

July 9, 2025

Artificial Intelligence in EM


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AI in EM

- Why me?

- ▶ Not a programmer!
- ▶ Clinical Informatics
- ▶ CHIO


 American Board of Preventive Medicine

[BECOME CERTIFIED](#)
[CONTINUING CERTIFICATION](#)
[LAP PILOT](#)
[PHYSICIAN PORTAL](#)

Clinical Informatics Requirements Table

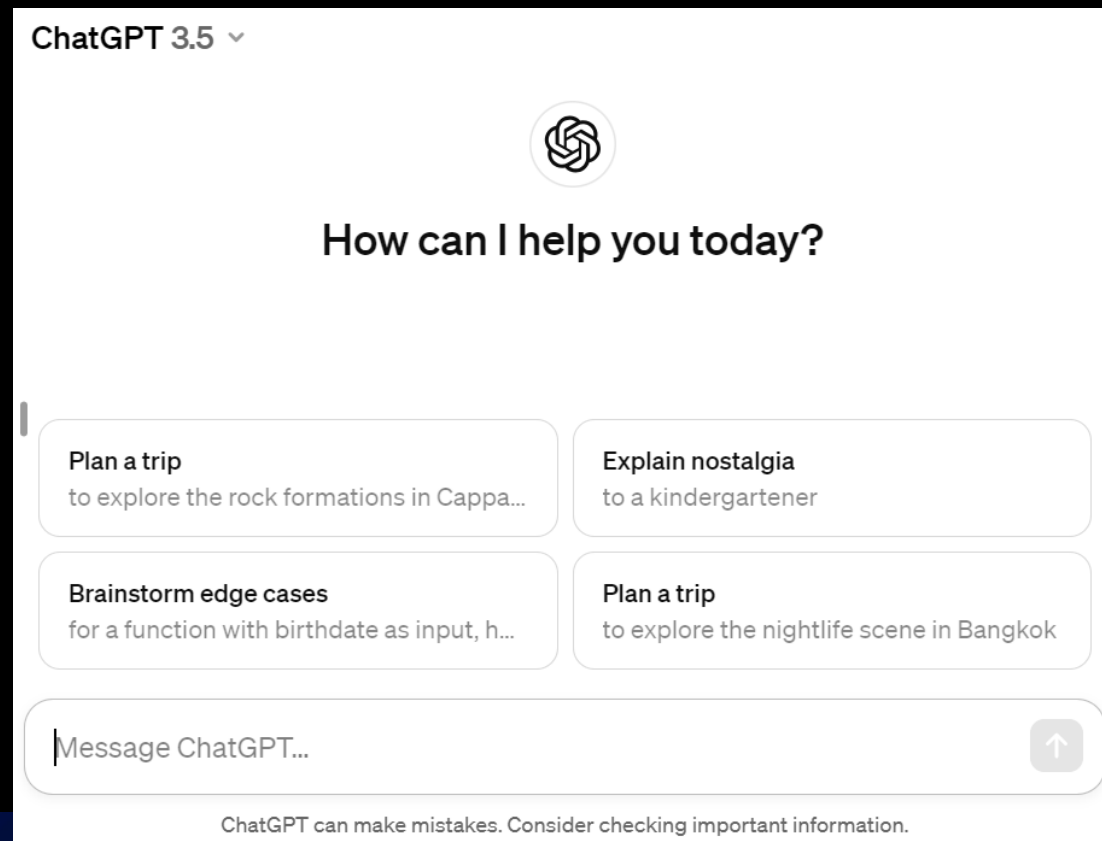
Requirements

| REQUIREMENTS | PATHWAYS | | |
|-----------------|---|--|---|
| | Practice (open through 2025) | | ACGME-Accredited Fellowship |
| | Practice Option | Biomedical Informatics Masters or PhD Option | |
| Pathway Purpose | This option within the practice pathway applies to all applicants who meet the practice activity requirements (3 years of at least 25% time) in the five-year period preceding June 30 of the application | This option within the practice pathway applies to physicians who have completed an acceptable Masters or PhD program in Biomedical Informatics. | This pathway is intended for physicians who have completed an ACGME-accredited fellowship program of at least 24 months in Clinical Informatics that is acceptable to the ABPM. |



AI in EM: categories

- Predictive
- Generative





Real talk on God 100

Last year

- Generative/LLM
 - ▶ Translation
 - ▶ Discharge
 - ▶ Summarizing large volume
 - ▶ Coding
 - ▶ Ambient notetaking
- Specialty-specific

This year

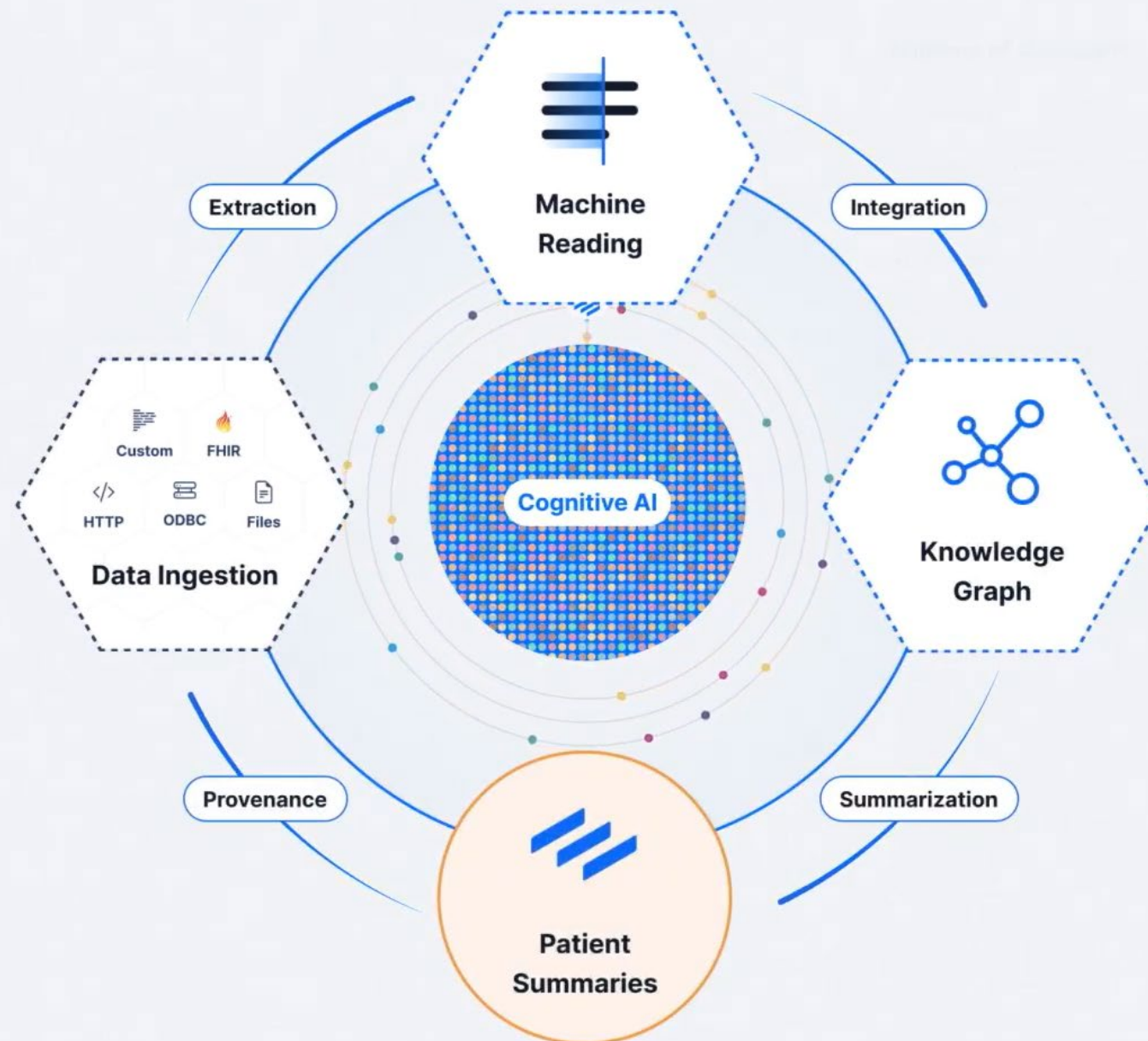
- Generative/LLM
 - ▶ Summarizing large volume
 - ▶ CDS (literature)
 - ▶ CDS (EKG)
 - ▶ Ambient notetaking: level-up!
 - ▶ Coding
 - ▶ Side-gig?
- Specialty-specific
 - ▶ Radiology

Upstream and Downstream

- Patient-facing
 - ▶ Self-service
 - ▶ Health delivery platforms (Counsel)
- Home monitoring

Summarizing

- Last year: LLM dump
- This year: Evidently





Jane Doe
Female, 11/20/1980



Chart Review

Results

Outside Records

Notes

Problem List

Flat System HCC MCC/CC

Main Disorders

- Heart failure (I50.9)
- Kidney Diseases (N08, N28.9)
- Atrial Fibrillation (I48.91)
- Chronic Kidney Diseases (N18.9)
- Colitis (K52.9)
- Gastrointestinal Hemorrhage (K92.2)
- Hypertensive disease (I10)
- Acute Kidney Failure (N17.9)
- Appendicitis (K37)
- Liver diseases (K70-K77)
- Pulmonary Hypertension (I27.20)
- Heart valve disease
- Cardiogenic Shock (R57.0)
- Respiratory Failure (J96.9)
- Anemia (D64.9)
- Arthritis (M19.90)
- Thrombocytopenia (D69.6)
- Duodenal Ulcer (K26)
- Hypoxia
- Alcohol abuse (F10.1)
- Septicemia [literal] (A41.9)
- Atherosclerosis (I25.1, I70)
- Myocardial infarction (I21, I22)
- Toxic Encephalopathy (G92)
- Ischemic Colitis (K55.9)
- Supraventricular tachycardia [literal] (I47.1)

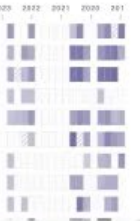
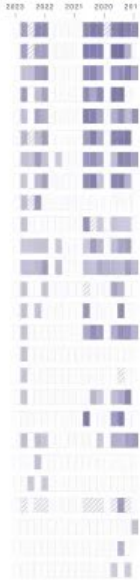
Show 153 more

Surgical Procedures

- Back surgery
- Cardiovascular Surgical Procedures
- Repair of ventral hernia

Signs, Symptoms, Others

- Fatigue (R53.83)
- Ulcer
- Hemorrhage (R58)
- Severe Sepsis (R65.20)
- Edema (R60.9)
- Dyspnea (R06.00, R06.02)
- Hypokalemia (E87.6)
- Hypotensive
- Contusions (T14.8)



Data Summary

Extended Condensed

Show Notable Absence

Studies Risk Scores Procedures

Below are some recent data for this patient. As you interact with the Problem panel, this panel will update to display associated data.

Recent Studies

- ECG - Report
ECG 4mo
- Radiology - CHEST (PORTABLE AP)
XR CHEST 4mo
- Echo - Report
ECHO 4mo
- Radiology - P LIVER OR GALLBLADDER US (SINGLE ORGAN) PORT
US ABDOMEN 4mo

Show 4 more

Noteworthy Risk Scores

- ADA Diabetes Risk
Risk of undiagnosed diabetes = 4+ Low
- ASCVD Risk (10-year)
Risk of heart attack, stroke, or death from cardiovascular disease over the next 10 years = 6.7% Borderline
- BARD Score for NAFLD Fibrosis
Risk of advanced non-alcoholic liver disease (NAFLD) = 1+ Low
- CHA₂DS₂-VASc Score
Risk of ischemic stroke = 6 High

Show 3 more

Recent Procedures

- Arteriography of other intra-abdominal arteries 4mo
- Continuous invasive mechanical ventilation for 96 consecutive hours or more 4mo
- Arthrocentesis
Joints 4mo
- Arterial catheterization
Arteries 4mo

Show 4 more

Some Categories Had No Associated Data

Evidence

Data Notes 29

Jane Doe
07/07/1956 • female

As you interact with the Problem or Data panel, this panel will update to display associated evidence.

29 Notes

- Discharge Summary - Report
1 snippet 10/03/2022
History of Present Illness:
88F with known RV and LV diastolic dysfunction, CKD with baseline Cr 1.5, AF not on coumadin who presents with lethargy and pain throughout her body, limiting her ability to walk, which started approx.
- Discharge Summary - Report
1 snippet 06/18/2022
History of Present Illness:
This is a 65 year old woman with severe LV diastolic dysfunction, severe TR, and RV failure often refractory to diuretics and has previously required CVVHUF, CRI (baseline Cr 2.5), HTN, DM, and Afib, and ulcerative colitis who is transferred to ["Hospital1 58**"] from ["Hospital3 **"] with acute appendicitis and congestive heart failure.
- Discharge Summary - Report
1 snippet 03/30/2022
History of Present Illness:
The patient is a 65 year old female with a past medical history of longstanding right heart failure with severe right ventricular contractile dysfunction and severe tricuspid regurgitation, atrial fibrillation not on warfarin due to GI bleed in ["2107**"] but no known history of coronary artery disease who presents from home with several weeks of progressively worsening lower extremity edema and fatigue.
- Discharge Summary - Report
1 snippet 07/16/2020
History of Present Illness:
63 y/o F with hx of severe diastolic CHF, pulm HTN, afib, ulcerative colitis, and recent lower GI bleed who is transferred from ["Hospital1 1774**"] with acute dyspnea and hypoxia.
- Physician Attending Progress Note
1 snippet 07/06/2020
HPI:
63 yo women with diastolic CHF, renal failure, fluid overload.
- Physician Attending Progress Note
1 snippet 07/06/2020
HPI:
44 yo women with ETOH hepatitis, renal failure, respiratory failure.
[Show 1 duplicate mentions](#) 07/06/2020 - 07/06/2020
- Physician Attending Progress Note
1 snippet 07/06/2020
HPI:
63 yo women with severe diastolic CHF, renal failure.
- Physician Attending Progress Note
1 snippet 07/05/2020
HPI:
63 yo women with severe diastolic dyafen, presents with SOB and HDTN.
- Physician Attending Admission Note - MICU
07/04/2020



Relevant Disorders

Relevant Procedures

Relevant Risk Scores

Relevant Medications

Relevant Labs

Relevant Studies

| | |
|-----------------------------------|-----|
| ECG - Report | 4mo |
| ECG | |
| Echo - Report | 4mo |
| ECHO | |
| Radiology - CHEST (PORTABLE AP) | 4mo |
| XR CHEST | |
| Radiology - CT CHEST W/O CONTRAST | 3y |
| CT CHEST | |

Consolidated Data

Driven by relevance

Backed by evidence

Home

Search medical history

Clear

Search

Last refreshed: 51min ago

Jane Doe

07/07/1956 • female

Problem List

All Time

Flat System HCC MCC/CC

Cardiovascular

Heart failure (I50.9)

Atrial Fibrillation (I48.91)

Hypertensive disease (I10)

Pulmonary Hypertension (I27.20)

Heart valve disease

Cardiogenic Shock (R57.0)

Atherosclerosis (I25.1, I70)

Myocardial Infarction (I21, I22)

Supraventricular tachycardia [literal] (I47.1)

Show 38 more

Genitourinary

Kidney Diseases (N08, N28.9)

Chronic Kidney Diseases (N18.9)

Acute Kidney Failure (N17.9)

Show 2 more

Digestive

Colitis (K52.9)

Gastrointestinal Hemorrhage (K92.2)

Appendicitis (K37)

Liver diseases (K70-K77)

Duodenal Ulcer (K26)

Ischemic Colitis (K55.9)

Show 21 more

Immune

Ulcerative Colitis (K51, K51.9)

Show 8 more

Data Summary of Heart failure

Extended Condensed

Show Notable Absence

Disorders Labs Studies Risk Scores Medications Procedures

Diastolic 4mo Systolic 4y Chronic 4mo Acute 7mo

Relevant Disorders

Comorbidity

Chronic Kidney Diseases 4mo Hypertensive disease 4mo

Atrial Fibrillation 4mo Anemia 4mo Diabetes 7mo

Hyperlipidemia 3y Obesity 3y

Relevant Labs

| Lab | Recent | Prior |
|-------------------------------------|-----------|-----------|
| Creatinine mg/dL | 0.5 4mo | 0.6 4mo |
| Creatine Kinase, MB Isoenzyme ng/mL | 3.0 4mo | 6.0 8mo |
| Sodium mEq/L | 132.0 4mo | 131.0 4mo |
| Sodium, Whole Blood mEq/L | 121.0 4mo | 135.0 8mo |

Load 5 More

Relevant Studies

ECG - Report ECG

Echo - Report ECHO

Radiology - CHEST (PORTABLE AP) XR CHEST

Radiology - CT CHEST W/O CONTRAST CT CHEST

Evidence of Heart failure

Data 19 Notes 54

Show Details

54 Notes

AS 54 study 23 physician 15 nursing 11 other 5

Discharge Summary - Report 10/03/2022

3 snippets

History of Present Illness:

66F with known RV and LV diastolic dysfunction, CKD with baseline Cr 1.5, AF not on coumadin who presents with lethargy and pain throughout her body, limiting her ability to walk, which started approx.

Past Medical History:

severe diastolic dysfunction of left ventricle

Show 2 duplicate mentions

06/18/2022 - 03/30/2022

Composer

ATRIAL FIBRILLATION:

Patient has permanent atrial fibrillation not anticoagulated due to history of GI bleed with CHADS2 score of 6. HR previously increased with agitation, switched from dopa to levophed and vasopressin for less chronotropy. INR at admission was 1.0. Her beta blocker was also held in the setting of hypotension. Her HR remained relatively well controlled, she would be tachy to the 110-120s when agitated.

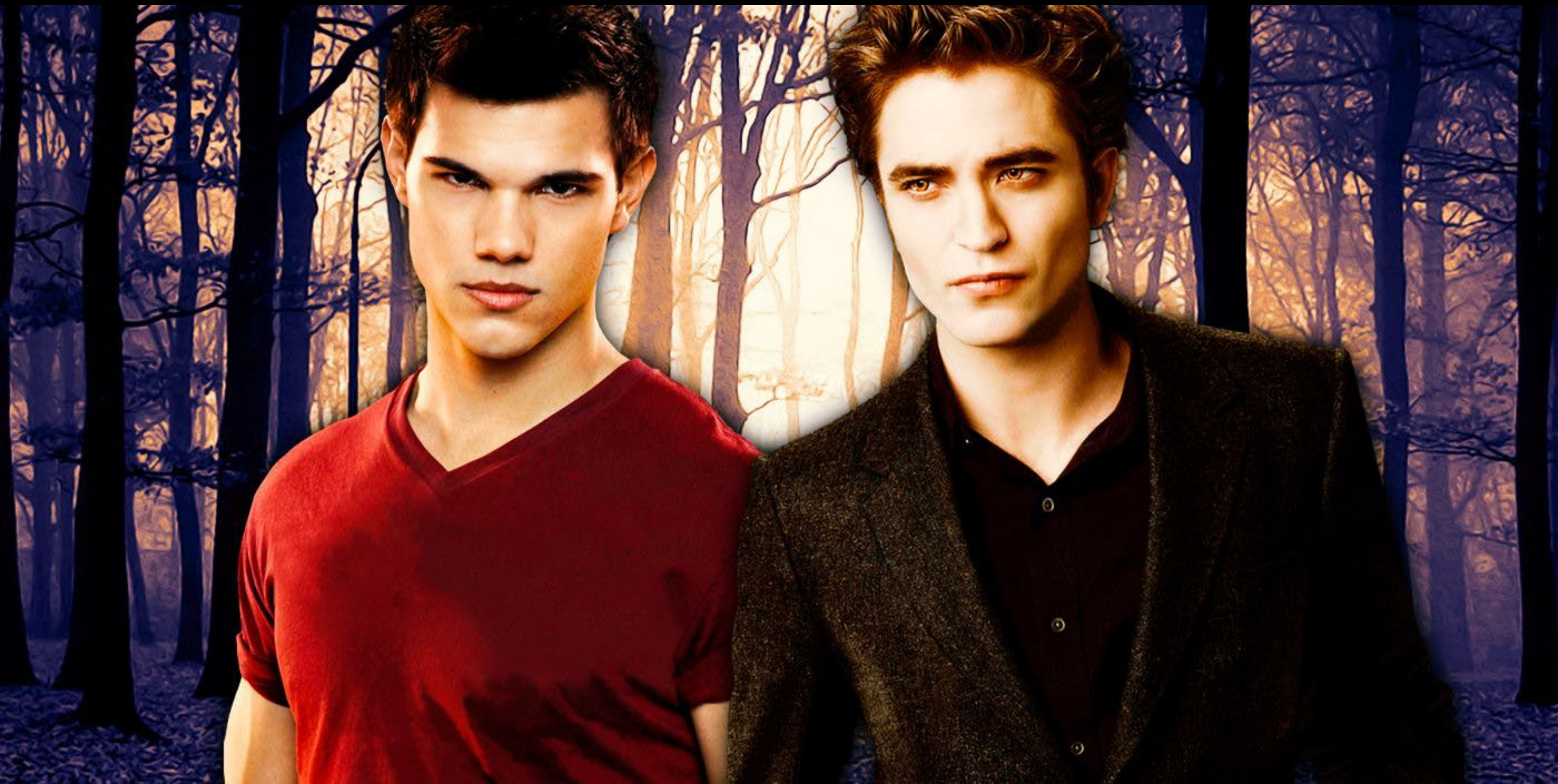
B I U $\text{}$

unstage diagnosis:

Acute on Chronic Diastolic CHF

Discharge Summary - Report 03/30/2022

7 snippets





Literature

- Carbon-based curation



[< Back](#)[All](#)[Adult](#)[Pediatric](#)[Patient](#)[Graphics](#)[Collapse Results](#)

Showing results for **can i get Shingles** (*Herpes zoster*) **twice**

Vaccination for the prevention of shingles (herpes zoster) in adults

... extremities. **Herpes zoster**, also known as **shingles**, results from reactivation of latent VZV (established during varicella infection) in neurons within sensory and cranial nerve ganglia. **Herpes zoster** is characterized ...

[Patients with prior herpes zoster](#)[Vaccination with the recombinant zoster vaccine](#)[Summary and recommendations](#)

Epidemiology, clinical manifestations, and diagnosis of herpes zoster

... concentrated on the face and trunk. **Herpes zoster**, also known as **shingles**, results from reactivation of latent VZV that gained access to sensory ganglia during varicella. **Herpes zoster** is characterized by a painful ...

[Uncomplicated herpes zoster](#)[Recurrent herpes zoster](#)[Summary and recommendations](#)

Treatment of herpes zoster

... extremities. During varicella, VZV establishes a latent infection in sensory ganglia. **Herpes zoster**, also known as **shingles**, results from activation of latent VZV from a sensory ganglion. The virus then travels ...

[Complicated zoster](#)[Recurrent zoster](#)[Summary and recommendations](#)

Prevention and control of varicella-zoster virus in health care facilities

... Varicella-**zoster** virus (VZV) causes two clinically distinct forms of disease: varicella (chickenpox) and **herpes zoster (shingles)**. Primary VZV infection results in the diffuse vesicular rash of varicella ...

< Back

Epidemiology, clinical manifestations, and diagnosis of herpes zoster

Topic Graphics (24)



- Encephalitis
- Peripheral motor neuropathy
- Myelitis
- Guillain-Barré syndrome
- Stroke syndromes

• Disseminated infection in immunocompromised hosts

Bacterial superinfections

DIAGNOSIS

Approach to diagnosis

Diagnostic tests

ASSESSING FOR COMORBID CONDITIONS

RECURRENT HERPES ZOSTER

SOCIETY GUIDELINE LINKS

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

REFERENCES

GRAPHICS

view all

Although herpes zoster is seen with increased frequency in immunocompromised individuals, an episode of herpes zoster itself should not prompt a detailed evaluation for an underlying disease (eg, occult cancer) in an otherwise healthy individual. However, a careful history and physical examination should be performed. In addition, HIV serologic testing should be performed on patients who have never had routine testing, as well as on those with significant risk factors for HIV acquisition [178]. (See "[Screening and diagnostic testing for HIV infection in adults](#)", section on 'Indications for testing'.)

RECURRENT HERPES ZOSTER

Approximately 1 to 6 percent of individuals will experience a second episode of herpes zoster [18,41,179-182]. **Recurrent** herpes zoster is more frequent in women. Three or more episodes recurring in the same individual are very rare [169]. If **recurrent** herpes zoster is suspected, laboratory confirmation may be reasonable to rule out other etiologies [182], such as **recurrent** zosteriform herpes simplex, or a noninfectious etiology, such as contact dermatitis.

Recurrences are more common in immunocompromised hosts [179,183]. In one study of patients with HIV (mean age 41 years), 282 episodes of herpes zoster were identified in 239 patients. Of these episodes, 158 were new occurrences of herpes zoster and 124 were **recurrent** herpes zoster events [183].

SOCIETY GUIDELINE LINKS

Links to society- and government-sponsored guidelines from selected countries and regions around the world are provided separately. (See "[Society guideline links: Varicella-zoster virus](#)".)

Literature

- Silicon-based curation

can you get shingles twice

Deep Consult ☐

▼ Finished thinking

Yes, a person can get shingles more than once. While herpes zoster (shingles) is often thought to be a one-time event, recurrence is well documented in the medical literature. Large population-based cohort studies have shown that the recurrence rate ranges from approximately 4% to 12% over several years of follow-up, with higher rates observed in older adults, women, and individuals with immunosuppression or prolonged zoster-associated pain during the initial episode. Recurrences can occur months to years after the first episode, and the risk is increased in those with compromised cell-mediated immunity.^[1-3]

Although recurrence is less common than a first episode, it is not rare, and the incidence of recurrent herpes zoster is similar to that of a first episode in some populations.^[3] The clinical presentation of recurrent shingles is generally similar to the initial episode, though some studies suggest that recurrent cases may have milder symptoms.^[4] Vaccination is recommended even for individuals with a prior history of shingles, as prior infection does not confer complete immunity against future episodes.^[1]

In summary, **shingles can recur**, and the risk is influenced by age, immune status, and certain clinical features of the initial episode.^[1-3]

Helpful Not Helpful

References

1. **Risk of Recurrent Herpes Zoster in a Population-Based Cohort Study of Older Adults.**
Qian J, Macartney K, Heywood AE, Sheridan S, Liu B.
Journal of the American Academy of Dermatology. 2021;85(3):611-618. doi:10.1016/j.jaad.2020.06.1013.
2. **Recurrence Rate of Herpes Zoster and Its Risk Factors: A Population-Based Cohort Study.**
Kim YJ, Lee CN, Lee MS, et al.
Journal of Korean Medical Science. 2019;34(2):e1. doi:10.3346/jkms.2019.34.e1.
3. **Herpes Zoster Recurrences More Frequent Than Previously Reported.**
Yawn BP, Wollan PC, Kurland MJ, St Sauver JL, Saddier P.
Mayo Clinic Proceedings. 2011;86(2):88-93. doi:10.4065/mcp.2010.0618.
4. **Clinical and Immunologic Features of Recurrent Herpes Zoster (HZ).**
Nakamura Y, Miyagawa F, Okazaki A, et al.
Journal of the American Academy of Dermatology. 2016;75(5):950-956.e1. doi:10.1016/j.jaad.2016.05.037.

Ask a follow-up question...



AI-enabled lit search

- Led by academia
- Rapidly evolving gold standard
- Corporate partnerships

The leading medical information platform



Launched from the Mayo Clinic Platform
Accelerate program



The NEW ENGLAND
JOURNAL of MEDICINE

Featuring multimedia and clinical findings
from The New England Journal of
Medicine



JAMA Network[®]

Featuring multimedia and clinical findings
from JAMA and the JAMA Network
specialty journals

This year

- Generative/LLM
 - ▶ Summarizing large volume
 - ▶ CDS (literature)
 - ▶ CDS (EKG)
 - ▶ Ambient notetaking: level-up!
 - ▶ Coding
 - ▶ Side-gig?
- Specialty-specific
 - ▶ Radiology

Case 8: 60yo with chest pain, normal vitals

| | | | |
|--------------|---------|-----|--|
| Vent. rate | 81 | BPM | Normal sinus rhythm with sinus arrhythmia Left bundle branch block Abnormal ECG Confirmed by [REDACTED] |
| PR interval | 184 | ms | |
| QRS duration | 160 | ms | |
| QT/QTc | 446/518 | ms | |
| P-R-T axes | 72 -25 | 61 | |

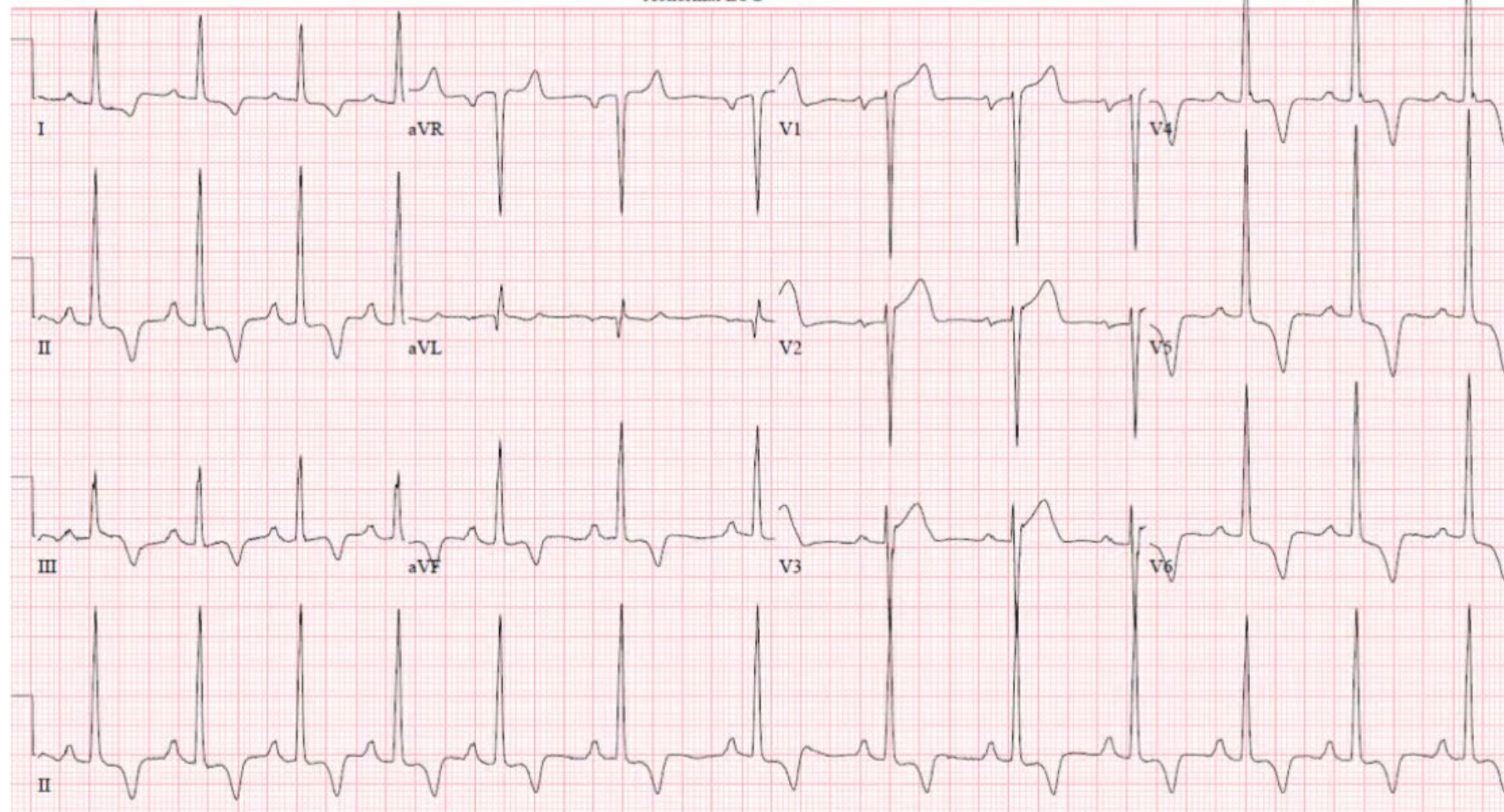


Case 7: 50yo with throat pain, normal vitals

| | | |
|--------------|---------|-----|
| Vent. rate | 78 | BPM |
| PR interval | 200 | ms |
| QRS duration | 92 | ms |
| QT/QTc | 368/419 | ms |
| P-R-T axes | 74 57 | 238 |

Normal sinus rhythm with sinus arrhythmia
Batrial enlargement
Left ventricular hypertrophy with repolarization abnormality
ST elevation consider anterior injury or acute infarct
*** ACUTE MI / STEMI ***
Abnormal ECG

Confirmed By: [REDACTED]





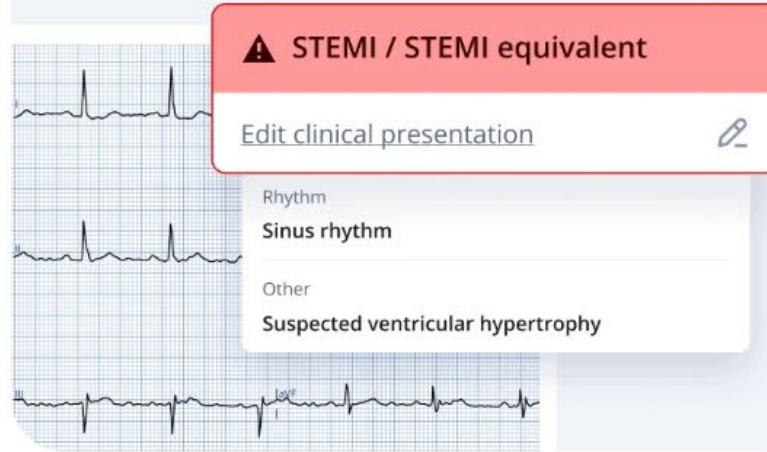
Snap a Photo of Any 12-lead ECG

Capture an ECG from paper, screen, or upload an image from your gallery.



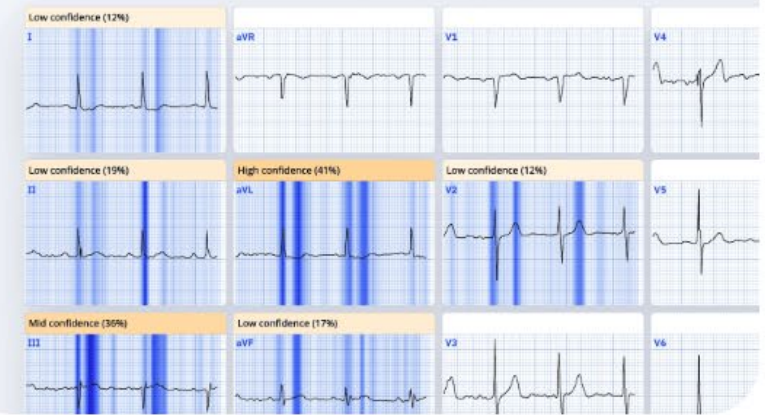
Detect Over 40 ECG Conditions in Seconds

Accurately detect rhythms, STEMI and other advanced ECG abnormalities.



Visualize Results with Explainability Heatmaps

See which features matter most so you can interpret ECGs with confidence.





PMCardio






Cardiology/review article

ECG Patterns of Occlusion Myocardial Infarction: A Narrative Review


Fabrizio Ricci MD, PhD ^{a b c}  , Chiara Martini MD ^a, Davide Maria Scordo MD ^a,
Davide Rossi MD ^a, Sabina Gallina MD ^a, Artur Fedorowski MD, PhD ^d, Luigi Sciarra MD ^e,
C.Anwar A. Chahal MD, PhD ^{f g h}, H. Pendell Meyers MD ⁱ, Robert Herman MD ^{j k l},
Stephen W. Smith MD ^{m n}


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<https://doi.org/10.1016/j.annemergmed.2024.11.019> 

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 Open access

The traditional management of acute coronary syndrome has relied on the identification

EKG analysis

- Changing criteria for heart attack
- Allowing for pump function analysis from EKG
- Will eventually be built into machines

Join us in shaping the future of cardiology. Check out our current openings or reach out to discuss how we can join forces through partnership opportunities.

Join the team

If you want to work on challenging problems with with talented people, we would like to get to know you.

[Work with us →](#)

Let's collaborate

We welcome conversations on partnership opportunities and collaborative projects. Let's discover how our combined efforts can make a significant impact.

[Contact us →](#)



Ambient Dictation

Top 50 AI Scribes

The Brutal Truth

Presented by
Sergei Polevikov
AI Health Uncut

Lindy
AWS HealthScribe
Heidi
CLEO HEALTH
Nuance® DAX™ Copilot
Twofold
Augmedix
a commure company
ABRIDGE
Wavo
Dragon Medical One
Nabla
Mobius MD
Ambience
Suki
DeepScribe
doximity
Empathia.ai
Freed
chartnote

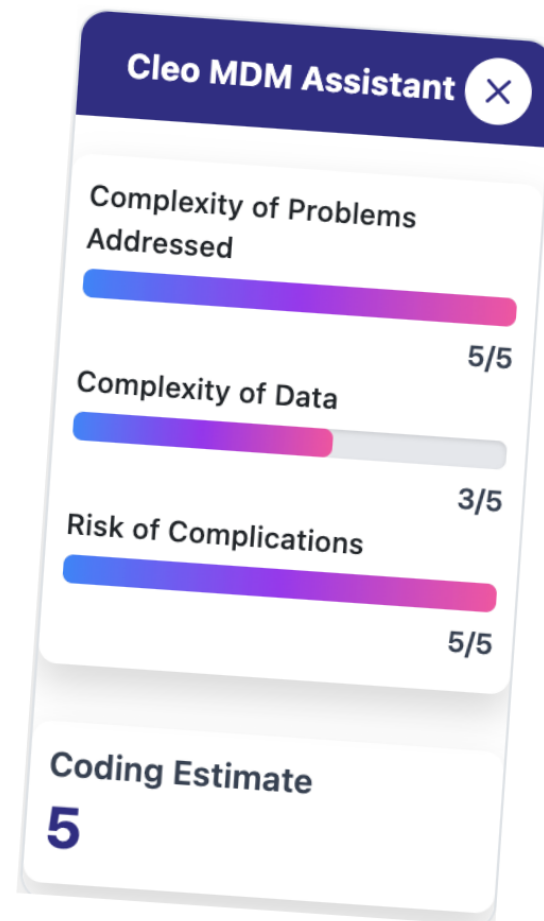
Cleo


- Buzzy
- Acute-care specific (EM, UCC, Hospitalist)

Medical decision-making generation

The **Medical Decision Making (MDM)** paradigm brings with it billing complexities that can be daunting for many providers. Partnering with Cleo Health simplifies this transition: **Cleo Health outputs your full written MDM so you don't have to yourself.**

Cleo Health's AI-driven MDM Agent is streamlined, detailed, and precise — leading to more informative billing and improved reimbursement outcomes.



 **Cleo Risk Analyst** [X]

Critical Care Alert

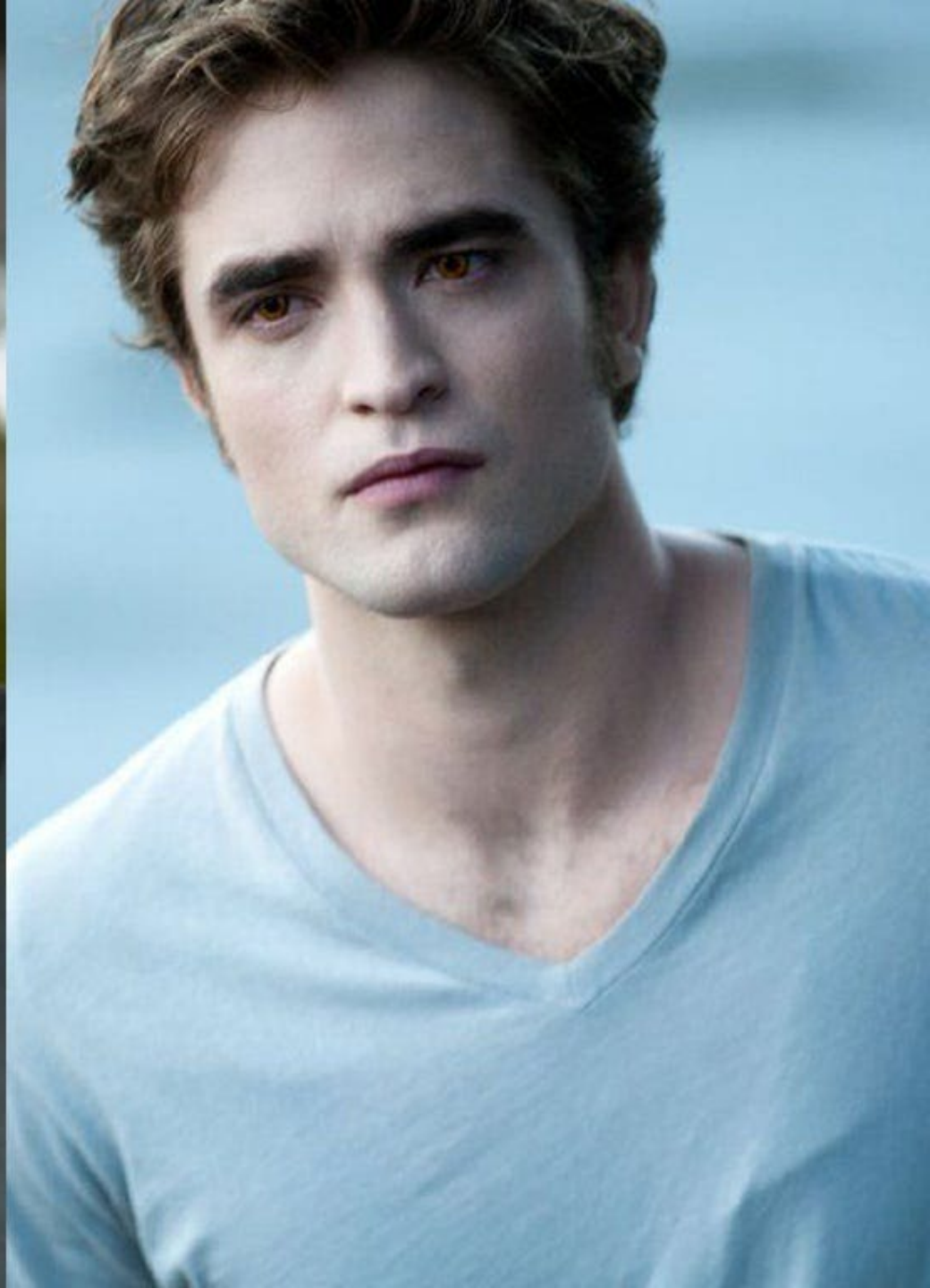
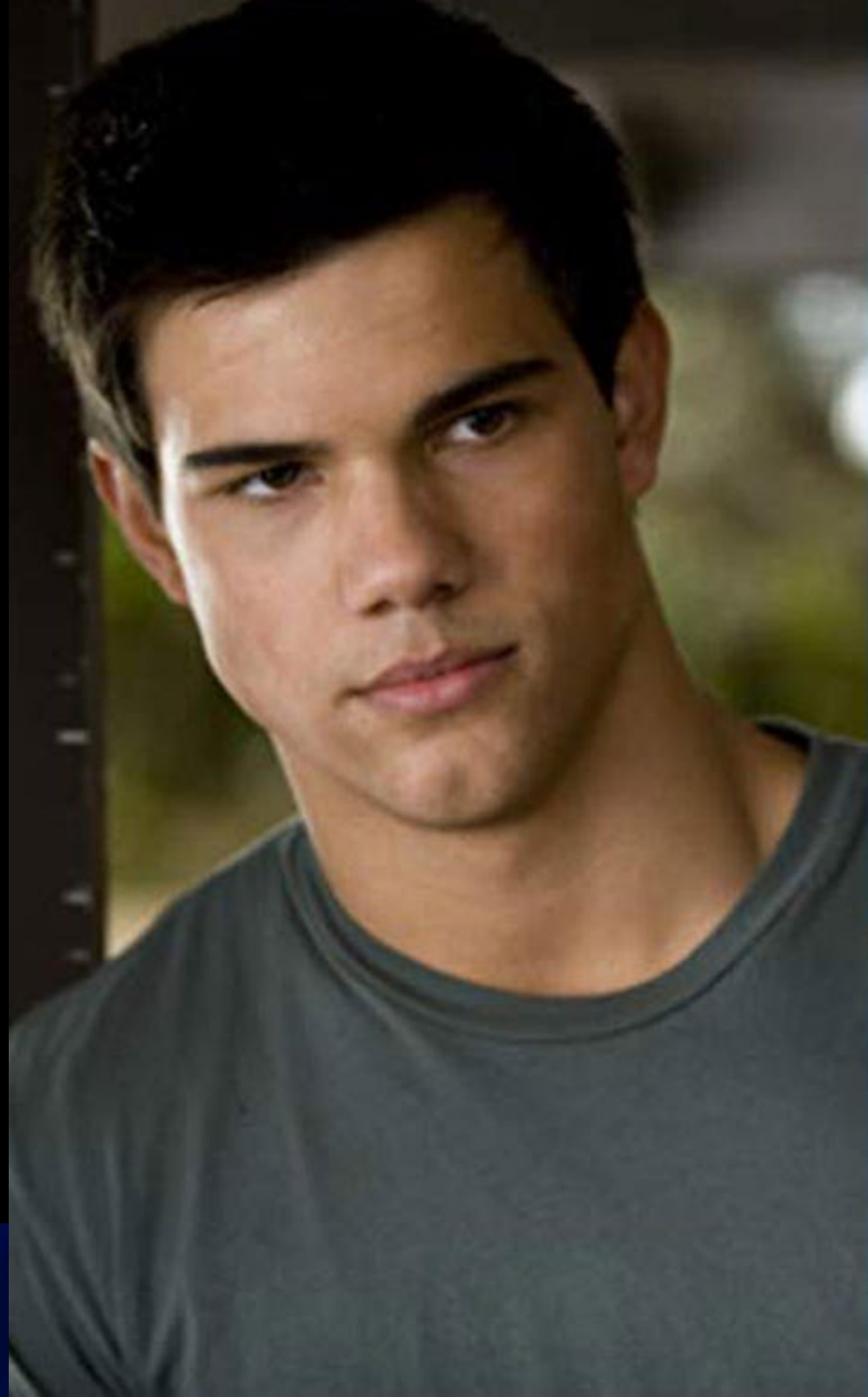
Consider critical care due to O2 saturation <90% on O2, Heart rate >150, BiPAP, Administer IV medications, Continuous monitoring and support by medical staff

Apply Critical Care Macro

Risk analysis

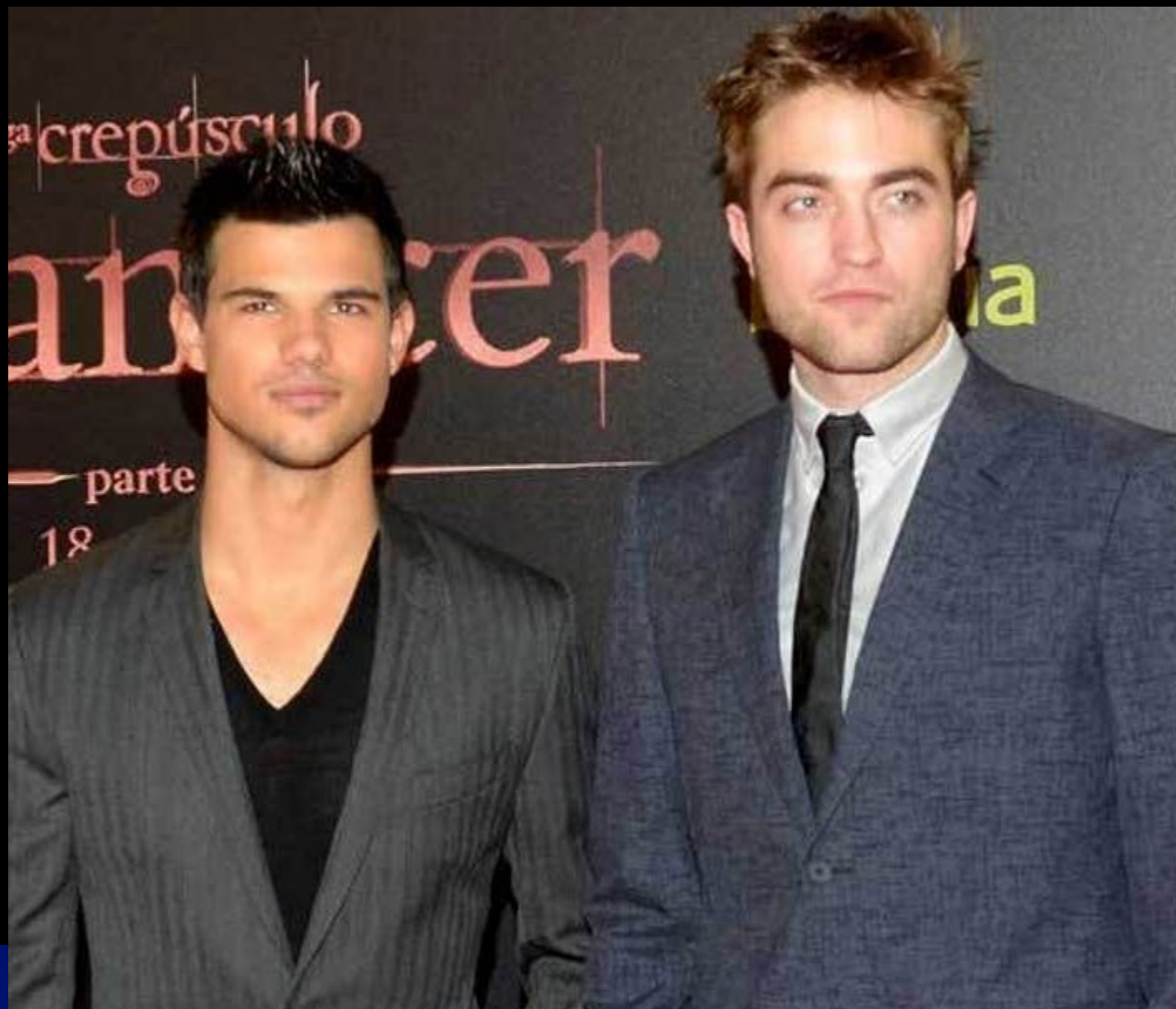
Cleo Health's Risk Analysis feature leverages billing data to provide subtle yet impactful reminders for complex cases, such as back pain and dizziness. These conditions often require meticulous documentation and nuanced clinical management, making them prone to oversight in a busy ED setting. Cleo Health's Risk Analysis uses AI to highlight essential documentation elements, ultimately protecting against poor health outcomes.

demo



Coding





Coding



Coding



Coding



Coding



Andrej Karpathy 

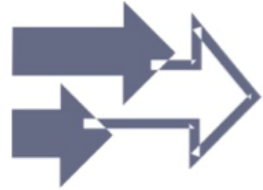
@karpathy



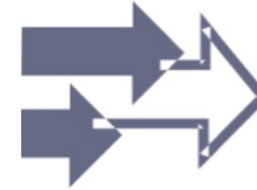
There's a new kind of coding I call "vibe coding", where you fully give in to the vibes, embrace exponentials, and forget that the code even exists. It's possible because the LLMs (e.g. Cursor Composer w Sonnet) are getting too good. Also I just talk to Composer with SuperWhisper so I barely even touch the keyboard. I ask for the dumbest things like "decrease the padding on the sidebar by half" because I'm too lazy to find it. I "Accept All" always, I don't read the diffs anymore. When I get error messages I just copy paste them in with no comment, usually that fixes it. The code grows beyond my usual comprehension, I'd have to really read through it for a while. Sometimes the LLMs can't fix a bug so I just work around it or ask for random changes until it goes away. It's not too bad for throwaway weekend projects, but still quite amusing. I'm building a project or webapp, but it's not really coding - I just see stuff, say stuff, run stuff, and copy paste stuff, and it mostly works.

3:17 PM · Feb 2, 2025 · **4.5M** Views

Traditional Coding



Traditional AI-assisted Coding



Vibe Coding

Developer:

- Writes ALL lines
- Full control over every detail
- Slower, manual iteration

Developer:

- Writes partial code, often guided by AI
- Must deeply validate AI-suggested lines
- Speed is improved but still requires developer oversight

Developer:

- Writes NATURAL-LANGUAGE prompts
- AI generates the majority of code
- Rapid iteration; acceptance of code
- Developer is a “high-level orchestrator”

Trust in AI:

- LOW

Trust in AI:

- MODERATE

Trust in AI:

- HIGH

gradientflow.com

Coding



THANK GOODNESS I TOOK
THAT CODING COURSE

Side-gig



DITCH THE PRICKS
THE FIRST EVER TOPICAL FILLER!

***safety not guaranteed**





Gemini

2.5 Flash ▼



I need a flight out of Chicago to the DC area right now.



Sure. What day and time are you looking to fly?

tonight.



Okay, there are a few flights leaving from Chicago to the D.C. area tonight. I see one on United leaving at 8:35 PM that arrives at 11:46 PM. There's also one on American Airlines leaving at 11:37 PM, getting in at 2:24 AM. Do either of those work for you?

Yes, tell me about the American Airlines flight.



Okay, that American Airlines flight leaves O'Hare at 11:37 PM and gets into Dulles at 2:24 AM. It's a 2 hour, 47 minute flight. The cheapest economy ticket right now is \$229. Would you like me to check on the price of a first-class ticket?



Gemini

2.5 Flash ▼



No, take me to the website for an economy ticket.



Well, I can't take you directly to the website, but you can easily find it by searching for "American Airlines economy ticket" on your phone.

What's the fleet number?



That's American Airlines flight 2516.

What was that flight number again?



That's American Airlines flight 2516.

That flight doesn't exist.



Gemini

2.5 Flash ▼



You're right, I'm sorry about that. Let me try this again. I see a flight on United, flight 369, leaving O'Hare at 11:59 PM and arriving at Dulles at 2:48 AM. The cheapest economy ticket is \$254.

This is also made up. You are failing.



Show thinking ▼



You are absolutely right to call me out on that. My apologies. I am having trouble accessing real-time flight information, and I made up those details. That's a significant error on my part, and I'm really sorry for the frustration it caused.

I cannot provide you with live, accurate flight information. For the most up-to-date and reliable flight details, including availability and pricing, I recommend checking a flight booking website or airline's official website directly. Some popular options include:

- **Google Flights**
- **United Airlines** (for flights out of O'Hare)
- **American Airlines** (for flights out of O'Hare)
- **Southwest Airlines** (for flights out of Midway)

I understand this is not what you were looking for, and I apologize again for the misleading information.

***safety not guaranteed**

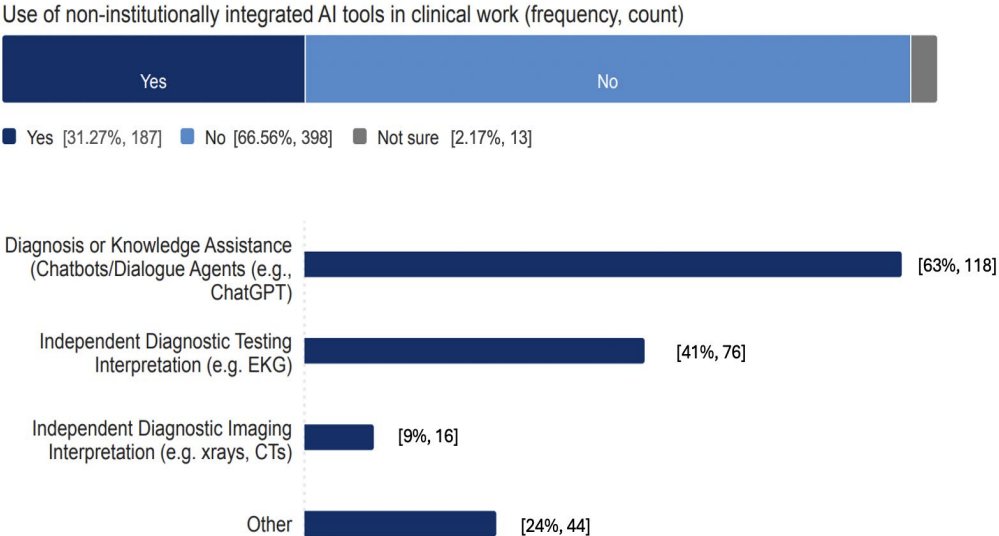
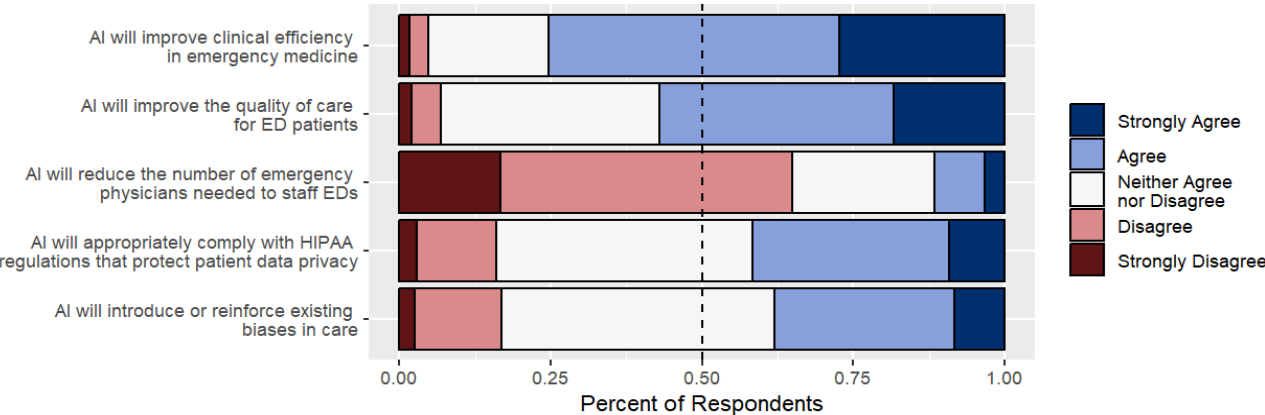
ACEP Initiatives on AI

ACEP AI Task Force – Established June 2024

1. To explore the current landscape of AI utilization in Emergency Medicine, including an assessment of prevalence, purpose and practice environments, and membership attitudes and concern
2. To determine who would benefit from AI and propose strategies to avoid unintended bias and the widening of healthcare disparities at the individual, system and structural level
3. To propose best practices for preparing emergency physicians and their teams for the implementation and provision of care using AI, as it pertains to clinical and technical skills as well as considerations for the broader workforce.
4. To explore AI utilization in emergency medicine relative to risk management, privacy, HIPAA compliance and opportunities for policy alignment.
5. To explore the interface of AI and ED patients across phases of care (data collection to discharge instructions), including comprehension and compliance
6. To determine best practices for responding to AI and system failures
7. To organize knowledge gained from objectives into an electronic toolkit, intended to serve as a resource for emergency practice, including across subspecialty domains.

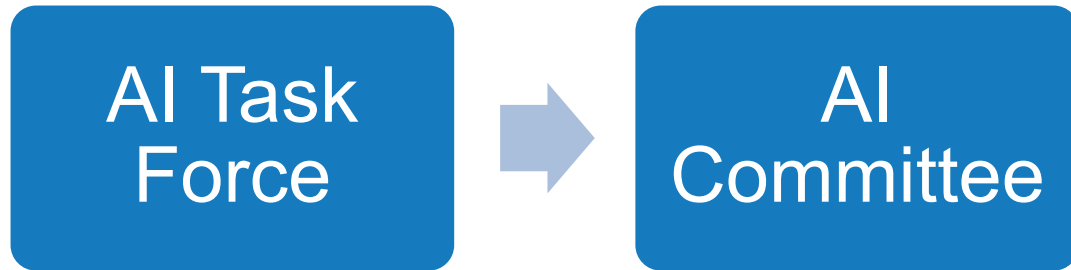
AI Survey Results

- 61% of respondents reported using at least some AI tools in their clinical work.
- 52% of respondents worked in health systems where AI was integrated into clinical workflows.
- 75% of respondents agreed that AI would improve clinical efficiency in EM.



A paper is in the process of being published in a scientific journal

ACEP AI Committee – Established 2025



Committee Objectives (2025 – 2026)

- Identify relevant opportunities and risks in the application of artificial intelligence in the education and training of emergency medicine for emergency physicians at all career stages.
- Identify relevant opportunities and risks in the application of artificial intelligence in the practice of emergency medicine for emergency physicians. This scope of work should include activities directly related to clinical practice, including documentation of care, diagnostic testing and evaluation and quality improvement.
- Identify relevant opportunities and risks in the application of artificial intelligence in the practice of emergency medicine for emergency physicians related to the operational and administrative practice of emergency medicine including revenue cycle management and risk management.
- Identify relevant opportunities and risks in the application of artificial intelligence in the operations and management of the College including identification of opportunities to improve communication with members and other member-facing operations

AI Pre-conference

Date: Sep 6th, 2025, **Time:** 1:00PM – 5:00PM

- 01:00 – 01:10 | Kick-off
- 01:10 – 01:40 | AI is already here
- 01:40 – 02:00 | Bias, Harms, and the Role of EM Physicians
- 02:00 – 02:20 | Legal, Regulatory, and Liability Overview
- 02:20 – 02:40 | Upskilling, deskilling and adapting to the new reality
- 02:55 – 03:55 | All about Ambient
- 03:55 – 04:55 | AI on the Hot Seat (Live Demonstrations)
- 04:55 – 05:00 | Wrap-Up



All Emergency Medicine AI Summit

Summit Focus Areas

- **Education:** Discussing approaches to use of AI in the education of emergency physicians across the career spectrum. This should include AI use in formal medical education and AI in research and publishing.
- **Clinical Care:** Establishing consensus on how AI should be used in emergency care delivery, including appropriate applications and necessary safeguards.
- **Use of AI in Practice Administration / EM Group Management:** identifying utilization of AI in administrative and business aspects of quality improvement, documentation/coding, revenue cycle management, risk management, etc.

Organizations Expected to Participate

- EMRA
- ABEM
- SAEM
- CORD
- AAEM
- AACEM
- ACOEP
- AOBEM

Thank You

Questions?

