Global EM Pathway Residents will have the opportunity to participate in.

$50,000 approximately disbursed to an additional 3 section seed grants for a total of 5 projects.

1 resident pathway members graduated for a total of 4 resident graduates of the pathway.

1 resident accepted to the upcoming year’s Global Health Resident Scholar’s Program.

Multiple faculty members with leadership roles in the ACEP international section/ambassador conference.

Emory faculty participated in a virtual World Health Organization Basic Emergency Care course and training of trainers deployment in Pakistan.

Strengthened collaborations with Addis Ababa University in Ethiopia, including hosting Dr. Sofia Kabude at Emory.

One resident successfully completed international rotation to Liberia, forging a new relationship with emergency care development in country.

Faculty members successfully deployed grant funded programs in Pakistan and Ethiopia while continuing work in Lebanon, Japan, and Vietnam.

The two grant funded initiatives deployed in Pakistan and Ethiopia this past fiscal year focused on Collaborative Advanced Trauma Care. The initiatives are training emergency medicine physicians, surgeons and emergency nurses in trauma team development and trauma team care.

Our vision is to be recognized as a leader in the field of global emergency medicine, through the creation of long-lasting bilateral relationships and sustainable programs to strengthen emergency medicine education, research, and care throughout the world, while providing opportunities for scholarly advancement and premier education for Emory EM faculty, residents, APPs and our global partners. In addition, the development and advancement of the GHEMS is expected to attract competitive faculty and resident applicants which would further increase Emory’s reputation as a “Best Place to Work” for future well-rounded and inclusive leaders in EM.
Observation Medicine

Observation services are provided to select emergency department patients specifically “to determine their need for inpatient admission.” While observation care can be provided anywhere in a hospital, the best setting for these patients is in a protocol driven emergency department observation unit. Just as a critically ill inpatient is best managed in a critical care unit, an observation patient is best managed in an observation unit. At Emory, these units are called “Clinical Decision Units.” The Emory Observation Medicine team has been a national leader in providing best practices, quality care, innovation and discovery in this growing field of medical care.

CLINICAL DECISION UNITS

<table>
<thead>
<tr>
<th>EMORY UNIVERSITY HOSPITAL</th>
<th>EMORY UNIVERSITY MIDTOWN HOSPITAL</th>
<th>EMORY JOHNS CREEK HOSPITAL</th>
<th>GRADY MEMORIAL HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL DIRECTOR</td>
<td>MEDICAL DIRECTOR</td>
<td>MEDICAL DIRECTOR</td>
<td>MEDICAL DIRECTOR</td>
</tr>
<tr>
<td>Dr. George Hughes</td>
<td>Dr. Michael Ross</td>
<td>Dr. Qasim Kazmi</td>
<td>Dr. Matthew Wheatley</td>
</tr>
<tr>
<td>13 beds</td>
<td>16 beds</td>
<td>10 beds</td>
<td>20 beds</td>
</tr>
<tr>
<td>2,555 patients</td>
<td>3,188 patients</td>
<td>1,139 patients</td>
<td>3,820 patients</td>
</tr>
</tbody>
</table>

NATIONAL RECOGNITION

The Emory Emergency Medicine Observation Medicine section is recognized nationally for service, leadership, and cutting edge innovation.

Dr. Wheatley serves on the National Center for Medicare and Medicaid Services Hospital Outpatient Panel Advisory Panel as the Chair of the Observation and Visit Committee. This advises CMS on all outpatient payment policy issues for the country. He also serves as Chair of the American College of Emergency Physicians Observation Medicine Section. Dr. Wheatley and Dr. Osborne co-chair the largest annual Observation Medicine Sciences and Solutions meeting, which draws experts from around the country annually. Dr. Ross served on the American College of Cardiology/American Heart Association 2022 Guidelines Writing Committee for Chest Pain. The section introduced a new cardiac biomarker, high sensitivity troponin, to Emory. They developed a testing protocol to be used in the emergency departments and hospital that improved the ability to identify or rule out heart attacks more accurately and rapidly.

22,926
Observation patients are treated annually. This represents 29% of all patients within the four legacy Emory Healthcare Hospitals. The Emory Department of Emergency Medicine CDUs are the leading provider of care for those patients managing 59% of all observation patients annually. The CDUs manage patients more efficiently than occurs in an inpatient bed.

16 HOURS
versus 35 hours
at a significantly lower cost per case ($1,840), and with lower inpatient admission rates.

$24,773,533
and opened 10,526 bed days.

These units allowed observation patients to receive the care that they needed more efficiently, so they could return to normal living sooner. They allowed Emory to use these cost savings to invest in the types of healthcare innovations that draw patients to Emory. They created much needed inpatient bed capacity for patients needing the unique specialty services that Emory provides to our community. The Emergency Department CDUs are part of the fabric of what makes Emory unique.
Undergraduate Medical Education

The Undergraduate Medical Education section is committed to excellence in education for all our learners and in all settings. We have outstanding faculty that excel at bedside, didactic, and small group teaching. These faculty lead students through patient care at high volume and high acuity clinical sites and are embedded into the Emory School of Medicine education leadership.

In addition to providing high-quality education to our Emory students, we are also proud to host students from multiple institutions for visiting rotations. This year, 25 students from 22 different institutions from across the country will join us. Morehouse SOM, students and Emory’s Class of 2023 in the one-month emergency medicine clerkship between June and October of 2022. We continue to evolve and improve our clerkship education with the recent addition of sessions on EKGs in the ED, a podcast and follow-up discussion regarding anti-racism in healthcare, a toxicology session specifically designed for M4s and led by an expert in the field, more hands-on procedures in the simulation lab, and the addition of social determinants of health focused OSCE cases.

Our department’s efforts to expand education around emergency medicine extend into the pre-clinical years with the Thrills and Spills elective. This elective is offered annually to current second-year MD students and is consistently a sought-after placement. We focus on practical procedural and clinical skills, among them suturing and how to call a consult, with the goal of not only introducing the students to emergency medicine, but also providing each student with useful tools for the rest of their education and beyond, regardless of which specialty they ultimately choose.

SIMULATION TRAINING

The UME section continues to utilize the Emory Center for Experiential Learning (ExCEL Simulation Center) to enhance our students’ education. Each rotation, students care for several critically ill or injured simulated patients in the simulated environment. They work in teams and use their clinical reasoning and judgment to independently manage patients from undifferentiated presentation to final disposition, then review their performance of the cases and discuss key principles of emergency patient management.

COVID-19 RESPONSE

Like most emergency departments, we’ve had to remain flexible and adapt to the changes brought on by COVID-19 and overcrowding in the emergency department. As an education leadership team, we have made improvements as needed to maintain the quality of education for our students despite operational challenges in the clinical space.

MUSE ROTATION

Beginning in the summer of 2022, Dr. Maurice Selby and the EICD leaders created the MUSE (Mentoring Under-Represented Students in Emergency Medicine) rotation. The MUSE program is a novel mentoring program in which third and fourth year medical students are paired with faculty and resident mentors. The program predominantly features the traditional dyadic mentoring model, and these interactions are supplemented with peer and group mentoring provided through MUSE Mashups in which faculty, residents, and the student participants come together to partake in a quarterly virtual conference.

Fourth year students are guaranteed a visiting rotation/clinical clerkship at Emory in the Department of Emergency Medicine as well as a post-rotation interview with MUSE Core Faculty and Residency Leadership to discuss interview strategies and best practices. Finally, the students are offered an interview for the Emory Emergency Medicine Residency Program. The MUSE Leadership includes Maurice Selby, Director of MUSE, Molly Melham, Faculty Assistant Director of MUSE, and Terrell Jones, Resident Assistant Director.

Many of our Emergency Medicine Associate Providers serve as faculty and clinical preceptors for the Emory University PA and Emergency NP programs as well as the Morehouse School of Medicine PA program. Many of these programs as well visiting APP students have completed clinical rotations at the various Emory Emergency Medicine clinical sites. As of July 2022, there have been a total of 35 APP students to complete clinical rotations through the Grady ECC. Our visiting NP students include RN’s from Emory and Grady clinical sites who are in the process of completing their NP clinical requirements. APP students have opportunities to learn with APP preceptors in the various clinical settings the emergency department offers, including urgent care, observation unit, trauma, and the emergency sickle cell unit.

For the coming year, we are actively brainstorming innovative educational programs for the clerkship including social determinates of health, ethics in the emergency department, and the integration of an interprofessional shift, among others.
FACULTY ENGAGEMENT & ADVANCEMENT TEAM (FEAT)

Message from Dr. Sheryl Heron

Vice Chair of Faculty Equity, Engagement and Empowerment

Our Faculty Engagement and Advancement Team (FEAT), which consists of a 3-member team of faculty and staff, is designed to support and encourage all EM faculty as they grow and develop in scholarship, teaching, and service in pursuit of their career goals and interests. This is foundational to the faculty’s growth as individuals and as team members. We continue to grow within our respective clinical, educational, and administrative domains with leadership noted by our faculty in Undergraduate and Graduate Medical Education. This includes 4 faculty members who hold Dean level positions. The intentionality is grounded in the faculty life cycle which begins with recruitment through their life cycle in our department. Information for our new to existing faculty has been highlighted in the creation of the Faculty Advancement tab on our department’s website.

Foundational to this work has been the advocate program which pairs faculty with senior leaders to assist the faculty members to define their niche areas with an intention to thrive by not just meeting the metrics of citizenship and professionalism. This is anchored in identifying areas of strength and passion for faculty and guiding them to pursue their interests at the local, regional and national levels.

With a lens toward equity and inclusion, our advancement, promotion, and tenure committee was formed to ensure gender representation as well as representation across our clinical sites. Guided by the content of the advocate curriculum, faculty have been clearly directed on how to prepare for promotion as well as access faculty development programs within the department and School of Medicine to assist with successful promotion. This strategy has led to a doubling of our faculty members being considered and/or promoted, moving from 2 to 4x to 8 faculty for the past 3 years with a 100% success rate. Noteworthy, in the past 2 years of those promoted to Associate Professor, 50% were women. This would not be possible without the dedicated efforts and attention of the chair of our awards committee and the faculty advocates who have helped nominate and support the faculty in their attainment of awards. In addition, the faculty input is important as we move forward with the refinement of our faculty development initiatives which, while there was improved attendance in the ZOOM format, will be tailored to be more prescriptive based on the current state of EM and the growth in numbers of our mid-career faculty.

“Guided by the content of the advocate curriculum, faculty have been clearly directed on how to prepare for promotion as well as access faculty development programs within the department and School of Medicine to assist with successful promotion.”

4 faculty members serve as School of Medicine Small Group advisors

50% of faculty members promoted to Associate Professor were women

3 faculty members hold Dean-level positions

2x growth in faculty members considered and/or promoted

IN THE PAST TWO YEARS

Emergency Residency Program

The Emory Emergency Medicine (EM) Residency Program actively works to recruit, develop, and train the next generation of diverse Emergency Medicine leaders with the skills and expertise to provide outstanding patient care, engage in cutting edge research, seek opportunities for service and advocacy, and invest in personal and professional wellness and residency techniques.

MISSION

The Emory Emergency Medicine (EM) Residency Program is nationally recognized as an outstanding training institution for Emergency Medicine and has strength in its four pillars with an overriding theme of diversity and inclusion.

The diversity of the Emory EM Residency showcases the mission/vision and values of the program, the Department, and the School of Medicine. We offer our residents the experience to be trained at a Level 1 trauma center with high patient volumes and clinical diversity. We have deeply engaged and committed residency leadership that works with our faculty to mentor residents and help them identify opportunities for state and national emergency medicine organizations. During COVID, there was strong support from the Emory EM leadership and team for resident safety and wellness. We are a family at Emory EM and truly look out for each other especially in addressing any concerns among the team.

The Emory EM Residency stands out among training programs:

- Our people and our diversity. We are a diverse EM residency with residents and faculty members from all walks of life. We know that our diversity is a strength, and we truly value it.
- Our patients. We are proud and honored to be the emergency medicine physicians for a large and vulnerable population.
- Our clinical sites. Our training takes place at the county, academic, and community hospitals. Our home base is a historical county hospital that is a Level 1 trauma center and the stroke referral center in the Southeast. We also work at a spawning referral site in the southeast, the Children’s Hospital of Atlanta for our pediatric rotations. A combination of all these sites and the faculty that comes with them prepare for all different clinical settings.
- Academics. We have a strong research program that spans cutting-edge research and stroke research, to violence prevention and gun violence research to social determinants of health research.
- Atlanta. Sunny, walkable, excellent food options including amazing BBQ, and great hiking.

EMORY DEPARTMENT OF EMERGENCY MEDICINE EM IN REVIEW 2022

EMERGENCY MEDICINE RESIDENCY PROGRAM

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EMORY DEPARTMENT OF EMERGENCY MEDICINE EM IN REVIEW 2022
Dr. Speight was an inaugural member of the NMA EM section, served as Chair of the National Medical Association EM section, and presented the Speight Lecture for the NMA EM section in 2019. He also was selected by the National Medical Association to be the 2019 NMA Physician of the Year. Dr. Speight received the 2019 Ambulance Service Recognition Award from the National Association of EMS Officials and was named the 2019 EM Physicians Association of America EM Physician of the Year.

Dr. Speight’s research interests include developing disaster preparedness and response programs in underserved communities. He is also involved in developing educational programs for healthcare professionals in disaster preparedness and response.

Dr. Speight serves on the editorial boards of multiple medical journals, including the Journal of Emergency Medicine and the Journal of Disaster Medicine and Public Health Preparedness. He is also a member of the National Institute of Justice’s National Center for Disaster Preparedness and the National Association of EMS Officials’ National EMS Institute for Emergency Preparedness and Response.

Dr. Speight has received numerous awards and recognitions for his contributions to the field of emergency medicine, including the 2019 NMA Physician of the Year Award, the 2019 EM Physicians Association of America EM Physician of the Year Award, and the 2019 Ambulance Service Recognition Award from the National Association of EMS Officials.

Dr. Speight has also served as a consultant for the World Health Organization’s Global Health Security Agenda and as a member of the National Academy of Medicine’s Board on Health and Science Policy. He is a fellow of the American College of Emergency Physicians and an associate member of the Society for Academic Emergency Medicine.

Dr. Speight is a Diplomate of the American Board of Emergency Medicine and a member of the American Medical Association, the Society for Academic Emergency Medicine, and the National Medical Association. He is a member of the National Association of EMS Officials and the National Association of EMS Physicians.

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Dr. Nicole Battaglioli announced the top three:

Second Place

in

and a collaborative

Dr. Nicole Franks and Dr. Sheryl Heron

In 2008, Dr. Carr was also the DeKalb County Torchbearer Award

Physicians (NAEMSP) Conference in California

bases in the metro-Atlanta area. Dr. Carr was also the Board (PAB) for Air Methods

helicopter EMS company.

Training Council Instructor Training. Dr. Ackerman

in as a Reserve Officer in the Fulton County Police

Starting January 2021,

to the Committee for Tactical Emergency

Dr. Jeremy Ackerman

Dr. Jordan Beau and Dr. Michelle

Technology in Medicine was outstanding.

EMORY DEPARTMENT OF EMERGENCY MEDICINE

was

American College of Emergency Physicians

is

Co-Chair of the

populations.

This award is presented annually to an individual

recipient of the Richard Payne Outstanding

Emergency Medicine Section

Equity, Diversity and Inclusion Committee

Team Award: The Dept. of Emergency Medicine at the Institutional setting of the AEDC Distinguished Emergcy Care Team Award

Board Wallace

Dr. Wallace is an Associate Professor in the Emergency Medicine Department. He is a leader in research, education, and patient care. His research focuses on the management of acute care in emergency medicine.

Dr. Wallace has been awarded the Outstanding Clinical Teacher Award of the AMEDS. He is also the recipient of the Richard Payne Outstanding Emergency Care Team Award.

Georgia College of Emergency Physicians Awards

Dr. Kristin Bascombe

EMSECTIONS

Four projects were essential points for the

MEDIC faculty, and they will continue to collaborate with them on

Emergency Residents’ Association

Departments of Emergency Medicine

EMORY UNIVERSITY SCHOOL OF MEDICINE


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**In Agyo Elino’s interview on Technology in Medicine:**

**Emergency Medicine**

Dr. Jordan Beau and Dr. Michelle, Long, and Dr. Anika Backster were named to the ACEP National Council for 2022. Dr. Beal was named the recipient of the 2022 ACEP National Council Leadership Award.

**Georgia College of Emergency Physicians Awards**

Dr. Khosset was elected to the ACEP National Council for 2022. Dr. Beal was named the recipient of the 2022 ACEP National Council Leadership Award.

**Global Health in Emergency Medicine Section**

Dr. Maria Antoinette was named the Georgia College of Emergency Physicians

Dr. Suhaila Dabous was the EMF 2013 of the Year.

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EMORY UNIVERSITY SCHOOL OF MEDICINE

INTRODUCTION

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CLINICAL SITES

Research

IDEAS Vision

Innovation and discovery in emergent and acute care led by the Department of Emergency Medicine improves health.

The Innovation and Discovery in the Emergent and Acute Sciences (IDEAS) group in the Department of Emergency Medicine exists to support and grow research and researchers in the Department. The IDEAS group accomplishes this by removing barriers to research.

Research Programs

Injury Research Prevention Center at Emory - IPRCE

- Brain Research Lab
- Academic Research Clinical Coordinating Center
- Emory Neurosciences Lab + Trial Operations Core

Research Goals

1. Increase faculty engagement in research (as evidenced by proposals, publications, and funding)
2. Hire faculty with a research focus
3. Increase resident engagement in research (as evidenced by publications and scholarly presentations)

For fiscal year 2021, there has been strong growth in funding through clinical trials and IPRCE. The research team offers the EM faculty a wide array of support services including study design, IRB, proposal development, statistics, ASSET, Scholars Program, and Writing Days. We are also fortunate to have dedicated a departmental research manager and statisticians.

During the year, we implemented revised IDEAS Scholars and 201 programs, continued EM writing days, provided on-demand support for proposal development, and began advertising support services while encouraging the engagement of EM’s residents, and new faculty. We are also working to engage other academic departments to support collaboration with EM clinical faculty.

As we look toward the future, we plan to expand the research training occurring in faculty development sessions, increase engagement with industry through the Health DesignED, hire a director for the Brain Research Lab, and hire faculty with research training who can also help provide clinical trials leadership.

The Emory Department of Emergency Medicine is committed to being a leader in groundbreaking translational and public health research. We will continue to advance science and our field through innovation.
Recruitment of a diverse emergency medicine residency program: Creating and maintaining a culture of diversity, equity, and inclusion

Tayler Staverly MD, Brian A. Salha MD, Michaela R. Lall MD, Michelle D. Lall MD, and Zainab Zaidi MD. “Just assume they don’t know that they are bias and professionalism development of women residents. Academic Emergency Medicine Education and Training A Global Journal of Emergency Care. As of March 2023. https://www.aemj.org/

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Recognizing Leadership & Legacy

**Dr. John Stone** was a Professor, Associate Dean, and Director of Admissions for the Emory University School of Medicine. He was a caring physician, a phenomenal mentor, and a true leader. We are honored to celebrate his legacy through the John Stone Emergency Medicine Awards and the annual Grand Rounds in his name. The Dr. John Stone Endowment Fund gives the Emory Emergency Medicine team an opportunity to recognize three Emory Emergency Medicine physicians through student nominations and selection by leadership. Each year, the team recognizes the Dr. John Stone Faculty of the Year, Dr. John Stone Medical Student Teacher of the Year, and a junior faculty member for the Dr. John Stone Faculty Development Award. Dr. Stone founded the Emory Emergency Medicine Residency Program in 1974 and co-edited a 1978 book titled Principles and Practices of Emergency Medicine which was the first comprehensive textbook for EM.

**2022 Dr. John Stone Award Recipients**
- John Stone Faculty of the Year Award: Dr. Randy Wallace
- John Stone Faculty Development Award: Dr. Samantha Strickler
- John Stone Medical Student Teacher of the Year Award: Dr. Andre Matthews

**Dr. Douglas Lowery-North** impacted many physicians’ lives at Emory and around the United States. Through the Dr. Lowery-North Fund, the Department of Emergency Medicine recognizes a Mentor of the Year and facilitates a Grand Rounds Lecture bringing the brightest minds and leaders in mentorship and education to Emory. Dr. Lowery-North was the first physician director of the Emory University Hospital Emergency Department in 1996 and was the director as the ED transitioned from a treatment room. In this role, he developed a model of care based on the patient and family. His insightful understanding and critical decision-making skills steered the department to success.

**Dr. Douglas Lowery-North Award Recipients**
- Dr. Sheryl Heron, 2021
- Dr. Michael Ross, 2022

GIVING TO EM

By donating to Emory Emergency Medicine, you are helping the team pursue excellence in clinical medicine, research, and training. With your help, we can make a difference in the lives of our patients, students, faculty, and communities.

To learn more about the Mentoring for Under-Represented Students in Emergency Medicine (MUSE) fund, Residency Development Fund, the Dr. Douglas Lowery-North Mentorship Fund, and the Dr. John Stone Fund, please contact Susan House, Senior Director of Development, Emory University School of Medicine, shouse2@emory.edu, 404-727-9110.
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EMORY DEPARTMENT OF EMERGENCY MEDICINE

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Atlanta, Georgia 30322

Emory University is an equal opportunity/equal access/affirmative action employer fully committed to achieving a diverse workforce and complies with all applicable Federal and Georgia State laws, regulations, and executive orders regarding nondiscrimination and affirmative action in its programs and activities. Emory University does not discriminate on the basis of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, and veteran’s status. Inquiries should be directed to the Department of Equity and Inclusion, 201 DeWlane Drive, Administration Bldg, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2048 (TDD).