

PRESIDENT'S LETTER



Edward J. Ward,
MD, MPH, FACEP

The Burning Platform

Strategies for Implementation of Physician Extenders in the ED

No one enjoys the game of meeting jargon bingo more than I do. A phrase I can't seem to escape recently is "the burning platform." It is frequently used in the following context: "We need to create a burning platform to force a change that will solve this current problem."

I looked up the meaning of the phrase and found it refers to a real-life occurrence when there was a fire on an oil platform in the middle of the ocean. Trapped workers had to make a decision; stay on the platform and meet their certain death or jump 100 feet into the ocean to meet their likely death. This saying is a pretty graphic scenario to apply to improving door-to-doctor time or documenting that blood cultures were drawn prior to the start of antibiotics for pneumonia, for example.

In my first article, I focused on how vital emergency medical care is to health care delivery. In this one, I will outline some strategies that might help to avoid having to dive into shark-infested waters, or at least provide some water wings.

While we can continue to debate the value of emergency care in relation to its cost, it is im-

portant to remember there is a cost involved. We are going to have to reduce this expense or others will do so for us. The voting public will accept the need for a 24/7/365 safety net but this competes with food, shelter, and every other basic necessity. People will make tough choices when resources are scarce.

My first experience, 20 years ago, with an emergency medicine nurse practitioner was less than impressive. There were a few RNs who had experience in employee health who would be staffed in the ED during business hours. Their lack of training, experience and scope of practice greatly stymied their ability to function effectively in a busy urban ED.

Fast forward 10 years later in a different hospital, and we could not figure out (fast enough) how to fit them into our established treatment team. They could not function as well as a senior resident and were also required to provide nursing duties for the patient, effectively making them completely inefficient. Budgetary cuts had to be made and they were the easiest to justify letting go, given our inability to figure out how to incorporate them into the team.

At about this same time, I was also moonlighting in a community ED who had, and still have, excellent nurse practitioners. They had the skills and experience needed, the medical oversight close by, and acceptance by staff,

patients and family to be successful. Hiring them away from their hospital would not have worked, though more than a few had tried.

High quality emergency medical experienced or trained nurse practitioners and physician assistants, or advanced practice clinicians (APCs), are high in demand. As such, they rightfully demand compensation but at a cost much less than that of an EM residency trained board certified physician. Anesthesiologists have figured this out years ago. While it may not be a pyramid of one physician and multiple NPs/PAs, successful future staffing models for emergency medicine will include these APCs in one form or another.

When I hire a residency trained ED physician, I know the exact standards they have passed and capabilities they should possess. On the other hand, there is a high degree of variability in training and background that may not be apparent before a nurse practitioner is hired and on site. When considering hiring nurse practitioners in the ED, we have learned that training from the start is the best. If you are not an academic site, then a prolonged period of intense continued training and supervision will be necessary to have them effectively function in the ED, and more importantly, retain them for years to come.

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The Burning Platform

Implementation of Physician Extenders in the ED

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Our field needs to be positioned to welcome this level of clinicians as a cost savings strategy, and to provide the training needed to be effective and the on-site supervision to maintain safety.

Just as residency-trained physicians are often over trained for much of the care provided, registered nurses are frequently performing tasks that can be done by a nurse assistant. I believe that increasing the amount of nursing assistants has been met with caution in the belief that a hospital will hire fewer nurses as a result. Nurse assistants are relatively inexpensive and if used correctly, in the right ratio, can free the nurse up to provide the level of patient care that only they can do.

Another type of physician extender that is becoming more popular is the use of scribes. The data currently available is not as solid as to the extent of their value. But the idea that we can spend more time at the bedside, see more patients per shift, and produce the highest quality medical document is intriguing.

After working for years to get the funding for scribes, we will be implementing them at my institution next month. Many have been able to use this technique to add to the efficiency of the ED attending physician. I am hopeful we will find the same benefit and be able to report our success.

The last suggestion I have is regarding the use of data. As we move to electronic medical records, it is becoming easier to create a dashboard with provider specific information. Be-

ing able to show the patients per hour, relative value units per encounter, door-to-doctor time and individual patient satisfaction scores can be very motivating.

We are all "type A" personalities to a certain extent. When this data is broadcast, in the most transparent form that your providers will tolerate and perhaps even more naked when able, it is an inexpensive way to change behaviors. No one likes to see him or herself at the bottom of the curve. Many will improve without further intervention. It will also serve to identify the high performers who can then fill the role as mentors to others.

None of the ideas I have listed above are new. Many have implemented them and have had greater success than me. The message I have is that we cannot rely on our role as the medical safety net to maintain our relevance. We are the experts in our specialty field and need to be the ones leading the challenge of doing more with less. The alternative is to be purposely placed in an untenable situation.

— Edward J. Ward, MD, MPH, FACEP
President

Last Call for Faculty for Oral Board Sept. Course

ICEP is seeking faculty for its upcoming Oral Board Review Courses on Thursday and Friday, September 12 and 13, 2013.

As an oral board faculty member, you will present single or multiple case simulations to candidates in strict oral board exam format and provide feedback on their performance. The honorarium is \$200 per course day.

ICEP's Oral Board Review Courses are held at the Chicago O'Hare Marriott Hotel and run from approximately 7:45 am to 6:15 pm with coffee and lunch breaks.

Faculty members available to teach half or full days are needed.

If you are available to teach in September, please contact Lora Finucane at 630.495.6400, ext 219 or loraf@icep.org

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New Seminar on Sept. 25 Highlights Best Practices for STEMI, Stroke Care

Registration is now open for ICEP's new STEMI-Stroke Seminar on September 25 at the ICEP Conference Center in Downers Grove.

The seminar focuses on understanding and implementing the most current guidelines for the treatment of STEMI and stroke patients in the emergency department. It helps physicians meet Joint Commission requirements for specialized STEMI and stroke continuing education hours.

Physicians can attend the full-day program for 4 hours of STEMI topics and 4 hours of stroke topics. Or they may opt to come to a half-day morning or afternoon to focus on just one of the in-depth topics.

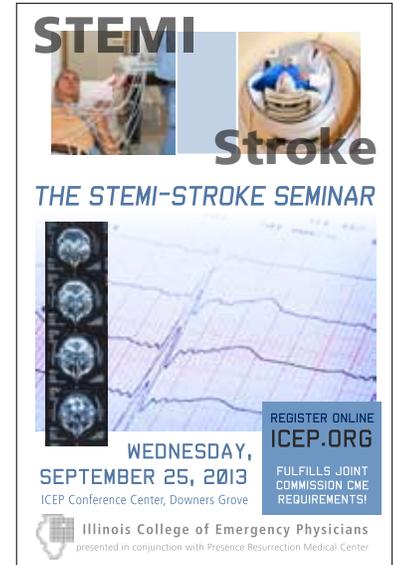
The STEMI morning agenda features:

- Edward P. Sloan, MD, MPH, FACEP, reviewing the epidemiology, pathology and diagnosis

of the chest pain patient with a focus on developing a strategy for the 2-hour protocol.

- Dr. Sloan on optimal care of the STEMI patient at the hospital, discussing the key skills for door-to-balloon treatment and the use of early tPa/lysis.
- Matthew Jordan, MD, FACEP outlining pre-hospital triage of chest pain patients, examining pre-hospital treatment protocols; the transport of STEMI patients in urban, suburban, and rural environments; and the usage of EKGs in ambulance transport.
- Yanina Purim-Shem-Tov, MD, MS, FACEP, identifying strategies for the management of patients with unstable angina and NSTEMI,

■ CONTINUED ON PAGE 8



The image is a promotional poster for the STEMI-Stroke Seminar. It features the text 'STEMI Stroke' at the top, followed by 'THE STEMI-STROKE SEMINAR' and 'WEDNESDAY, SEPTEMBER 25, 2013'. Below this, it says 'ICEP Conference Center, Downers Grove'. A call to action reads 'REGISTER ONLINE ICEP.ORG' and 'FULFILLS JOINT COMMISSION CME REQUIREMENTS!'. At the bottom, it identifies the organizers as 'Illinois College of Emergency Physicians' and 'presented in conjunction with Presence Resurrection Medical Center'. The poster includes images of medical equipment and a person in a hospital setting.

Live Model EM Ultrasound Courses for Physicians Set for November, December

ICEP will present Ultrasound for Emergency Medicine courses in the fourth quarter of 2013, designed specifically for physicians and featuring live models for many procedures.

The hands-on workshops demonstrate the use of bedside ultrasound to diagnose acute life-threatening conditions, guide invasive procedures, treat emergency medical conditions, and improve the care of emergency department patients.

Course dates are Thursday, November 21, 2013 and Thursday, December 5, 2013, at the ICEP Conference Center in Downers Grove.

Each course date features two interactive course tracks for physicians to select from based on their experience:

- A Basic course for physicians with limited or minimal experience, seeking both

didactic lectures and hands-on practice on ultrasound techniques.

- A Fast Track course for physicians with prior ultrasound experience seeking hands-on practice only. The Fast Track Course does not include didactic lectures but puts participants hands-on at skill stations the entire course to maximize practice.

The courses will cover pelvic, gallbladder, AAA, FAST exam, central line and peripheral IVs.

The Ultrasound for Emergency Medicine Courses provide a maximum of 4.75 AMA PRA Category 1 Credits™.

Registration and the full course brochure is available online at ICEP.org. Space is limited due to the hands-on nature of the course.

Governor Quinn Signs Prudent Layperson Amendment

Governor Pat Quinn signed into law Senate Bill 1658, the prudent layperson amendment to the Illinois Insurance Code, on August 2. The law is effective immediately.

The amendment, now Public Act 98-0154, revises the Illinois Insurance Code to provide that nothing in the provision concerning non-participating facility-based physicians and providers shall be interpreted to change the prudent layperson provisions with respect to emergency services under the Managed Care Reform and Patient Rights Act.

ICEP worked diligently with its lobbyists to assist with getting the amendment passed. Thanks to all ICEP members who helped with the efforts by contacting their legislators and Governor Quinn.

For a full synopsis of the Illinois General Assembly's session, see the story on Page 6.

New Medicaid Rules for Non-Emergency Transport Issued By HFS in July

After months of meetings with providers, the Department of Healthcare & Family Services (HFS) issued rules on July 1, 2013, related to prior approval for non-emergency ambulance services provided to patients covered by the Medical Assistance Program (Medicaid).

ICEP EMS Committee Chair and Board member Scott French, MD, FACEP, represented ICEP during the rulemaking process.

The Medical Certification for Non-Emergency Ambulance (MCA) process underwent numerous revisions to make it less onerous and more realistic to ED operations and physicians.

The required form must state which of the HFS criteria for non-emergency ambulance

transportation is met under the circumstances. If signed by a physician or other health care provider with the authority to complete orders, the MCA Form may also serve as the discharge order required by the SMART Act.

HFS is rolling out implementation with Phase 1 from July 1 to September 30, 2013, to focus on education. Full implementation is expected by October 1, 2013.

During Phase I, HFS will hold weekly webinars to discuss implementation issues and answer provider questions. The webinar schedule is posted on the Non-Emergency Transportation Services Prior Approval Program website, www.netspap.com, which also includes posting of the MCA and answers to frequently asked questions.

Dr. Rebecca Parker to Run for President-Elect of ACEP



Rebecca Parker, MD, FACEP

ICEP member and ACEP Board of Directors member Rebecca Parker, MD, FACEP will stand for election for President-Elect of ACEP this fall.

The election is held during the annual Council Meeting before ACEP13 in October in Seattle. All Councillors vote to elect the President-Elect as

well as to elect the members of the Board for the upcoming term. (Other office positions are elected by the Board directly.)

ICEP supports Dr. Parker in her campaign.

Proposed Fire Safety Code Updates Withdrawn by State Fire Marshal

The Office of the State Fire Marshal has withdrawn its proposal to update Illinois' fire safety code. The proposed rule will no longer be considered in front of the Joint Committee on Administrative Rules (JCAR) at this time.

The suggested update to the code was the first revision proposed in more than a decade.

The decision to pull back and reassess the rules update was announced at the beginning of August after significant public feedback. The Office said in a statement that it plans to regroup and hold additional meetings with stakeholders before moving forward again.

"After months of study into how we can better protect the lives and property of Illinois residents, I directed my office to draft Illinois' first fire code update in 11 years. ... Illinois needs 21st century fire safety standards," said State

Fire Marshal Lawrence Matkaitis in a statement.

"Since we began this process, we conducted numerous meetings with local officials, legislators, fire safety professionals, community leaders and residents who have all expressed a desire to strengthen Illinois' fire safety.

"We have received an unprecedented amount of public input and suggestions through emails, letters and public meetings. In the course of this process, it's become clear that any proposed state rule needs additional refinement."

The updates proposed by the Office of the State Fire Marshal included adoption of the 2012 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code.

The Office of the State Fire Marshal currently

enforces the 2000 edition, which was adopted by the State of Illinois in 2002.

Among the primary objections to the update was the requirement in the 2012 NFPA Life Safety Code pertaining to residential dwellings and mandatory sprinkler systems. The code mandated the installation of automatic fire sprinkler systems in newly constructed one- and two-family dwellings.

ICEP supported the proposed revisions to the fire safety code and plans to continue its involvement as the Office of the State Fire Marshal reassesses its rules update.

Matkaitis pledged to carefully re-examine the issue and take into account substantial public comment. "We will not give up on our goal to provide the highest level of fire safety to Illinois residents and first responders," he said.



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ICEP to Bring Rapid Integration of Care Toolkit Resolution Before ACEP Council

ICEP is sponsoring a resolution focusing on rapid integration of care that will be presented to the ACEP Council at the annual meeting in October in Seattle.

The resolution asks ACEP to develop a rapid integration of care toolkit that would focus on both transitions of care and care coordination.

The toolkit should provide best practices based upon hospital type and location, tools and resources for the design and implementation of rapid integration of care programs, and measures to report success of efforts.

ICEP developed the resolution because rapid integration of care programs are not uniformly in place in many emergency departments and guidelines for establishing such protocols are not readily available.

There also has not been a plan created to provide emergency departments with tools to implement state-of-art care coordination or transitions of care protocols.

The ACEP Transitions of Care Task Force has recommended that a web-based toolkit that includes resources, assessment and support tools,

and best practices be developed. Emergency medicine providers serve as the ideal system navigator for care coordination because they function at the interface between outpatient and inpatient care, have access to advanced diagnostics and treatment technology, are staffed 24 hours a day, and serve as the primary safety net for health care.

The ACEP Council meets Saturday and Sunday, October 12 and 13 in Seattle in conjunction with ACEP13. ICEP will be represented at the meeting by 13 Councillors.

Lobbyists Summarize 2013 General Assembly Session

Prepared by Illinois Strategies, LLC. for the Illinois College of Emergency Physicians

In looking to find a 3-5 word description for the 2013 legislative session, it appears that the best choice might be “business as usual”. As has been the case for the past several years, the underlying issue that permeated most of the discussions was getting the fiscal house of the State of Illinois in order. In the end, while there appeared to be a lot of partisan and even in-party fighting, the two chambers worked on a lot of issues, some of which were quite controversial.

To read a full summary that includes the status and history of actions on individual bills, please see the End-of-Session Report online in the Patient & Physician Advocacy Center at ICEP.org.

Expansion of Medicaid Eligibility

On mostly partisan roll calls in both chambers, the House and Senate sent the Governor a bill that will expand eligibility under Medicaid to an additional estimated half million Illinois residents. The plan is a part of the President’s health care reform efforts and, in this case, the federal government will be picking up the tab for the new enrollees for the first 3 years of the program.

Concealed Carry

HB 183 was Amendatorily Vetoed and overridden by the Governor. In its final form, the bill

will establish a concealed carry program that will be administered by the Illinois State Police. The bill allows for individuals who are above the age of 21 to apply for a permit to carry a concealed weapon. Exceptions to the ability to carry a weapon are made for areas including schools, bars, nuclear facilities, hospitals, amusement parks, and a host of other places outlined in the legislation. An applicant will have to meet established criteria including 16 hours of training, passage of a background check, as well as payment of the requisite fees, etc. All law enforcement agencies would have the ability to object to a request for a permit, and a system is set up to have a board review objections.

Medical Marijuana

Legislation establishing a “Compassionate Use of Medical Cannabis” Pilot Program was passed in both the House and Senate and was signed into law by Governor Quinn. The bill will create a 4-year pilot program where individuals afflicted with various serious diseases, such as HIV, cancer and MS, will be able to get a limited amount of marijuana from one of 60 dispensaries that will be established across the state. Currently there are nineteen other states that have some type of legalized program for medical marijuana.

The Fall Veto session is scheduled for October 22, 23 and 24 and November 5, 6 and 7.

Registration for Resident Career Day Still Open

Registration is still open for Resident Career Day on Thursday, August 29, 2013 at Presence Resurrection Medical Center in Chicago.

Resident Career Day is a half-day program that targets what residents are looking for: practical, real-world guidance on career planning, to help you get what you want, where you want, when it’s time to start the job hunt. The program is free for residents, medical students and ICEP members.

Topics on the 2013 agenda include: Resident to attending transitions; contract negotiation; life after residency; selecting a practice setting; getting involved in your specialty; and optional afternoon breakout sessions on fellowship opportunities, medical student planning, and international opportunities.

The program also includes the popular Speed Dating Career Fair to network with top recruiters to find out more about opportunities and open positions. More than 15 companies will be in attendance.

Registration as well as a full agenda and faculty listing is available online at ICEP.org.





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Illinois Poison Center Contemplates Closure in 2014 Due to Budget Cuts

The Illinois Poison Center (IPC), the state's only remaining poison control, continues to face financial difficulties. The Illinois Poison Center faces a \$500,000 to \$600,000 shortfall in funding by the end of 2013.



The financial picture for 2014 is even worse due to the ongoing sequester cuts of federal discretionary funding; it is estimated the IPC will suffer a \$1.2 to 1.3 million loss for the three year period from 2012-2014. This loss is too high to expect operations to continue for a non-profit, public-private partnership.

Budget reductions:

Approximately 28 percent of the current IPC's total budget is provided in the form of base funding by the State of Illinois, down from the historical 40 percent over the past decade. For the past three years, the IPC has simply mitigated and absorbed cuts at both the state and federal levels with strategic decreases in staff and services.

This year the IPC lost additional federal funding due to the Budget Control Act of 2011 or "sequestration"; multiple proposals have been introduced in Congress to completely eliminate federal funding for poison centers.

Service reductions due to budget decreases:

As a result, the IPC has been forced to eliminate much of its community outreach and education efforts and reduce its core call center staff. Due to decreased staffing levels, the IPC currently has a 4.8 percent abandonment rate (i.e., a caller hangs up) and may lose its national accreditation at a 5.0 percent abandonment rate. If the IPC were to lose its national accreditation, it could also lose its state and federal funding. Prior to the cuts, the average waiting time and abandonment rates were 75% lower than the current quality measurements.

At a 5.0 percent abandonment rate. If the IPC were to lose its national accreditation, it could also lose its state and federal funding. Prior to the cuts, the average waiting time and abandonment rates were 75% lower than the current quality measurements.

Impact of closure of IPC:

The IPC currently helps manage about 82,000 calls annually. The services provided to the general public prevent more than 35,000 emergency department visits per year; several thousand of those would also needlessly utilize EMS resources by calling 911 for transport to the hospital. The IPC receives more than 21,000 calls from health care providers every year, the majority from ED and ICU physicians and nurses. Studies show that IPC consults can decrease the length of stay of admitted patients by 1 to 3 days.

All told, the IPC saves more than \$50 million

in health care costs every year. The delivery of health care will be considerably more expensive in 2015 if the IPC closes.

Attempted solution:

In the past year, the IPC attempted to obtain sustainable funding through emergency fees collected by cell phone companies. Utah and Texas currently fund their state poison centers through this mechanism. The laws regulating 9-1-1 fees are due to be rewritten and the IPC advocated that a portion of the existing surcharges on wireless telephone lines be dedicated to fund a portion of its operating expenses. Due to the support from IPC advocates and community leaders, the Illinois General Assembly decided to postpone addressing this issue until the fall of 2013 pending a report from the PSAP community on how collected fees should be spent.

As the negotiations resume, it will be critical to have the continued support of outside organizations, like ICEP, the EMS community and its members in order to demonstrate to legislators how truly important the IPC is to the health care landscape in the State of Illinois.

If you would like get involved in maintaining poison center services in Illinois, please call: Dr. Michael Wahl, IPC Medical Director, at 312-906-6176 or Sarah Calder, MCHC Government Relations Specialist, at 312-906-6141.

STEMI-Stroke Seminar Examines Best Practices

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exploring the potential usages of IIb/IIIa inhibitors, heparin, Plavix, aspirin and other antiplatelet therapies.

The stroke afternoon agenda features:

- Shyam Prabhakaran, MD, demonstrating the need for early administration of tPa, including criteria for eligibility in the 0-3 window and evaluation of its use in the 3-4.5 window.
- E. Bradshaw Bunney, MD, FACEP, illustrating the role of advanced neuroimaging in the treatment of ischemic stroke, ana-

lyzing the impact and indications for CTA, CTP, and MR diffusion/perfusion.

- Dr. Prabhakaran assessing interventional strategies for stroke patients with a comprehensive review of evidence to support their selective use.
- Nicole Schneiderman, MD, FACEP, investigating the key components of optimal hospital care of the stroke patient, including transfer protocols and utilization of stroke centers.
- Dr. Sloan with a summary of the issues,

documentation and recommendations related to the care of stroke patients, focusing on medicolegal concerns and implementation of core components of thrombolytic guidelines and ACEP guidelines.

The cost of ICEP's STEMI-Stroke Seminar for ACEP members is \$219 for the full day, and \$125 for a half day morning or afternoon. A discounted rate of \$119 for the full day and \$75 for a half day is available to all residents interested in attending.

Register online today or view the full program brochure at ICEP.org.



6 shifts/month, full time position with good benefits for Emergency Medicine board-certified Physicians (ABEM, AOBEM or BCEM) in East Central Illinois

What: We are seeking 1 full-time physician to join our group. Full time is 6 shifts per month of 24 hour each. We typically start physicians out part-time to assure a good fit for the physician but will consider full-time right away for the physician who is certain that this is the full-time practice they want. This is a small group practice of all EM board certified physicians at a downstate hospital emergency department. The ED has a volume of ~10,500, seeing approximately 29 patients in each 24 hour period and is a very satisfying practice environment with an excellent nursing staff. Our group has been at this location for >10 years and we have very strong relationships and a stable commitment from the hospital leadership and Board of Directors and just signed a new and updated 3 year contract. Plans have been made for a new ED construction.

Where: Approximately 100 miles south of Chicago, 90 miles west of Indianapolis and 50 miles northeast of Champaign, within comfortable driving of all three major metro areas. It is convenient to drive in from the metro area and return the next day following the 24 hour shift. Fulltime is only 6, 24 hour shifts per month, leaving lots of free time.

Qualifications: Experienced emergency physicians with good clinical skills and a desire and enjoyment of communicating with patients and BC/BP in EM; a desire to enjoy a small town atmosphere would be an added plus.

Pay/Benefits: \$135/hour on weekends/\$145/hr holidays and \$128/hour on weekdays for part-time and full-time with benefits; Full-time benefits (>144 hours/ month) are: Humana health insurance (75% of premium paid by corporation) with a \$5,000 annual HSA plan paid by corporation and includes dental and vision benefit, elective participation in our small group Schwab Pension/401K and defined benefit plan, \$3,000 per year paid CME, paid malpractice insurance (including tail) and pre-tax business expense deductions option. If no benefits are needed then rates for full-time go up to \$140 on weekends, \$150 on holidays and \$133 on weekdays. We also have the added benefit of having an agreement with a bed and breakfast in the town of Watseka 5 blocks from the hospital where physicians can go and sleep for a few hours before their drive home, if desired. Meals while at work are no cost to the ED physician, served by the hospital cafeteria. There is very comfortable call room with TV, fridge, Microwave and shower. The hospital will be going to EPIC EMR in the next 12 months.

Shifts: We have 24 hour shifts available, averaging 1.2 patients per hour.

Availability: Immediate - we have 4 full-time physicians currently and 4 part-time physicians and are looking for 1 more full-time physician.

**If interested, send message and CV to:
John Timmons, MD, FACEP**

jtbasketballmd@msn.com or call 708-846-4329 (cell)

Registration Open for ACEP13 in Seattle

Registration is now open for ACEP13, formerly Scientific Assembly, which will be held October 14-17 in Seattle.

The Early Bird registration rate is available through September 13, 2013.

Hotel reservations are selling out quickly, so if you are planning to attend, ACEP recommends making reservations soon. ACEP is contracting with several more hotels in Seattle to make more rooms available.

The ACEP13 curriculum consist of clinical, as well as essential management and risk management tools to aid in your day-to-day practice. With over 260 lectures, 8 workshops and 42 labs, covering 25 different topics — ACEP13 is the best source for your emergency medicine education needs.

Whether you're a seasoned veteran or a brand new attendee, ACEP13 will be an experience like none other. You will find new ways to learn,



new opportunities to network, and new reasons to build a solid foundation for our specialty

Among the new features at this year's redesigned event are:

- The Kickoff Party hosted by Emergency Consultants, Inc. will be held Monday, October 14 at the renowned Experience Music Project, a super-charged sensory museum dedicated to America's rocking music history.
- The Closing Celebration, presented by EmCare, will be held Wednesday, October 16 at The Museum of Flight. The party will be held under and amongst some of the world's most famous and significant

airplanes and a NASA Shuttle Trainer.

- More hands-on skills labs and more 30-minute power lectures
- Longer Exhibit Hall hours with more than 300 companies who are ready to give personal demonstrations and updates on the latest industry products and services
- Redesigned and interactive ACEP Resource Center, featuring the ACEP Bookstore and the popular Wellness Booth
- ACEP Dine Around Seattle: Meet emergency medicine leaders, luminaries, and all-star speakers for a night on the town at one of Seattle's best restaurants for a three-course meal and wine with dinner.
- A private lounge exclusively for FACEP members

More information, a full brochure and lecture schedule, and registration is available online at ACEP.org/SA/

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Clinical and Core Faculty Physician Opportunities in Illinois

OSF HealthCare is an integrated healthcare network, with seven hospitals in Illinois, and a variety of emergency medicine opportunities. We offer a highly competitive compensation package ranked in the top 5% nationwide. Positions exist for those seeking low or high volume, ranges in acuity, and diverse community preferences. Opportunities are currently available in Peoria, Pekin, Pontiac, Galesburg, and Monmouth, Illinois. All centers provide 24-hour emergency services.

With headquarters in Peoria, Illinois, OSF Saint Francis Medical Center is the area's only Level 1 Trauma Center, the highest level designated in trauma care and base station and resource hospital for EMS. A pediatric ED is located within the main ED.

OSF Saint Francis Medical Center is a major teaching affiliate of the University of Illinois College of Medicine at Peoria, with a total of 12 emergency medicine residents a year in a competitive TL1-2-3 program. Other locations service as primary and tertiary referral centers or critical access hospitals. A Life Flight helicopter program, with adjacent landing area, is in place in order to provide the highest quality care.

Please contact: Stacey E. Morin
OSF Healthcare System
1420 West Pioneer Parkway | Peoria, IL | 61615
p (309) 683-8354, stacey.e.morin@osfhealthcare.org



www.osfhealthcare.org





Democratic Group Seeking BC/BE ED Physician
Amazing Career Opportunity

70K ED at **Rush Copley Medical Center** in *Aurora/Naperville Area*
 40 minutes southwest of downtown Chicago
 10 minutes to Naperville Area with top ranking schools, housing, entertainment, dining
 Staffing adjusted to maintain 2.0 patients per hour for main ED physicians
 Efficient real-time Dragon based dictation, templated Electronic Medical Record & ordering
 Award winning nursing staff with low patient to nurse ratios, 90th percentile Press Ganey
 Complete backup coverage, supportive medical staff, efficient radiology service
 Level II Trauma Center, 24/7 Cath Lab On Call, Certified Stroke Center
 Dedicated Express Care separately staffed by physicians

10K annual volume **Rush Copley** Freestanding Emergency Center in *Yorkville, IL*
 Single Coverage, lower acuity
 24 hour shifts available
 Dedicated CT, radiology, lab, and EMS support
 Backup specialty coverage via main campus
 Admissions transferred directly to Rush Copley Medical Center

Outstanding compensation as independent contractor:
 Competitive hourly rates with night differential
 Paid malpractice & tail and Quarterly Performance Incentive Bonuses
 Guaranteed hourly rates first year for full time contractors
 RVU based reimbursement after 12 months full time service, sooner for high performers
 Dedicated scheduler, coordinator
 2 year partnership eligibility

We are seeking high performing 'A-team' members to join our democratic group of satisfied and motivated physicians to staff both of the above sites. Board Certification / Eligibility in Emergency Medicine is **required**. The ideal candidate will have excellent interpersonal skills, a clean record to be seamlessly credentialed, commit to 140+ hours per month. Part time candidates will be considered.

Send CV to Steven Parkes:
 SWParkes@empactphysicians.com
 www.EMPactPhysicians.com



Due to expansion and growth, **Carle Physician Group** in Urbana, Illinois is recruiting additional **BE/BC Emergency Medicine** physicians to join our stable and experienced quality-oriented department. ● 21-member department and 10 PAs seeing ~70,000 patients per year ● All physicians are ABEM/AOBEM certified ● Emergency Department physicians are supported by a 18-physician Hospitalist Department and 24-hour in-house coverage provided by Anesthesiology, Hospitalists, OB-GYN, and Trauma Surgery ● Opportunity to teach medical students/residents through the **University of Illinois College of Medicine** ● **Superior compensation package, paid malpractice insurance with 100% tail coverage** ● Vacation, CME/meeting and holiday time with equitable distribution of holiday/weekend shifts ● **Sign on and Retention bonus** ● Department has routinely scored in the 99th percentile in Press Ganey customer satisfaction among its peers and just received the prestigious 2012 Emergency Medicine Excellence Award by HealthGrades ● Home to the Big Ten University of Illinois, Champaign-Urbana is a diverse community of 195,000 offering cultural, sporting and entertainment options usually associated with much larger cities; centrally located two hours from Chicago/Indianapolis and three hours from St. Louis. **For more information, contact Melissa Emkes at (800) 436-3095, extension 4101, email your CV to melissa.emkes@carle.com or fax it to (217) 337-4181.**

ICEP and NorthShore University HealthSystem come together to present...

emergent procedures
SIMULATION Skills Lab

teaching critical skills for the critical-care environment

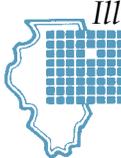


Friday, November 1, 2013

NorthShore Center for Simulation and Innovation | Evanston Hospital



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Illinois College of Emergency Physicians
 3000 Woodcreek Drive, Suite 200
 Downers Grove, IL 60515

ICEP Calendar *of* Events 2013

August 26, 2013

ICEP Education Programs Committee

11:00 AM - 1:00 PM
 ICEP Board Room
 Downers Grove

August 29, 2013

Resident Career Day

Presence Resurrection
 Medical Center, Chicago

September 2, 2013

**Office Closed
 Labor Day Holiday**

September 4, 2013

ICEP EMS Committee

11:00 AM - 1:00 PM
 ICEP Board Room
 Downers Grove

September 4, 2013

EMS Forum

1:00 PM - 3:00 PM
 ICEP Conference Center
 Downers Grove

September 6, 2013

ITLS Illinois Advisory Committee Meeting

10:00 AM - 12:00 PM
 ICEP Conference Center
 Downers Grove

September 12-13, 2013

Oral Board Review Courses

Chicago O'Hare Marriott
 Chicago

September 17, 2013

ICEP Research Committee Conference Call

10:00 AM - 11:30 AM

September 24, 2013

ICEP EM Board Review Intensive Committee Conference Call

9:00 AM - 11:00 AM

September 25, 2013

The STEMI-Stroke Seminar

ICEP Conference Center
 Downers Grove

September 30, 2013

ICEP Finance Committee

9:30 AM - 10:30 AM
 ICEP Board Room
 Downers Grove

September 30, 2013

ICEP Board of Directors

10:30 AM - 2:30 PM
 ICEP Board Room
 Downers Grove

October 3-7, 2013

Mock Orals Private Tutorials

Chicago O'Hare Marriott
 Suites, Rosemont

October 22-25, 2013

Emergency Medicine Board Review Intensive Course for Qualifying & ConCert Prep

ICEP Conference Center
 Downers Grove

November 1, 2013

Emergent Procedures Simulation Skills Lab

NorthShore Center for
 Simulation and Innovation
 Evanston Hospital, Evanston

November 12, 2013

EM4LIFE 2013 LLSA Article Review Course

ICEP Conference Center
 Downers Grove

November 21, 2013

Ultrasound for Emergency Medicine: Basic & Fast Track Courses

ICEP Conference Center
 Downers Grove

December 5, 2013

Ultrasound for Emergency Medicine: Basic & Fast Track Courses

ICEP Conference Center
 Downers Grove

Register for all courses online at ICEP.org!

