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**President's Corner**

Grant Scott, MD

Dear New Mexico ACEP members,

I hope that some of you may have had the opportunity to attend the recent ACEP Scientific Assembly in Boston. If you weren't able to attend in person, you can still access over two hundred hours of CME online by signing up for [virtual ACEP21](#) that you can access through Oct 2024. It is great that we have been able to start having professional meetings again, both for the education provided as well as the opportunity to get together with peers from across the country.

Here in New Mexico, we are still clearly in the midst of a crisis in health care, with the state department again announcing a public health order allowing facilities to enact crisis standards of care. While the details of what this will mean for each of us will depend on the health system where we are working, it shows that there has been recognition at the state level that the system as a whole is stretched to its limits – or beyond. The cause of this crisis is multifactorial. We are certainly – unfortunately – seeing many patients suffering from Covid-19, but many emergency departments and hospitals are struggling to fill open positions for nursing and technical staff to allow hospitals to continue to function at or above their designed capacities.

I am continually impressed by the fortitude and ingenuity I see as emergency physicians across the state put forward an incredible amount of effort to care for patients and

advocate for them to get the care they need. Times like these demonstrate the importance of emergency care. As a specialty it is important for us to advocate on behalf the of changes that will support the smooth and safe function of the health care system as well as to educate the public on issues like vaccination that can be literally lifesaving. Thank you for all you do!

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## **From the Red Bin to the Blue Bin**

Erik Holt Anderson, MD

There is one procedure that makes me cringe and you probably can't guess what it is. It does not involve any impacted material. There are no unpleasant smells. If performed correctly there are no fluids and it actually saves the patient an invasive procedure. If you haven't been in the ICU recently you probably haven't performed it. It is...the rewiring of an arterial line.

During this clever extension of the Seldinger technique a sterile wire is reintroduced through a malfunctioning intra-arterial catheter. The catheter is removed over the wire, a new catheter is inserted over the wire, and the wire is removed. No needles, no pain, total sterility. It's great, except that the only place an ICU resident can find a sterile guidewire is the inside of an unopened femoral arterial-line kit, or too commonly, an entire central-line kit. After the procedure the remaining twenty-eight pieces of the kit are folded up in the packaging and, to the horror of my international colleagues, stuffed into the nearest waste bin. The process is emblematic of our ingenuity, our dedication to optimizing patient care, and our disregard for the amount of waste we generate.

Witnessing this process reminds me of a lecture from the 2019 FemInEM Conference<sup>1</sup> by then resident, Dr. Emily Sbiroli. In it she describes the irony of our position as oath-sworn stewards of public health, who not only have yet to acknowledge our role in mitigating climate change and waste production, but who also may be among of the greatest contributors. There are some statistics she offers which are both troubling and believable if you have ever seen a post-resuscitation trauma bay.

- On average one active hospital bed produces 29 pounds of waste per day. This equates to 5.3 tons of waste per bed per year, making the waste generated by a single hospital bed comparable to that of one to two American households.
- By contributing 8%-10% of the United States total carbon emissions the United States healthcare system has a larger carbon footprint than the entire United Kingdom<sup>2</sup>.
- As a healthcare system we create more waste and carbon emissions per capita and as a percentage of our GDP than any other developed country<sup>3</sup>.
- Among other diseases, climate change is expected to drastically increase the number of asthma exacerbations and upper respiratory infections due to air contamination, heat related illnesses, cardiovascular failures, forced migrations and civil conflicts, and viral pandemics due to changes in vector ecology<sup>4</sup>.

To me, these statistics feel staggering and burdensome. The implication is that climate change is another societal problem we were not trained to address but will be expected to manage. I also believe it is not in our power as ED providers to fully address hospital

waste or emissions. For instance, the use of certain inhaled anesthetic gases contributes five percent of all hospital-related greenhouse emissions. That is likely beyond our immediate control. However, there are some simple things we can do that make an immediate impact and require only awareness.

One first-step is to know what to do with the waste we generate. From observing most resuscitation bays or ICU rooms, there seems to be a propensity to discard everything in the room that has touched a patient and is not sharp into a red biohazard bin. I don't think our resuscitation bays have anything besides red biohazard bins. This is problematic because the autoclaving and incineration of the red bin contents will require twenty times more energy than the disposal of the contents of a regular plastic-lined trash container. Most providers are rightfully concerned with safeguarding our ancillary staff from infectious waste, but as verified by our hospital's own sterile processing provider, deposition in a red biohazard bag is only necessary if the item is *soaked* in liquid waste<sup>5</sup>. If an item is not a sharp and would not release liquid or semi-liquid infectious materials when compressed, it is safe to be deposited in a regular plastic-lined container<sup>6</sup>. The gown used during a caesarean section may need to go into the red biohazard bag; a gown used during a central venous catheterization absolutely does not unless things have gone horribly wrong. Notable exceptions are urine and feces, which are not considered "potentially infectious materials" in any quantity, and chemotherapeutic agents, which always require special processing.

As medical providers we are tasked with solving a multitude of problems outside our control and have been given societal permission to focus only on the health of the patient immediately in front of us. However, given the extent of the looming public health crisis, the degree that society trusts our voices, and the fact that most of us are already relentless optimizers, we can play a larger role in addressing our environmental impact. To become involved, most hospitals have sustainability councils or green teams, and for more information see the links below.

#### Links:

[ARUP Report on Health Care' Climate Footprint](#)  
[Dr. Emily Sbiroli – On the Front Lines of Climate Change](#) (YouTube)

#### References:

1. <https://www.youtube.com/watch?v=6KzZpXfpe3Q&t=721s>
2. Chung JW and Meltzer DO 2009 Estimate of the carbon footprint of the US health care sector J. Am. Med. Assoc. 302:1970–2
3. <https://pubmed.ncbi.nlm.nih.gov/19903917/>
4. <https://www.arup.com/perspectives/publications/research/section/healthcares-climate-footprint>
5. <https://www.stericycle.com/en-us/solutions/regulated-waste-disposal/biohazardous-medical-waste>
6. <https://blog.sharpsinc.com/whats-going-into-that-red-bag>

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## Welcome NM ACEP New Members!

Franchelle Aragon, MD  
Caitlin Bonney, MD

Landon Graham  
Lucie Jelinkova  
Christina Grace Kurnik  
Lynn E Nauman, MD  
Juan Navarro, MD  
Adrian Rodriguez  
Kit Sitterley  
Jessica Lorraine Smith  
Christian Stoehr

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## FROM NATIONAL ACEP



ADVANCING EMERGENCY CARE 

### Featured News

**"We cannot solve the challenges of our time unless we solve them together"**

In her address to the ACEP Council on Oct. 24, 2021, ACEP President Dr. Gillian Schmitz outlined her vision and approach as the College's new leader. [Watch her speech.](#)

**EM Physician Workforce of the Future:**

- [Emergency Physicians Explore the Future of the Emergency Medicine Workforce](#) (ACEP Now, 10/25/21)
- [2021 Survey of the Emergency Medicine Job Market](#) (ACEP Now, 10/18/21)
- Get the latest workforce updates at [www.acep.org/workforce](http://www.acep.org/workforce).
- Visit [ACEP's Career Center](#)

**Regulatory News:**

- [Status Update: ACEP Actions to Push Back Against Flawed No Surprises Act Regulation](#) (11/18/21)
- [Breaking down the Biden Administration's new vaccine mandates: How do they impact you?](#) (11/11/21)
- [Emergency Physicians Call on Biden Administration to Amend Interim Final Rule on Surprise Billing](#) (11/9/21)

- [The 2022 Physician Fee Schedule Final Reg: Highlights and Perspective](#) (11/4/21)

### **EM Physicians Join Forces to Create Award-Winning COVID-19 Field Guide**

[In this video](#), ACEP members tell the origin story of the award-winning [COVID-19 Field Guide](#), a valuable resource that has been utilized by emergency clinicians in more than 160 countries.

### **Rescue Team Doctor at the Surfside Condo Collapse Shares Experience**

In this [ACEP Now article](#), Dr. Benjamin Abo gives a firsthand account of what it was like for the urban search and rescue teams that responded to the Surfside condo collapse. (Plus, get bonus content from Dr. Abo on this month's [ACEP Nowcast](#).)

## **ACEP Member Benefits**

### **A Checklist to Help You Negotiate The Best Employment Contract**

Employment contracts are complex and often difficult to navigate. [This checklist](#) is designed to help you consider all the right questions when reviewing any employment contract you receive.

### **Legal and Financial Support Services**

For just \$15 per year, ACEP members can access Mines & Associates' [legal and financial support assistance](#). This service includes unlimited 30-minute in-person consultation for each individual legal matter, unlimited telephonic 30-minute consultation per financial matter, and 25% discount on select legal and financial services all with MINES network legal and financial professionals.

**For more employment contract & job hunt resources, visit [ACEP's Career Center](#)**

## **Upcoming ACEP Events and Deadlines**

**Nov. 29-Dec. 4:** [EM Basic Research Skills \(EMBRs\) Workshop](#)

**Dec. 4:** Last day to submit your videos for the [TikDoc Challenge](#)

**Dec. 16:** [Alleviating the Pain: Managing Sickle Cell Patients](#)

**Jan. 17-19:** [Reimbursement & Coding Conference](#)

**Jan. 18:** [Advanced EM Ultrasonography Exam Review Course](#)



With 209 CME hours available for three years, [Virtual ACEP21](#) provides you access to the courses you missed - anywhere, anytime with your computer or mobile device.

Virtual ACEP21 allows you to:

- Keep track of your CME with ACEP's CME Tracker

- Download PDFs of presenters' slides
- View the Research Forum poster hall
- Earn over 200 CME credits for three years

#### CME Credit Statement

The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this Other activity (blended virtual conference) for a maximum of **233.75 AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### Virtual ACEP21

- Credit will be awarded upon successful completion of each individual course up to 209.75 credit hours.
- On-demand courses are available until October 24, 2024.
- CME Certificates will reflect "ACEP21 Scientific Assembly" with a sub-title of the individual course name.

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### Contact New Mexico ACEP

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