

## Final Committee Objectives 2024-25

### Clinical Policies Committee

Chair: Deborah Diercks, MD, FACEP, Chair

Vice Chair: Scott M. Silvers, MD, FACEP

Board Liaison: Gabor D. Kelen, MD, FACEP

Staff Liaisons: Travis Schulz, MLS, AHIP and Kaeli Vandertulip, MSLS, MBA, AHIP

1. Provide subject matter expertise to continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.
2. Provide subject matter expertise to review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.
3. Provide subject matter expertise for recommendations for appointments to outside entities requesting member representation on guideline development panels.
4. Provide subject matter expertise and continue working with the Clinical Emergency Data Registry Committee to identify quality measures in new and revised clinical policies.
5. Continue updating, modifying, and disseminating current clinical policies as necessary:

#### Clinical policies in development or revision:

- Pediatric fever
- Thoracic aortic dissection
- Early pregnancy
- Transient ischemic attack
- Venous thromboembolism
- Reperfusion for STEMI
- Headache
- Reversal of Non-Vitamin K Antagonist Oral Anticoagulants
- Non-ST-elevation acute coronary syndromes
- Psychiatric patient
- Opioids
- Community-acquired pneumonia

#### Clinical policies being prepared for revision pending committee capacity:

- Acute heart failure syndromes
- Mild traumatic brain injury
- Appendicitis
- Acute ischemic stroke

#### Clinical policies in which literature is being monitored for substantial changes:

- Sedation
- Blunt trauma
- Early pregnancy
- Thrombolytics
- Carbon monoxide poisoning
- Asymptomatic elevated blood pressure
- Airway management

6. Evaluate the single question clinical policies in terms of time to completion and member impressions, access, and reference through available quantitative indicators.

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7. Review the following policies per the Policy Sunset Review Process:
  - Use of Peak Expiratory Flow Rate Monitoring for the Management of Asthma in Adults in the ED (and PREP)

*Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*

8. Develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations as directed in Amended Resolution 50(21) Complications of Marijuana use (first resolved).

RESOLVED, That ACEP develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations; and be it further

9. Provide subject matter expertise to the American Board of Emergency Medicine (ABEM) by developing processes to identify knowledge gaps in the current Key Advance Categories and submit content to be considered for inclusion as a Key Advance learning resource.
10. Develop and implement a plan to explore the use of artificial intelligence to augment the clinical policy development process (e.g., for abstract screening, creating of evidentiary tables) to reduce committee member labor burden and to accelerate clinical policy development timelines.
11. Collaborate with the Emergency Medicine Practice Committee in their objective to work with American Society for Surgery of the Hand to develop hand consult guidelines. (Emergency Medicine Practice is the lead committee.
12. Develop a plan that outlines the implementation of term limits for Clinical Policies Committee members to make membership more accessible to current and former Clinical Policies Subcommittee members that have completed a clinical policy.