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A red ECG (heart rate) line graphic is overlaid on a blurred background of a person in blue scrubs. The line starts on the left, moves right, then left, then right, and ends on the right. It is partially obscured by two green rectangular boxes.

CREATING
NEW
STANDARDS

ADENA CHEST PAIN SUMMIT
SEPTEMBER 26, 2018

SCHEDULE OF EVENTS

07:30 AM - 8:00 AM. REGISTRATION. CONTINENTAL BREAKFAST

MORNING SESSION

- 08:00 - 8:25 Chest Pain and Acute Coronary Syndromes
Clinical Presentations
- 08:25 - 9:05 Cardiac Risk Scoring: Use of HEART Score
and NACPR/ACS, Decision Rules
- 09:05 - 9:15 STEMI v. nSTEMI
- 09:15 - 9:30 Audience Q&A
- 09:30 - 9:50 Morning Break

— LIVESTREAM BROADCAST BEGINS —

MAIN EVENT

- 10:00 - 10:05 Introduction of Panelist, Speakers,
Virtual Speakers, and Bloggers
- 10:05 - 10:35 What does the data say?
- 10:35 - 10:45 How do we use decision aids?
- 10:45 - 10:50 What happens when a chest pain
patient is admitted
- 10:50 - 10:55 Incorporating data to devise a
patient-centered approach to ED chest pain
- 10:55 - 11:05 Integrating HEART score
into ED decision-making
- 11:05 - 11:15 Shared decision-making
with ED chest pain--Chest pain choice
- 11:15 - 11:20 What happens during outpatient follow up?
- 11:20 - 11:25 Is it possible to apply an expedited outpatient
evaluation in practice?
- 11:25 - 11:30 What does an expedited outpatient follow up
look like in the real world?
- 11:30 - 11:35 2010 AHA/ACC position statement review
- 11:35 - 11:40 Presentation of ACPS Mission Statement
- 11:40 - 11:57 Panel Q & A discussion.
- 11:57 - 12:00 Discussion summary. Michael Weinstock.

— END OF LIVESTREAM BROADCAST —

- 12:00 - 13:00 Lunch provided for onsite participants
- 13:00 - 13:45 What happens when we miss an MI?
- 13:45 - 14:30 New directions in the diagnosis of ACS
- 14:30 - 14:45 Break
- 14:45 - 15:45 Calculation of the HEART score for advanced
clinicians.
- 15:45 - 16:00 Q &A and summary

INTRODUCING NEW DATA

- What is the risk of MACE after a negative ED evaluation?
- What is the risk of death in patients with nSTEMI?
- What is the acceptable miss rate for MACE (new data)
- What barriers exist to discharging patients with a low HEART score?
- And our main conference question:

After a negative ED evaluation, is expedited outpatient follow up a safe alternative to admission?

Stay engaged! Transcript of live chat will be available later for viewing on www.ACPS2018.com.

REMEMBER TO LOG YOUR ATTENDANCE, COMPLETE YOUR SURVEY, AND
DOWNLOAD YOUR CERTIFICATE!

CME OBJECTIVES

1. Learn how to identify atypical presentations of acute coronary syndrome (ACS)
2. Learn when to choose a process to facilitate an expedited outpatient evaluation for moderate and high risk HEART score patients
3. Review chest pain decision rules including the HEART score, NACPR, and TIMI to understand the data on shared decision making (SDM) regarding disposition of ED chest pain patients and recognize the legal implications for missed major adverse cardiac event (MACE)

FOR CME QUESTIONS, PLEASE EMAIL
SSTEAROS@ADENA.ORG OR CALL
740-779-8568.

FOR CME CREDIT, GO TO **ADENA.EEDS.COM**

Scroll down to **ACTIVITY FEED**
and click on **“Sign-in to Event”**

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**TO EARN CME CREDIT, ATTENDEES SHOULD
“SIGN-IN TO EVENT” PRIOR TO 9-28-2018
AND COMPLETE THEIR COURSE EVALUATION
PRIOR TO 10-3-2018 FOR ACCESS TO THEIR
CME CERTIFICATE ON-LINE AT ADENA.EEDS.COM.**

THE ADENA HEALTH SYSTEM IS ACCREDITED BY THE OHIO STATE MEDICAL ASSOCIATION (OSMA) TO PROVIDE CONTINUING MEDICAL EDUCATION FOR PHYSICIANS.

ADENA HEALTH SYSTEM DESIGNATES THIS EVENT FOR A MAXIMUM OF SEVEN (7) AMA PRA CATEGORY 1 CREDIT(S)™. PHYSICIANS SHOULD CLAIM ONLY THE CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY.

ADENA HEALTH SYSTEM IS APPROVED AS AN ACCREDITED CME SPONSOR BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS PROGRAM IS APPROVED FOR SEVEN (7) HOURS OF AOA CATEGORY 2-A CREDIT(S).

THE OHIO BOARD OF NURSING ACCEPTS AMA PRA CATEGORY 1 CREDIT(S)™ FOR THE PURPOSE OF RE-LICENSURE.

DISCLOSURE: NO ONE IN CONTROL OF CONTENT HAS ANY RELEVANT RELATIONSHIPS TO DISCLOSE.

ADENA CHEST PAIN SUMMIT SPEAKERS

**Dr. Michael Weinstock – Event Moderator, PI CRACE Chest Pain Study,
Adena Emergency Medicine Residency Associate Program Director**

**Dr. Barbra Backus – PI HEART Study, Emergency Medicine Physician, Haaglanden
Medisch Centrum, The Netherlands**

**Dr. Erik Hess – PI, North American Chest Pain Rule (NACPR), PI The Chest Pain
Choice Decision Aid, University of Alabama Emergency Medicine**

**Dr. Bruce Chen – Director of Cardiac Catheterization Laboratory,
Adena Health System**

Dr. Doug VanFossen – Interventional Cardiologist, Mt. Carmel Health System

Dr. Michael Pallaci – Adena Emergency Medicine Residency Program Director

Dr. Colin Kaide – Ohio State University Emergency Medicine

VIRTUAL SPEAKERS AND BLOGGERS:

Dr. Rob Orman – ER Cast, HIPPO EM

Dr. Salim Rezaie – R.E.B.E.L. EM

Dr. Cam Berg – Discharge Chest Pain Mortality Study

Dr. Ryan Radecki – Author EM Literature of Note

Dr. Mizuho Spangler – HIPPO EM

Dr. Paul Jhun – HIPPO EM

Dr. Michael Weinstock is the Associate Program Director and Director of Research at the Adena Emergency Medicine Residency and Professor of Emergency Medicine, adjunct, at the Department of Emergency Medicine, Wexner Medical Center at The Ohio State University. He is the risk management section editor for EM RAP (emergency medicine reviews and perspectives) and editor-in-chief for UC RAP (urgent care reviews and perspectives). Michael has practiced medicine nationally and internationally including volunteer work in Papua New Guinea, Nepal, and the West Indies. He has lectured extensively on medical topics as well as risk management issues. He is the author of the Bouncebacks! Series with Scott Weingart and Kevin Klauer. A new book in the series, Bouncebacks! Critical Care, is expected to be published in the fall of 2018. Research interests include ED evaluation and management of chest pain and EM medical education. In March 2014 he received an award for Outstanding Contributions to the Field of Emergency Medicine from the University of Maryland Emergency Medicine residency program.



Dr. Michael Weinstock

"Dr. Backus is a MD PhD and who developing the HEART score with cardiologist Jacob Six. She was the lead investigator for studies validating the HEART score, including the landmark study of 2,440 patients published in the International Journal of Cardiology. Her work has transformed our practice and changed the evaluation of chest pain at emergency departments worldwide. She is a mother of two daughters and still an inspired researcher."

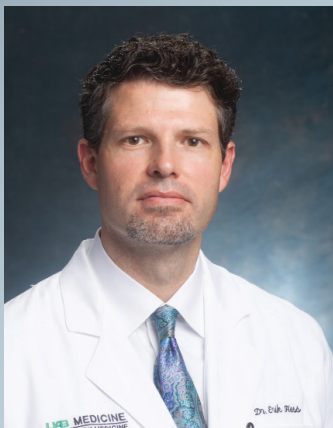


Dr. Barbra Backus

Dr. Colin Kaide is a critical care specialist in Columbus, Ohio and is affiliated with multiple hospitals in the area, including James Cancer Hospital and Solove Research Institute and Ohio State University Wexner Medical Center. He received his medical degree from University of Illinois College of Medicine and has been in practice for more than 20 years. He is one of 54 doctors at James Cancer Hospital and Solove Research Institute and one of 59 at Ohio State University Wexner Medical Center who specialize in Critical Care Medicine. He also speaks multiple languages, including Spanish.



Dr. Colin Cade



Dr. Erik Paul Hess

Dr. Erik P Hess is an Emergency Medicine Specialist in Birmingham, Alabama. He graduated with honors in 2002. Having more than 16 years of diverse experiences, especially in EMERGENCY MEDICINE, CRITICAL CARE (INTENSIVISTS), Dr. Erik P Hess affiliates with many hospitals including Mayo Clinic Hospital Rochester, Mayo Clinic Health System - Albert Lea, and cooperates with other doctors and specialists.

"I am an academic emergency physician and clinical epidemiologist with a focus on the development and validation of clinical prediction rules and their translation to practice through shared decision making. I recently led as PI two PCORI funded multicenter clinical trials, Chest Pain Choice and Head CT Choice – to test the effectiveness of shared decision-making interventions in adults with low risk chest pain and in parents of children with minor head trauma, respectively. I also recently led as PI a PCORI proposal to Disseminate and Implement a decision aid in low risk chest pain patients in 5 emergency departments across 3 large health care systems that was selected for funding. Through these projects I have gained first-hand experience in the planning, leadership and execution of multisite clinical trials."



Dr. Bruce Chen

Dr Chen earned his Doctor of Medicine, West Virginia University School of Medicine, Morgantown, WV (2002-2006). His residency was in Internal Medicine at West Virginia University, Morgantown, WV. He has the following fellowships: Interventional Cardiology, West Virginia University, Morgantown, WV, Chief Cardiology, West Virginia University, Morgantown, WV and has the following certifications: Board Certified Internal Medicine, Cardiovascular Disease - Fellow, Nuclear Medicine, and Interventional Cardiology. Dr. Chen's professional memberships include: Society of Cardiovascular Angiography and Intervention, American College of Cardiology, American Heart Association, American College of Physicians, American Medical Association with clinical interests in Transradial (wrist) / Transfemoral Heart Catheterization and Angioplasty, Preventative Cardiology, Treatment of Peripheral Vascular Disease. IVC filter placement and retrieval.



Dr. Michael Pallaci

Dr. Pallaci is a 1998 graduate of the NY College of Osteopathic Medicine and is an Adjunct Clinical Professor of Emergency Medicine at OUHCOM. He completed his EM Residency at Palmetto Richland Memorial Hospital in Columbia, SC, where he serves on the Board of Directors for the Residency's Alumni Association. He began his career with Mid-Ohio Emergency Services in Columbus, where he served as the Emergency Ultrasound Director while covering the EDs at Grant Medical Center and Riverside Methodist Hospital. In 2010 he took the EM Residency Director position at Grandview Medical Center in Dayton, OH, and has been the PD at Adena since 2016. He has taught numerous courses and conferences, including The Emergency Ultrasound Course, ATLS, the Ohio ACEP/MCEP Winter Symposium, the ACOEP Scientific Assembly, the Ohio Osteopathic Symposium, and OUHCOM's Residency Director Fellowship Program. He is a chapter author for the Bouncebacks! book series, and has appeared on the EM:RAP and UC:RAP podcasts. His professional interests include emergency ultrasound, emergency management of hypertension, curriculum development, resident remediation and adult learning. He and his wife Denise live in Westerville, OH with their three beautiful, bright and ridiculously active children, with whom they happily spend whatever free time they can find.

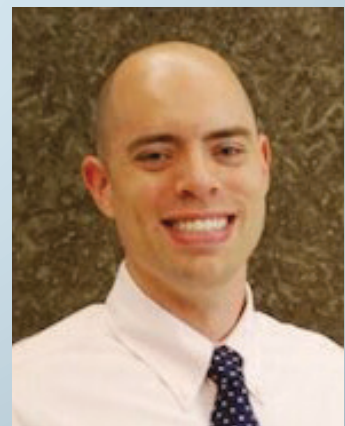
Dr. VanFossen received his medical degree from The Ohio State University College of Medicine and Public Health. He went on to complete his internship, residency and fellowship training in Cardiology at Ohio State University Hospitals. He is board-certified by the American Board of Internal Medicine in Internal Medicine, Cardiovascular Disease and Interventional Cardiology. His special areas of interest include General Cardiology, Interventional Cardiology, Peripheral Vascular Disease, Valvular Heart Disease, and Venous Thromboembolic Disease.



Dr. Doug VanFossen, MD

ADENA CHEST PAIN SUMMIT VIRTUAL SPEAKER DETAILS

Dr. Ryan Radecki is a critical care specialist in Clackamas, Oregon and is affiliated with Kaiser Sunnyside Medical Center. He received his medical degree from The Ohio State University College of Medicine. In a previous How I Work Smarter post by Dr. Ken Milne, he called out Dr. Ryan Radecki, who is the outspoken and prolific author of EM Literature of Note and a premiere mythbuster in EM, specifically around thrombolytics in stroke. For those of us in the blogging world, not everyone knows that he lives a dual academic life working on medical informatics and information design. He is, in fact, funded through an NIH grant from the Agency of Healthcare Research and Quality for a training program in patient safety.



Dr. Ryan Radecki, MD



Dr. Paul Jhun

Dr. Jhun graduated with highest academic distinction from Stanford University, with a degree in Electrical Engineering. He completed medical school and Emergency Medicine residency at the University of Southern California. After serving as chief resident, he stayed on as faculty and Assistant Program Director for the residency program. His passion for educational content development led him to join Drs. Herbert and Bright at EMRAP and Hippo Education in 2013, where he is the Executive Editor and Content Director. He has won many speaking and teaching awards, including Faculty of the Year at the University of Southern California. Currently, he is a faculty member at the University of California, San Francisco in the Department of Emergency Medicine. Assistant Professor of Clinical Emergency Medicine, University of California San Francisco. Dr. Paul Jhun is a critical care specialist in Los Angeles, California and is affiliated with LAC+USC Medical Center.



Dr. Cam Berg

"I always makes myself available to offer emotional support – regardless of the severity or complexity of the situation," Dr. Cam Berg.

Dr. Cameron Berg is a critical care specialist in Minneapolis, Minnesota. He received his medical degree from George Washington University School of Medicine.

"Cameron works in a large urban community hospital, where he divides time 50/50 between clinical care and administrative work. His administrative efforts center on the deployment of interdisciplinary pathways, seeking to standardize care in historically high-cost or high-variability conditions."



Dr. Salim Rezaie

Dr. Rezaie was raised in San Antonio, and left for a brief while to complete his medical training, only to return back to the city of San Antonio. His undergraduate was completed at St. Mary's University with a B.S. in Biology, May 1999. He received his medical degree from Texas A & M College of Medicine in Temple, Texas in 2005 and completed his Emergency Medicine/Internal Medicine combined residency at Brody School of Medicine at East Carolina University/Pitt County Memorial Hospital June 2010. He joined the Division of Emergency Medicine and Hospitalist Medicine July 2010.

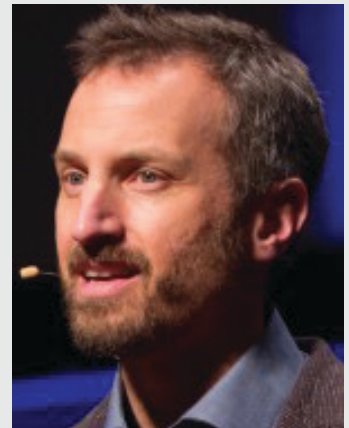
Salim R. Rezaie, MD is a front line emergency medicine/internal medicine physician at a democratic community group called Greater San Antonio Emergency Physicians (GSEP) and is currently serving as the director of clinical education for the physicians and APPs. He also is the creator and founder of REBEL EM and REBEL Cast, a free, critical appraisal blog and podcast that try to cut down knowledge translation of research to bedside clinical practice.

Mizuho Spangler D.O. is an Assistant professor of Emergency Medicine at Los Angeles County + USC Medical center, Keck School of Medicine of USC. She also works as a community Emergency physician at Kaiser Permanente SCPMG. Dr. Spangler is the Executive editor for Urgent Care Reviews and Perspectives (UC:RAP) and Medical editor for Emergency Medicine reviews and perspectives (EM:RAP). She is also one of the co-founders of 3MD | three mommy doctors, a small business that revamped first-aid kits for kids using hospital grade supplies & provides parents insight on when to seek medical care. www.threemommydoctors.com



Dr. Mizuho Spangler

Dr. Rob Orman is an emergency physician from Bend, Oregon. When he's not in the ED he can be found creating and working on podcasts for the EM:RAP series, for which he is the Executive Editor. From using mindfulness techniques to stay active, Dr. Orman ensures he is mentally in check at the start of each day. Here's how he stays healthy in EM!



Dr. Rob Orman

ADENA CHEST PAIN SUMMIT FEATURE ARTICLES

1. Backus BE et al. A prospective validation of the HEART score for chest pain patients at the emergency department. *International Journal of Cardiology* 168 (2013) 2153–2158.
2. Hess EP, Knoedler MA, Shah ND, et al. The chest pain choice decision aid. A randomized trial. *Circ Cardiovasc Qual Outcomes* 2012;5:251–9.
3. Weinstock MB, Weingart S, Orth F, et al. Risk for clinically relevant adverse cardiac events in patients with chest pain at hospital admission. *JAMA Intern Med.* 2015;175:1207-1212. ArticleAccessed April 30, 2018.
4. Sandhu AT, Heidenreich PA, Bhattacharya J, Bundorf MK. Cardiovascular testing and clinical outcomes in emergency department patients with chest pain. *JAMA Intern Med.* 2017;177:1175-1182. Abstract
5. Amsterdam EA, Venugopal S. Utility of simplicity for low-risk chest pain patients. *European Heart Journal: Acute Cardiovascular Care* 2018, Vol. 7(3) 285–286

MORE REFERENCE MATERIALS

(NOT A COMPREHENSIVE LIST)

1. Six, AJ, Backus BE, Kelder JC. Chest pain in the emergency room: value of the HEART score. *Neth Heart J*. 2008 Jun; 16 (6): 191-6.
2. Backus BE et al. A prospective validation of the HEART score for chest pain patients at the emergency department. *International Journal of Cardiology* 168 (2013) 2153–2158.
3. Weinstock MB, Weingart S, Orth F, et al. Risk for clinically relevant adverse cardiac events in patients with chest pain at hospital admission. *JAMA Intern Med*. 2015;175:1207-1212. Article Accessed April 30, 2018.
4. Hess EP, Knoedler MA, Shah ND, et al. The chest pain choice decision aid. A randomized trial. *Circ Cardiovasc Qual Outcomes* 2012;5:251–9.
5. Hess EP, Coylewright M, Frosch DL, Shah ND. Implementation of shared decision making in cardiovascular care: past, present, and future. *Circ Cardiovasc Qual Outcomes* 2014;7:797–803.
6. Hess EP, Grudzen CR, Thomson R, Raia AS, Carpenter CR. Shared decision-making in the emergency department: respecting patient autonomy when seconds count. *Acad Emerg Med* 2015;22:856–64.
7. Hess EP, Hollander JE, Schaffer JT et al. Shared decision making in patients with low risk chest pain: prospective randomized pragmatic trial. *BMJ* 2016;355:i6165.
8. Amsterdam EA, Venugopal S. Utility of simplicity for low-risk chest pain patients. *European Heart Journal: Acute Cardiovascular Care* 2018, Vol. 7(3) 285–286.
9. Finnerty N, Weinstock MB. Systematic review series – The HEART score - *Annals of Emergency Medicine*, January, 2018.
10. Finnerty N, Weinstock MB. Systematic review series – High sensitivity troponins - *Annals of Emergency Medicine*, October, 2017.
11. Reinhardt SW, Lin CJ, Novak E, Brown DL. Noninvasive cardiac testing vs clinical evaluation alone in acute chest pain: a secondary analysis of the ROMICAT-II randomized clinical trial. *JAMA Intern Med*. 2018;178:212–219. Abstract.
12. Sandhu AT, Heidenreich PA, Bhattacharya J, Bundorf MK. Cardiovascular testing and clinical outcomes in emergency department patients with chest pain. *JAMA Intern Med*. 2017;177:1175-1182. Abstract.
13. Mahler SA, Riley RF, Hiestand BC, et al. The HEART Pathway randomized trial: identifying emergency department patients with acute chest pain for early discharge. *Circ Cardiovasc Qual Outcomes*. 2015; 8:195-203. Article Accessed April 30, 2018.
14. Amsterdam EA, Kirk JD, Bluemke DA, et al; American Heart Association Exercise, Cardiac Rehabilitation, and Prevention Committee of the Council on Clinical Cardiology, Council on Cardiovascular Nursing, and Interdisciplinary Council on Quality of Care and Outcomes Research. Testing of low-risk patients presenting to the emergency department with chest pain: a scientific statement from the American Heart Association. *Circulation*. 2010;122:1756-1776. Article Accessed April 24, 2018.

ADENA CHEST PAIN SUMMIT

MISSION STATEMENT

EXCELLENCE OF CARE

Whereas myocardial infarction is one of the leading causes of death;

Whereas emergency physicians should be cognizant of patient populations such as diabetics, women and the elderly which may have their acute coronary syndrome (ACS) present atypically;

Whereas the risk of ACS after a negative emergency department (ED) evaluation is significantly lower than upon initial ED presentation;

Whereas the risk for a major adverse cardiac event (MACE) is very low in patients with a low risk HEART score in the immediate post-ED evaluation period;

Whereas the risk of a clinically relevant adverse cardiac event (CRACE) is extremely low in the immediate post-ED evaluation period;

Whereas there is a risk to a hospital admission including nosocomial infection, deep vein thrombosis, pneumonia, sundowning, falls, false positive tests, and expense to the patient and health-care system;

We propose that:

After a negative ED evaluation for chest pain, an expedited outpatient evaluation with primary care or cardiology is an acceptable alternative to admission.

Michael Weinstock, MD
Salim Razaie, MD
Cam Berg, MD
Doug Van Fossen, MD

Barbra Backus, MD
Michael Pallaci, DO
Paul Juhn, MD
Bruce Chen, MD

Erik Hess, MD
Ryan Radecki, MD
Mizuho Spangler, DO
Colin Kaide, MD

