CALIFORNIA BUDGET
A Win for Emergency Medicine

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Welcome new members!

Central Coast Emergency Physicians
Emergency Medicine Specialists of Orange County
Emergent Medical Associates
Front Line Emergency Care Specialists

Loma Linda Emergency Physicians
Napa Valley Emergency Medical Group
Newport Emergency Medical Group, Inc at Hoag Hospital
Pacific Emergency Providers, APC

Tri-City Emergency Medical Group
University of California, Irvine Medical Center Emergency Physicians

Oluwatosin Adenuga, MD
Rasheed Alhadi
John Barrett, MD
Rame Basem Bashir
Michelle Bergal
Sherry Bird, MD
Shea Boles, MD
Kristina Brumme, MD
Tristen Chapman Burt
Max C. Caccese, MD
David C. Canter, MD
Jose Cardenas
Ernestine Chaco
Danai Nyasha Chagwedera
David Chang
Clayton Chiapuzio, DO
Andrew Chon, DO
Tiffany Chow
Laura Ellen Connolly, EMT
Tracie Kimberly Dang
Jake F. Del Rosso, MD
Jaskirat Dhanoa, MD
Ram S. Duriseti, MD
Shawn Michael Engelhart
Emily Martin Evans, MD
Danny Fernandez, MD
Nicholas E. Gannon
Nazli Ghafoori, MD
Wil Gibb, MD
Alan Dale Goff, DO
Nathanael John Gong
Olivia Hall, MD
Claire Hirschmann, MD
Aaron K. Ho
Steven P. Ignell, MD
Laura Jabczenski, DO
Jamal Malik Jefferson
John Jiao
Rana A. Kabeer, MD
Erik James Kramer
Frederick Kronen, MD
Winnie Lam
Joshua Kristopher Livingston
Chase Luther, MD
Martin Manoukian, MD
Anastasia V. Markovtsova, MD
Matthew J. Mason, MD
Yuliya Matolina, DO
Afomia Mesfin
Nelya Nemcek
Connor Quinn O’Hare
Nolan Page, DO
Nicole Marie Palmer
Ryan D. Passaro, MD
Nam Pham, DO
John Quinn, MD
Elizabeth Scott
Alyssa R. Seibold
Averyl Marie Shindruk, MD
Alexander Stern, MD
Vincent Tamariz, MD
Marcus J. Theus, MD
Sean N. Thrush, MD
Kylee VanHorn, MD
Yusuke Wakita
Jonathan D. Woo, MD
Allen Yang, DO
Nadia Zuabi, MD

100% Groups
As you may already know, the Centers for Medicare and Medicaid Services (CMS) changed its financial model from one that rewards participation to one that requires quality programs, including the Merit-based Incentive Payment System (MIPS).
Prior to the move by CMS, many emergency physician groups were already instituting programs to improve quality of care for our patients and reduce unnecessary testing that does not improve patient outcomes. Through quality improvement (QI) programs, groups and individual providers are able to better adhere to practice guidelines, reduce variation of practice when possible, and decrease avoidable utilization, such as prescribing inappropriate antibiotics or ordering unnecessary diagnostic imaging.

For example, Vituity sites implemented a new quality metric to remove CK-MB testing for nontraumatic chest pain. Based on existing guidelines developed with the American Heart Association, troponin is the preferred cardiac biomarker when evaluating acute coronary syndrome. However, many clinicians have reflexively ordered additional biomarkers such as CK-MB due to habit or existing hospital order sets. Across all Vituity sites, an estimated $9.8 million was saved just based on this change alone.

Given this example of saving health care dollars in my neck of the woods, I asked some of my colleagues from across the state what quality improvement programs were being implemented at their sites. Here are some examples we can all learn from:

The emergency medicine residents at Kaweah Delta are working on QI projects dealing with central lines and urine cultures. They are placing central lines in a way that the dressings lie down and across the chest rather than hang against gravity taped to the neck which easily ruins dressings and leads to increase in CLABSI’s (Central Line Associated Blood Stream Infections). There is also a new push to use ultrasound guided subclavian lines because these have a lower rate of infection and thrombosis. They also make an effort never to insert or push the lines all the way into the hub, leaving some of the line out, if possible, and using a connector (often blue and white) that go over the insertion of the line to establish stability by placing sutures into the skin through the holes in the connectors. Additionally, they always use a CLIP-form (Central Line Insertion Practices/Procedure) monitoring form for every central line insertion. Another technique is to use the 20cm line and curl it around, again to dress the lines downward instead of up - all of this to align with efforts to decrease CLASBI’s.

One Kaweah resident is removing the “Urine Culture If Indicated” button on Cerner, which generates unnecessary urine cultures that providers are responsible for doing Culture Callbacks on, most of which are of no clinical significance. This adjustment will save both time and money for patients who truly do not need a urine culture.

In Sacramento, emergency departments (ED) have implemented the SMART Medical Clearance Form for mental health patients. In most EDs, patients are medically screened by the blind ordering of diagnostic “psych panels,” adding unnecessary testing and delays to an already inefficient process. This practice leads to overutilization, overtreatment, extended wait times, increased lengths of stay, increased suffering, and higher risks of adverse outcomes for all ED patients, not just psychiatric patients. To help alleviate this problem, emergency physicians and psychiatrists came together and implemented the SMART Medical Clearance protocol to standardize the medical clearance process across all EDs and inpatient psychiatric hospitals in Sacramento, CA. The SMART protocol facilitates the safe and timely transfer of patients to appropriate treatment centers in a resource-conscious way by relying on evidence-based medicine and thorough bedside exams. UC Davis is able to clear about one-third of their patients clinically without lab testing.

At another site, there is an advice line run by emergency physicians where they can triage patients by phone in just a few minutes to determine if they need to go to the ED, get scheduled for a prompt in-person office visit, or warrant a longer telephone appointment with a different physician (primary care or specialty). This helps fill a void in after-hours access to care and gets patients into the referral system quickly.

One group manages utilization by tracking data monthly and using evidence-based guidelines to reduce unnecessary ordering, especially around imaging. Many of their sites have implemented femoral nerve block protocols in hip fractures to improve pain management, decrease complications of high dose narcotic use in elderly patients, and even reduce lengths of stay.

While QI projects may often feel like an extra burden on health care delivery, they help us make a difference by promoting best practices and guidelines that result in better care at a lower cost for our patients. This article only features a few of the many QI projects I know are happening around the state. If you have a project you would like to share, please send it our way! We would love to learn more about what your department is doing so we can all learn from each other and do our part to improve quality while safely reducing utilization and health care dollars.

Trying to do our part,

Chi Perlroth.
CALIFORNIA BUDGET
A Win for Emergency Medicine

By Tim Madden, California ACEP Legislative Advocate
As he took office this year many wondered how Governor Gavin Newsom would handle the state budget, which has been the beneficiary of a tremendous economic run over the past ten years. Would he follow the lead of former Governor Brown and take a more pragmatic approach to spending with predictions of an impending economic downturn? Or would he be tempted to be more aggressive on spending to create new programs and address a number of issues around the state? Looking at the budget signed in late June, I see Governor Newsom did a little of both.

The budget signed included a record level of spending; more than $215 billion. This budget also included growing the state reserves to more than $19 billion. The Governor paid down $9 billion, over four years, of unfunded pension liabilities and used $4.5 billion to eliminate additional state debt. The budget focused on one-time expenditures with 88% of new expenditures being temporary. The Governor continued to voice the concern we will be facing a recession sometime in the near future. His budget reflects this view.

California ACEP had two main priorities it was advocating for in the budget. For the past two years, California ACEP has been requesting funds to create a grant program to place certified drug and alcohol counselors in emergency departments to help connect patients with addiction issues to the treatment programs they need. The request was modeled after a successful program at UC Davis, which placed an alcohol and drug counselor in the emergency department and saw tremendous results, reducing visits from many of its frequent users. Last year, our request for $20 million made it through the Legislative Budget Committees but was not included in the final budget. This year we again advocated for the funds and were successful in having $20 million approved to create the grant program that allows for hospitals to apply for up to $50,000 to fund a peer navigator position in the emergency department. The Department of Health Care Services will be implementing the program and more details will be released later in the year.

We had also been advocating for $40 million in Proposition 56 funds to be allocated for increasing residency slots. Proposition 56, the tobacco tax initiative approved in 2016, includes a provision to use $40 million to fund residency slots for emergency medicine, family practice, internal medicine, OB/GYN, and pediatrics. In 2017, Governor Brown used the money to backfill the UC system budget and none was allocated for residency slots. In 2018, we were successful in getting Governor Brown to properly allocate the funds for increasing residency slots. In 2019, we were successful in having Governor Newsom properly allocate the funds for residency slots.
There were also a number of other health-related expenditures in the budget including:

- $120 million from Prop 56 funds to a provider loan repayment program. This is in addition to the $220 million included in last year’s budget. This program provides for up to $300,000 in debt relief in exchange for meeting certain criteria, such as maintaining a patient caseload of at least 30% Medi-Cal patients, being in good standing with state licensing boards, and other service time obligations. The first round of awards was just announced and out of the 247 physicians receiving awards 16 were emergency physicians. Applications for the next round of awards will open in January of 2020. We will continue to send out details on applying for these awards.

- $1.45 billion to enhance health insurance premium subsidies for low-income individuals and the creation of new subsidies for middle-income individuals earning up to $72,000 a year. These funds will come primarily from the state enforcing a state-imposed individual mandate.
Expansion of Medi-Cal coverage to undocumented individuals ages 19 through 25.

$100 million for Whole Person Care Pilot Programs to increase housing for homeless mentally ill individuals, as well as $20 million for counties without Whole Person Care Pilot Programs to provide similar services.

Overall, this was a good budget for emergency medicine and your patients. We will continue to fight for more resources for emergency medicine through legislation and the state budget process. If you have any questions about California ACEP’s advocacy efforts, please contact us at info@californiaacep.org.
California ACEP is pleased to announce the launch of the latest iteration of *Lifeline*!

In recognition of changes to technology and the reality that a printed publication is out-of-date by the time it is published, the Chapter Board voted to transition *Lifeline* to a quarterly, topic-specific publication. It is the intent of the Board to supplement *Lifeline* with our Weekly Re-cap Emails, monthly InformED email newsletter, Facebook, Twitter, and Instagram. Additionally, the Chapter will be offering new advertisement opportunities and will be launching an online job board in September. The Board wanted an opportunity to continue this important Chapter asset in a way that provides more value to our members. The Chapter will start the quarterly issues of *Lifeline* in September 2019 to align with the Board Term and Chapter Fiscal Year.

Each issue of *Lifeline* will center around a specific subject and follow the same format. The issues will still include a President’s Message and Advocacy Update. In addition to those articles, we will ask the Advocacy Fellow to write a short article on public policy and legislation relating to the topic of that issue of *Lifeline*. The goal will be for each issue to include a reprinted research paper on the subject and at least one guest article submitted by a member. Members will also have the opportunity to submit their accomplishments, which will run together on one page. Advertisements and Chapter announcements will be worked in throughout.

The Chapter welcomes guest article submissions from our members. You can submit anything from a short poem to a longer article. Guest articles are typically 600-1,000 words and are reviewed and may be edited for grammar and content. Articles must be submitted to info@californiaacep.org.

We welcome your feedback during this process and hope you will submit guest articles to make *Lifeline* a reflection of our membership.

You can access prior issues of *Lifeline* on our website at www.californiaacep.org.
2019–20
BOARD OF DIRECTORS

Installed September 19, 2019

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Patrick Um, MD, FACEP, FAAEM
Lori Winston, MD, FACEP
Anna Yap, MD (CAL/EMRA)
ABOUT
The 2019-20 California ACEP Board has 19 members and includes a full-voting directorship for the California Emergency Medicine Residents’ Association (CAL/EMRA), as well as one appointed “At-Large” Director. The Board is led by a six member Executive Committee.

GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Men</td>
<td>57.9%</td>
</tr>
<tr>
<td>Women</td>
<td>42.1%</td>
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CONTACT
1121 L Street, Suite 407
Sacramento, CA 95814

(916) 325 - 5455
info@californiaacep.org
www.californiaacep.org
facebook.com/californiaacep
Twitter: @californiaacep
Instagram: @californiaacep

AGE (ON SEP. 19, 2019)

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<thead>
<tr>
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<td>10</td>
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<td>30s</td>
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<tr>
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<tr>
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PRACTICE TYPE

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<td>Independent Group</td>
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<tr>
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GEOGRAPHIC BREAKDOWN

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<tr>
<td>Sacramento</td>
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<td>Los Angeles</td>
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Dr. Sbiroli was nominated by her Program Director, Leslie Oyama, MD, FACEP. Dr. Oyama highlighted that Dr. Sbiroli is an environmental sustainability champion in healthcare, recently received the Emerging Physician Leader Award, and is going to be a speaker at FemInEM FIX!

General Demographics
I'm originally from New York. My favorite hobby since moving to San Diego is taking my dogs for a hike or letting them loose on the dog beach. My current passion project is reading as much as I can on the latest in climate change (probably do this more than I should! I should really be reading more EM stuff...)

Can you briefly share what kinds of things you’ve done to improve environmental sustainability in healthcare?
My first goal right now is to spread awareness of the issue and help my emergency medicine colleagues become educated on what’s to come, and frankly what’s already here. I try to do this by sharing lectures or posters on the topic, taking leadership roles in my hospital (I am the only physician on our hospitals sustainability task force), and I am leading by example by keeping my personal EM practice as green as possible and any events I host for the department.

Which organization issues the emerging physician leader award, and how did you get this award?
The organization is Health Care Without Harm’s subgroup called the Physicians Network. Every year they co-host the nation’s largest conference on sustainability in healthcare called CleanMed with another organization called Practice GreenHealth. I received this award by applying for it by the encouragement of my mentor at Health Care Without Harm, mostly writing about my vision for sustainable medicine and what I have done so far.

If it’s not a secret, what topic will you be presenting at FemInEM FIX?
I will be speaking about how emergency physicians are on the front-lines of dealing with the effects of climate change on human health.

What’s next for Dr. Sbiroli?
Besides applying to do a lightening talk at California ACEP this year on the topic? What’s next is I want to continue working with the sustainability task force at my hospital and figure out a way to get recycling in patient care areas, hopefully by the end of next year, and get rid of single-use plastics in our cafeteria. I want to take advantage of all the smart engineers we have at UCSD to do so.

[Editor’s Note: Dr. Sbiroli’s talk was selected for California ACEP’s AdvancED 2019 conference. Come hear her speak on September 20th.]
ADVANCED

YOUR LIFE IN
EMERGENCY MEDICINE

CALIFORNIA ACEP’S ANNUAL CONFERENCE 2019

Education is targeted to Medical Students and Residents, but all are welcome to attend.

Friday, September 20, 2019
Hyatt Regency, Orange County, CA
Nate Kuppermann, MD, FACEP; James Holmes, MD, FACEP; and Leah Tzimenatos, MD received the 2019 UC Davis Dean’s Excellence in Research Award.

Tsuyoshi Mitarai, MD, FACEP received the Kaiser Family Foundation Award for Excellence in Clinic Teaching in recognition of his exceptional work with clerkship students.

Megan Boysen Osborn, MD, MHPE, FACEP, Associate Professor and Vice Chair of Education for the Department of Emergency Medicine at the University of California Irvine, has been appointed the Associate Dean for the UC Irvine School of Medicine.

Stanford Residents Emily Earl-Royal, MD and Daniel Hernandez, MD presented at the diversity and inclusion event at Stanford University Medical Center.

Emily Sbiroli, MD received the Health Care Without Harm Physician Network Emerging Physician Leader Award for her environmental leadership.

Katren Tyler, MD, FACEP presented on wellness in residency at the SAEM19 conference.

Jason Mefford, MD, MAS; Aaron Danielson, MD, MAS; and Samuel Clarke, MD, MAS were published in the AEM Education and Training Journal. Their article was titled Heart Rate Variability and Acute Stress Among Novice Airway Managers.

Laleh Gharahbghian, MD, FACEP received the Emergency Medical Director Award from the Academy for Women in Academic Emergency Medicine.

Andrea Fang, MD was honored with the 2019 Momentum Award from the Academy for Women in Academic Emergency Medicine.

Garen Wintemute, MD, MPH delivered the SAEM19 keynote on Gun Violence Prevention.

Matt Strehlow, MD, FACEP, Director of Stanford Emergency Medicine International, won the Lifetime Achievement Award from the Global Emergency Medicine Academy.

Nicholas Ashenburg, MD; Patrick Burns, MD; Holly Caretta-Weyer, MD; Eli Carrillo, MD; Youyou Duanmu, MD; Michelle Feltes, MD; Carrie Jurkiewicz, MD; and Katherine Staats, MD were promoted to Clinical Assistant Professors at Stanford.

Did you get a new job? Get promoted? Get published? Achieve a goal?

Let California ACEP know and we will include it in this new section of Lifeline. Tweet your accomplishment and tag @californiaacep or submit your accomplishments at:

HTTPS://CALIFORNIAACEP.SITE-YM.COM/SURVEYS/?ID=ACCOMPLISHMENTS.
The California Emergency Medicine Advocacy Fund (CEMAF) has transformed California ACEP’s advocacy efforts from primarily legislative to robust efforts in the legislative, regulatory, legal, and through the Emergency Medical Political Action Committee, political arenas. Few, if any, organization of our size can boast of an advocacy program like California ACEP’s; a program that has helped block Medi-Cal provider rate cuts, lock in $500 million for the Maddy EMS Fund over the next 10 years, and fight for ED overcrowding solutions! The efforts could not be sustained without the generous support from the groups listed below, some of whom have donated as much as $0.25 per chart to ensure that California ACEP can fight on your behalf. Thank you to our 2018-19 contributors (in alphabetical order):

- Alvarado Emergency Medical Associates
- Antelope Valley Emergency Medical Associates
- Beach Emergency Medical Associates
- Chino Emergency Medical Associates
- Coastline Emergency Physicians Medical Group
- Culver Emergency Medical Group
- Hollywood Presbyterian Emergency Medical Associates
- Las Cruces Emergency Medical Associates
- Los Alamos Emergency Medical Associates
- Mills Peninsula Emergency Medical Group
- Orange County Emergency Medical Associates
- Pacific Coast Emergency Medical Associates
- Riverside Emergency Physicians
- San Dimas Emergency Medical Associates
- Sherman Oaks Emergency Medical Associates
- South Coast Emergency Medical Group, Inc.
- Tarzana Emergency Medical Associates
- TeamHealth
- Temecula Valley Emergency Physicians, Inc.
- US Acute Care Solutions
- Valley Emergency Medical Associates
- Valley Presbyterian Emergency Medical Associates
- Vikant Gulati, MD, FACEP
- Vitiity
- West Hills Emergency Medical Associates

SAVE THE DATE

AdvancED 2019
September 20, 2019 | Garden Grove, California

Registration and more information can be found at: https://californiaacep.site-ym.com/page/AdvancED2019

SUBMIT A LIFELINE ARTICLE

Looking for a way to share your emergency medicine experience? Want to share a story from your last shift? Or maybe career or life advice? We're looking for member and guest articles, including letters-to-the-editor. Please note that all articles and letters are reviewed and may be edited for grammar and content.

If you would like more information or would like to submit a guest article, email info@californiaacep.org.

NOMINATE A CAL/EMRA ALL-STAR

Do you have an EM all-star hiding in your program and want to get their name out there? We’re looking for residents or medical students that deserve recognition!

Nominations can be submitted at bit.ly/nominate4calemra.

CORRECTION

In the June 2019 President’s Message, Genevieve Santillanes, MD, FACEP was not listed as a member of the Mental Health Work Group. She chaired the Work Group through the creation of the Medication Pocket Guide and Mental Health Toolkit. We would like to thank her for her contribution and apologize for not listing her.
For more information on upcoming meetings, please e-mail us at info@californiaacep.org; unless otherwise noted, all meetings are held via conference call.

### JULY 2019

<table>
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<tr>
<td>2nd at 9 AM</td>
<td>Reimbursement Committee Conference Call</td>
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<tr>
<td>4th</td>
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<td>18th at 10 AM</td>
<td>Government Affairs Committee (GAC) Conference Call</td>
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### AUGUST 2019

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<tr>
<td>13th–14th</td>
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### SEPTEMBER 2019

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<tr>
<td>10th at 9 AM</td>
<td>Reimbursement Committee Conference Call</td>
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<td>19th</td>
<td>Board of Directors Meeting Garden Grove, CA</td>
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<tr>
<td>20th</td>
<td>2019 Annual Conference Garden Grove, CA</td>
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CAREER OPPORTUNITIES |

SOUTHERN CALIFORNIA OPPORTUNITIES:
• Tustin, CA - Orange County - 73-bed community hospital, 8-bed ER, paramedic receiving, low volume. 10 x 24hr = $240,000/yr + incentive
• East Los Angeles - 120-bed community hospital urgent care (non paramedic receiving) volume 700/mo. Guarantee $100/hr.
• Norwalk, CA - 60-bed hospital. 500-600 patient/mo. Paramedic receiving. $110/hr.
• San Fernando Valley - 18000 visits $350000 per year with incentives Med surg with psyche beds. Overlap or NP or PA for busy times.
• HOSPITALIST OPENINGS ALSO AVAILABLE
FAX CV to 213 482 0577 or call 213 482 0588 or email neubauerjanice@gmail.com

SOUTHERN CALIFORNIA – ORANGE COUNTY:Positions available for full and part time BC/BE EM and Peds EM physicians. Partnership track is available for full time physicians. We are a stable, democratic group established in 1976 serving two best in class hospitals. St. Joseph Hospital is a STEMI center and Stroke Center with 80,000 visits per year. CHOC Children’s Hospital is a Level II trauma center, tertiary referral center and teaching hospital (several residency and fellowship rotations) with 80,000 visits per year. Excellent call panel coverage, excellent compensation, malpractice and tail coverage, and scribe coverage. Sign on bonus for full time hires.
Email CV and references to EMSOC@emsoc.net, fax to 714-543-8914

SOUTH ORANGE COUNTY: Mission Hospital and Children’s Hospital at Mission, a CMS 5-Star rated full service hospital. We are an established, independent, democratic group staffing this ED for 22 years. Excellent compensation; malpractice paid; scribes; midlevel providers. We seek an EM residency trained physician for a partnership track. Excellent coverage and midlevel provider support allow for high job satisfaction. UC Irvine EM residents on rotation allow for teaching opportunities. Two full-time, dedicated nocturnists work 6 nights a week. All other physicians average 6 overnight shifts per year!
The department serves both a pediatric and adult base station hospital serving all of south OC. High acuity, 70,000 patients a year, comprehensive referral center, outstanding adult and pediatric sub specialty coverage, adult and pediatric trauma center, STEMI Center, and Stroke Center.
Send CV to: MaryAnn.Hubbard@StJoe.org

VENTURA CALIFORNIA: We have moved into our brand new Hospital and Emergency Department as of December 2018! Central coast of California and 70 miles from LAX. Positions available in two facilities for BC/BE emergency physician. STEMI Center, Stroke Center with on-call coverage of all specialties. Teaching facility with residents in Family Practice, Surgery, Orthopedics and Internal Medicine. Admitting hospital teams for Medicine and Pediatrics. Twenty-four hour OB coverage in house and a well established NICU. Physician’s shifts are 9 hrs and two 12 hour shifts of PA/NP coverage. All shifts and providers have scribe services 24/7. Affiliated hospital is a smaller rural facility 20 minutes from Ventura in Ojai. Malpractice and tail coverage is provided. New hires will work days, nights, weekends and weekdays.
Send resume to Alex Kowblansky MD FACEP at kowblansky@cox.net

To advertise with Lifeline and to take advantage of our circulation of over 3,000 readers, including Emergency Physicians, Groups, and Administrators throughout California who are eager to learn about what your business has to offer them, please contact us at info@californiaacep.org or give us a call at (916) 325-5455.
Looking for an ITLS course?
EMREF offers the following California providers list:

American Health Education, Inc
Perry Hookey, EMT-P
7300B Amador Plaza Road, Dublin, CA 94568
Phone: (800) 483-3615
Email: info@americanhealtheducation.com
Web: www.americanhealtheducation.com

American Medical Response (AMR)
Ken Bradford, Operations
841 Latour Court, Ste D, Napa, CA 94558-6250
Phone: (707) 953-5795
Email: ken.bradford2@gmail.com

Compliance Training
Jason Manning, EMS Course Coordinator
3188 Verde Robles Drive, Camino, CA 95709
Phone: (916) 429-5895
Fax: (916) 256-4301
Email: Kurgan911@comcast.net

CSUS Prehospital Education Program
Thomas Oakes, Program Director
3000 State University Drive East, Napa Hall, Sacramento, CA 95819-6103
Office: (916) 278-4846
Mobile: (916) 316-7388
Email: thomasffp@sbcglobal.net
Web: www.cce.csus.edu

EMS Academy
Nancy Black, RN, Course Coordinator
1170 Foster City Blvd #107, Foster City, CA 94404
Phone: (666) 577-9197
Fax: (650) 701-1968
Email: nancy@caems-academy.com
Web: www.caems-academy.com

ETS – Emergency Training Services
Mike Thomas, Course Coordinator
3050 Paul Sweet Road, Santa Cruz, CA 95065
Phone: (831) 476-8813
Toll-Free: (800) 700-8444
Fax: (831) 477-4914
Email: mthomas@emergencytraining.com
Web: www.emergencytraining.com

Loma Linda University Medical Center
Lyne Jones, Administrative Assistant
Department of Emergency Medicine
11234 Anderson St., A108, Loma Linda, CA 92354
Phone: (909) 558-4344 x 0
Fax: (909) 558-0102
Email: L.Jones@llhs.lumc.edu
Web: www.llu.edu

Medic Ambulance
James Pierson, EMT-P
506 Couch Street, Vallejo, CA 94590-2408
Phone: (707) 644-1761
Fax: (707) 644-1784
Email: jpierson@medicambulance.net
Web: www.medicambulance.net

Napa Valley College
Gregory Rose, EMS Co-Director
2277 Napa Highway, Napa CA 94558
Phone: (707) 256-4596
Email: grosso@napavalley.edu
Web: www.casa NOTICEMAN.com

NCTI – National College of Technical Instruction
Lena Rohrabaugh, Course Manager
333 Sunrise Ave Suite 500, Roseville, CA 95661
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jscott@catel.com
Web: www.ncti-online.com

PHI Air Medical, California
Eric Lewis, Course Coordinator
801 D Airport Way, Modesto, CA 95354
Phone: (209) 550-0884
Fax: (209) 550-0885
Email: elewis@philhelico.com
Web: http://www.phiairmedical.com

Riggs Ambulance Service
GREG Peterson, EMT-P, Clinical Care Coordinator
100 Riggs Ave, Merced, CA 95340
Phone: (209) 725-7010
Fax: (209) 725-7044
Email: Grego@riggsambulance.com
Web: www.riggsambulance.com

Rocklin Fire Department
Chris Wade, Firefighter/Paramedic
3401 Crest Drive, Rocklin, CA 95765
Phone: (916) 625-5311
Fax: (209) 725-7044
Email: Chris.Wade@rocklin.ca.us
Web: www.rocklin.ca.us

Rural Metro Ambulance
Brian Green, EMT-P
1345 Vander Way, San Jose, CA 95112
Phone: (408) 645-7345
Fax: (408) 275-6744
Email: brian.green@rmetro.com
Web: www.rmetro.com

Defib This (ERT)
Brian Green, EMT-P
1543 Pacific Avenue, Suite 104, Capitol CA 95060
Phone: (831) 426-9111
Web: www.defibthis.com

Verihealth/Falck Northern California
Ken Bradford, Training Coordinator
2190 South McDowell Blvd, Petaluma, CA 94954
Phone: (707) 766-2400
Email: ken.bradford@falck.com
Web: www.verihealth.com

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