

This Is Not Your Grandfather's Emergency Department

ILSE JENOURI, MD, MBA; GARY BUBLY, MD, FACEP
GUEST EDITORS

Emergency Medicine (EM) is still a relatively young and rapidly evolving specialty. Like many of its elder siblings in the house of medicine, EM is undergoing exponential growth. In fact, it seems strikingly different from when we began practice a mere 16 and 25 years ago, respectively. During those decades we have witnessed the development of a second emergency medicine residency-training program in Rhode Island and several fellowship-training programs within emergency medicine in Pediatric Emergency Medicine, Ultrasound, Injury Prevention, Disaster and Emergency Medical Services, International Emergency Medicine, Simulation, Medical Education and Sex and Gender in Emergency Medicine within the confines of our small state. This issue of the *Rhode Island Medical Journal* (RIMJ) contains noteworthy examples illustrating advances in some of these specialized areas within Emergency Medicine. We have also included some administrative pieces on Emergency Department throughput and the utilization of scribes in the ED setting.

Both locally and nationally, emergency department visits are increasing. We believe this is likely to continue as the population ages, the baby boomer demographic reaches retirement and beyond, and healthcare providers feel the impact of the "silver tsunami." The expansion of health insurance to the uninsured through the implementation phase of the Patient Protection and Affordable Care Act, if it parallels the Massachusetts experience, is likely to increase this trend as well. At this writing, we seem to be experiencing slightly increased volume, perhaps due to the Medicaid expansion. The impact of punitively large emergency department co-pays by insurers, expanded access to primary care by providers, and the incentivization of Patient Centered Medical Homes and Accountable Care Organizations (ACOs) arguably may have slowed this rising tide, but clearly has not reversed it. Hindering providers with time-consuming electronic medical records and throwing in other regulatory requirements creates a recipe for inefficiency.

So how do we do it all faster and better?

Ultrasound is one way we can theoretically increase the speed and accuracy of EM providers. The article by Liebmann and Kumar on point-of-care ultrasound use in emergency medicine provides an excellent primer on its evolving applications. From its introduction for central venous catheter insertion to expanding indications, ultrasound's portability, speed of imaging and absence of radiation have helped it gain favor as an important clinical adjunct. This article

gives a snapshot view into its common clinical applications. Initially viewed with skepticism, it has been incorporated into EM residency curricula nationwide.

The article by McGregor and Choo on "The Emerging Science of Gender-Specific Emergency Medicine" provides a thought-provoking introduction into one of the newest fellowship and research areas within EM. We are hopeful that this fine-tuning of our clinical practice will lead to more personalized care for everyone.

The article by Chao and Raukar provides a timely review from the EM sports medicine perspective on the evaluation and management of concussion. Do you know which patients to send to the nearest emergency department?

In response to the rising patient volume mentioned earlier, and with the number of emergency departments diminishing nationwide due to hospital closures, emergency departments have been pressured to handle increased patient volume with greater efficiency. Some emergency departments have been fortunate enough to expand and renovate. For some, this challenge has been limited by construction costs and lack of capital, the certificate-of-need process, or sheer lack of space. Others have undergone reevaluation of their patient throughput processes to optimize efficiency without increasing staff. The "Extinction of Triage" article by Graves, Zabbo, et al. describes one facility's efforts to redesign their throughput processes with excellent results.

Finally, Emergency Medicine has been a leader in the use of scribes in the clinical environment to ease the adoption of electronic medical records. Since we are often asked about our scribe program, we have included an article explaining their role and an article giving one scribe's personal perspective on the transition from scribe to medical student.

During this era of seemingly constant change in medicine, we hope you will find these articles helpful in understanding some of the evolution occurring within emergency medicine.

Authors

Ilse Jenouri, MD, MBA, is Associate Medical Director, Department of Emergency Medicine, The Miriam Hospital; Clinical Associate Professor, Department of Emergency Medicine, Alpert Medical School of Brown University.

Gary Bubby, MD, FACEP, Medical Director, Department of Emergency Medicine, The Miriam Hospital, Clinical Professor of Emergency Medicine and Medicine, Alpert Medical School of Brown University.