

Illinois

EPIC

Emergency Physicians Interim Communique

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

2014 - Issue 5
Vol 14 No 5

PRESIDENT'S LETTER

Choosing Wisely, Choosing Carefully



**David Griffen,
MD, PhD, FACEP**

probability of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer.

In a previous article, I discussed efforts at reducing unnecessary medical tests and interventions. Medical care costs money, time and sometimes discomfort. There really is no such thing as a totally safe test or intervention. They all have complications and the compounding risks of pursuing incidental findings.

It is hard to disagree with this recommendation. However, we know that if we all appropriately apply the PERC rule, eventually one of us will miss a pulmonary embolus on a "PERC negative" patient. The rule is designed to be applied when our estimate of pretest probability for a pulmonary embolus is less than 15 percent, and the accepted rate of missing a pulmonary embolus is less than 2 percent.

It may be a challenge to explain a pretest probability of 15 percent to a jury who already knows the post test probability is 100 percent. The patient suffering the pulmonary embolus, and their family, may not be as interested in the dozens of CT scans — and the cost, radiation, contrast and frustrating chase of incidental findings — you avoided by applying a decision rule to a population of patients. They will be interested in the one CT you did not order.

Is there any legal protection for doing what is right?

There have been a number of approaches to malpractice reform. Laws capping noneconomic damages have been successfully implemented in other states. Illinois, however, has been schizophrenic regarding caps. Caps were adopted by the legislature in 1995 and 2005, but later overturned by the Illinois Supreme Court.

Another approach by states, notably Georgia, has been to raise the standard of proof in a

malpractice case to "gross negligence." Unfortunately, this is not much protection if the defendant produces an expert witness willing to testify that gross negligence did indeed occur.

Another proposal is to enact legislation that would give physicians providing EMTALA-related services the same protection afforded federal workers. ACEP supports the federal EMTALA Services Medical Liability Reform (H.R. 36/S.961) which provides this liability protection. Unfortunately, this bill is in committee and the website GovTrack.com gives it a zero percent chance of passage.

Another intriguing approach is addressed by federal legislation introduced by Representatives Andy Barr (R-KY) and Ami Bera, MD (D-CA), called The Saving Lives, Saving Costs Act (H.R. 4106). This bill allows a "safe harbor" for physicians who are found by an independent review board to have followed evidence-based guidelines developed by professional organizations (such as ACEP).

If the review board determines that a defendant physician followed accepted guidelines (such as the Choosing Wisely recommendations), the defendant would have the right to move the case to federal court with a heightened burden of proof — increased from the preponderance of the evidence to a clear and convincing standard. This would discourage pursuit of meritless cases.

Unfortunately this bill has been in committee since February 27, 2014 and the probability of

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PRESIDENT'S LETTER

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passage according to GovTrack.com is all of two percent.

Lobbying, advocating and even pleading for malpractice reform in Illinois has been frustrating. Is there something else we can be doing as a profession independent of legislatures and courts? What can we do as a professional organization with the “safe harbor” idea?

What if we form our own expert review panels that will review cases at the request of an ACEP member defendant to determine if an accepted evidence-based guideline — such as the ACEP Choosing Wisely recommendations or ACEP Clinical Policies — was followed? If the review panel determines that the guideline was followed, and appropriately documented, written, admissible testimony in support of the member can then be provided. This may not have the same weight as moving a case to federal court, but the weight of ACEP attesting to the standard of care should have some impact.

I would suggest that we start with the Choosing Wisely guidelines since they deal predominantly with limiting unnecessary/harmful interventions. I would also suggest that we start with the recommendation for evaluating patients for possible pulmonary embolus and develop a checklist of what must be documented (PERC or Wells, D-dimer if indicated) for the panel to endorse that the guidelines were appropriately followed. Then we could work on expanding the “safe harbor” to other Choosing Wisely guidelines and then other ACEP Clinical Policies.

A possible positive effect of such an endeavor may be to encourage quality improvement efforts at the local level.

For instance, if an individual ED physician is confident that the College will support him/her

in the case of a missed pulmonary embolus if he/she follows and documents evidence-based guidelines, he/she may be more likely to implement, and document, risk stratification to reduce CT utilization.

During ACEP14 last month, I met with Jennifer L'Hommedieu Stankus, MD, JD, Chair of ACEP's Medical Legal Committee; Mark Mackey, MD, MBA, FACEP, Board Liaison to the Medical Legal Committee; and Michael Gerardi, MD, FAAP, FACEP, ACEP President, to discuss this idea.

Hopefully this approach has some legs at the national level. Our ICEP Board of Directors will be discussing this at the state level. I would be interested in knowing your thoughts and ideas.

Sincerely,


— David Griffen, MD, PhD, FACEP
ICEP President

Choosing Wisely®

An initiative of the ABIM Foundation

Find the “Ten Things Patients & Physicians Should Question” list – just updated with 5 new recommendations released by ACEP during ACEP14!

www.choosingwisely.org/doctor-patient-lists/american-college-of-emergency-physicians/

Thank You to Dr. Mark Mackey for Leadership

ICEP would like to recognize Mark L. Mackey, MD, MBA, FACEP for his leadership over the past three years in representing ICEP on the ACEP Board of Directors.

On behalf of ICEP President David Griffen, MD, PhD, FACEP, the Board of Directors, and the membership, ICEP is proud to have been represented at the national level by Dr. Mackey.

“Mark has represented our state at ACEP with integrity, professionalism and class,” Dr. Griffen said. “ICEP, and our entire profession, is lucky to have him as a leader.”

Dr. Mackey remains active on committees at both the national and state levels.



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Dr. Rebecca Parker Elected Chair of National ACEP Board of Directors



Congratulations to ICEP member Rebecca B. Parker, MD, FACEP, who was elected Chair of the ACEP Board of Directors during ACEP14 in Chicago. Dr. Parker began her term as Chair immediately following the election and will serve a 1-year term.

ICEP President David Griffen, MD, PhD, FACEP extended his personal congratulations. "I am very thankful to have Dr. Parker represent us at the national level. She is exactly the type of leader we want for our profession," Dr. Griffen said. "It is very fitting that her leadership and professionalism is recognized by the ACEP Board of Directors. She is a great representative for our state at the national level."

Dr. Parker acknowledged the ICEP membership as she begins her new role. "Thank you for all your years of friendship and support," Dr. Parker said.

"I'm excited and honored to be elected to this leadership position and look forward to a productive year."

Dr. Parker, of Park Ridge, is vice president for EmCare's North Division and senior physician leader for the Midwest. She is attending emergency physician at Presence Covenant Medical Center in Urbana and Vista Health System in Waukegan. Dr. Parker began her leadership track with ACEP in 1997 as a member of the EMRA Board of Directors and Alternate ACEP Councilor. She served on ICEP's Board of Directors and later on ICEP's Executive Committee as a member-at-large, secretary-treasurer and then president-elect until she was elected to the ACEP Board of Directors in 2009. Dr. Parker is a graduate of Northwestern University Medical School and the emergency medicine residency program at Texas Tech University-El Paso.

ACEP Releases 5 New Recommendations to Add to 'Choosing Wisely' Campaign

ACEP recently announced the second list of five tests and procedures that should be discussed to help make wise decisions about the most appropriate care based on a patient's individual situation. These recommendations are part of ACEP's participation in the ABIM Foundation's Choosing Wisely® campaign and were announced during ACEP14 in Chicago.



An initiative of the ABIM Foundation

The mission of "Choosing Wisely" — a multi-year effort of the ABIM Foundation — is to promote conversations among physicians and patients about using appropriate tests and treatments and avoiding care when harm may outweigh benefits. Since launching in April of 2012, more than 80 national, regional and state medical specialty societies and consumer groups have become "Choosing Wisely" partners. ACEP officially joined the campaign in February of 2013.

ACEP's five latest recommendations were developed through a multi-step process that included research and input from an expert panel of emergency physicians and the ACEP Board of Directors. These are recommendations that

physicians have control over and are not dictated by hospitals or trauma system protocols. Also, they do not expose patients to danger or physicians to medical liability risks.

The following is a list of the five most recent "Choosing Wisely" evidence-based recommendations approved by ACEP's Board of Directors.

Avoid CT of the head in asymptomatic adult patients in the emergency department with syncope, insignificant trauma and a normal neurological evaluation. Syncope (passing out or fainting) or near syncope (lightheadedness or almost passing out) is a common reason for visiting an emergency department and most of those visits are not serious. Many tests may be ordered to identify the cause of the problem. However, these tests should not be routinely ordered, and the decision to order them should be guided by information obtained from the patient's history or physical examination.

Avoid CT pulmonary angiography in emergency department patients with a low-pretest probability of pulmonary embolism and ei-

ther a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer. Advances in medical technology have increased the ability to diagnose even small blood clots in the lung. Now, the most commonly used test is known as a CT pulmonary angiogram (CTPA). It is readily available in most hospitals and emergency departments. However, disadvantages of the CTPA include patient exposure to radiation, the use of dye in the veins that can damage kidneys, and high cost.

Avoid lumbar spine imaging in the emergency department for adults with atraumatic back pain unless the patient has severe or progressive neurologic deficits or is suspected of having a serious underlying condition, such as vertebral infection or cancer with bony metastasis. Low back pain without trauma is a common presenting complaint in the emergency department. Most of the time, such pain is caused by conditions such as a muscle strain or a bulging disc that cannot be identified on an x-ray or CT scan.

Avoid prescribing antibiotics in the emergency department for uncomplicated sinus-

■ **CONTINUED ON PAGE 4**



ICEP Councillors Recognized for Service at 2014 Council Meeting

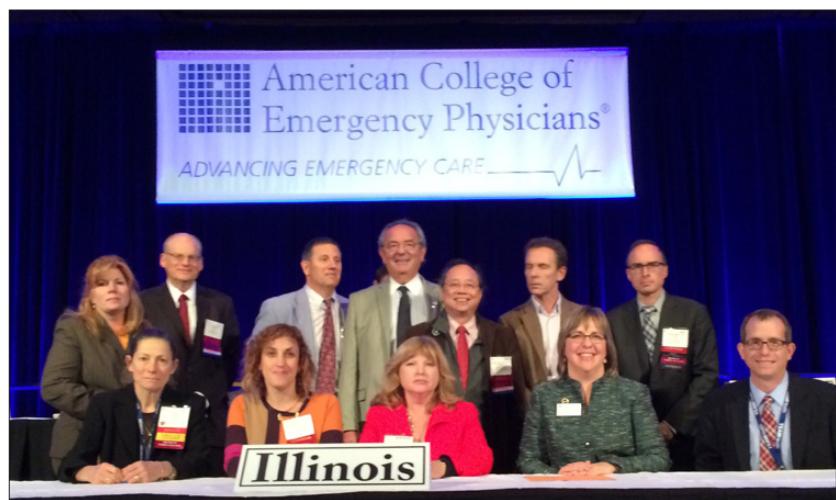
ICEP was represented by 13 Councillors during the ACEP Council Meetings held prior to ACEP14 in October.

Councillors are tasked with debating and voting on numerous resolutions, as well as voting for the ACEP Board of Directors candidates and officers. Councillors meet for two full days to cover the College's business. This year, Councillors voted on more than 50 resolutions.

Representing ICEP in 2014 were:

- E. Bradshaw Bunney, MD, FACEP
- Shu Chan, MD, MS, FACEP
- Mila Felder, MD, FACEP
- Cai Glushak, MD, FACEP
- David Griffen, MD, PhD, FACEP
- John Hafner, MD, MPH, FACEP

- George Hevesy, MD, FACEP
- Susan Nedza, MD, FACEP
- Rebecca Parker, MD, FACEP
- Valerie Phillips, MD, FACEP
- Edward Sloan, MD, MPH, FACEP
- Deborah Weber, MD, FACEP
- John Williams, FACEP



The 2014 ICEP Councillor delegation to the ACEP Council Meeting in Chicago included (back row, from left): Dr. Valerie Phillips, Dr. David Griffen, Dr. Edward Sloan, Dr. George Hevesy, Dr. Shu Chan, Dr. Cai Glushak, Dr. John Williams; (front row, from left): Dr. Deborah Weber, Dr. Mila Felder, Dr. Susan Nedza, Dr. Rebecca Parker, and Dr. John Hafner.

A memorial resolution honoring Karl Ambroz, MD, who passed away in August, was read during the Council Meeting.

"All ICEP members can be proud of their representation to the council," said ICEP President Dr. Griffen. "Our Councillors served with commendable decorum and dedication."

ACEP Election Results 2014

ACEP Board of Directors and officer elections were decided during the 2014 Council Meeting at ACEP14.

Re-elected Board members are:

- Hans House, MD, MACM, FACEP
- John Rogers, MD, CPE, FACEP

New Board members are:

- Stephen Anderson, MD, FACEP
- Jon Mark Hirshon, MD, MPH, PhD, FACEP, FAAEM, FACPM

Elected as ACEP President-Elect is:

- Jay Kaplan, MD, FACEP

Serving as officers are:

- Chairman of the Board: Rebecca B. Parker, MD, FACEP
- Vice President: Paul Kivela, MD, MBA, FACEP
- Secretary-Treasurer: John Rogers, MD, CPE, FACEP

ACEP Announces Additional List for 'Choosing Wisely' Campaign

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itis. Sinusitis is a common reason for patients to visit the emergency department. Most patients with acute sinusitis do not require antibiotic treatment, because 98 percent of acute sinusitis cases are caused by a viral infection and resolve in 10-14 days without treatment.

Avoid ordering CT of the abdomen and pelvis in young, otherwise healthy emergency department patients with known histories of ureterolithiasis presenting with symptoms consistent with uncomplicated kidney stones.

Many patients in the emergency department who are less than 50 years old and who have symptoms of recurrent kidney stones do not need a CT scan unless these symptoms persist or worsen, or if there is a fever or history of severe obstruction with previous stones. CT scans of patients in the emergency department with symptoms of a recurrent kidney stone usually don't change treatment decisions, and the cost and radiation exposure can often be avoided in these cases.

Last year, ACEP released the first five Choosing Wisely recommendations of tests and procedures to question. See link on Page 2 of this EPIC to view the complete list online.

ACEP previously declined to participate in the campaign because of potential conflicts of this approach with the unique nature of emergency medicine as compared with office-based practices, and because of concerns that advocacy for medical liability is missing from the campaign.

"While we agree that the overuse of medical testing continues to be a serious problem, we will never be able to fully address rising health care costs without first addressing the need for comprehensive medical liability reform," said Michael Gerardi, MD, FAAP, FACEP, ACEP President. "We continue to encourage the ABIM Foundation and its partners in this campaign to push for liability reform because it will benefit all of us, most especially our patients."



After the ED: Latest Neurological Treatment Options for Urgent Cases

By Ernest Wang, MD, FACEP
NorthShore University HealthSystem
Member, ICEP Board of Directors

Stroke is the third leading cause of death in the United States after heart disease and cancer.¹ The National Cancer Institute estimates that 22,910 adults (12,630 men and 10,280 women) were diagnosed with brain and other nervous system tumors in 2012.² We assess and diagnose these patients in our emergency departments every day. We, as emergency physicians, need to be aware of treatment and advances in a variety of neurologic emergencies.

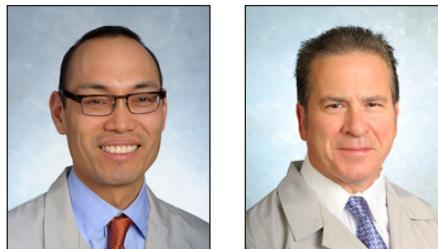
I took a few minutes with Julian Bailes, MD, Surgical Director of NorthShore University HealthSystem Neurological Institute and Chairman, Department of Neurosurgery, to understand new options for patients, to provide optimal care “after the ED.”

Dr. Bailes is a nationally recognized leader in neurosurgery, with special emphasis on brain tumors and the impact of brain injury on brain function. Dr. Bailes and the NorthShore Neurological Institute team are among the first in the country to use emerging technology to treat brain tumors, including Visualase MRI Laser-Guided Therapy. Dr. Bailes is also one of the first neurosurgeons in the Chicago area to use the minimally-invasive NICO BrainPath as part of the Six Pillars approach, offering promising outcomes for patients with otherwise inoperable brain tumors.

Q: (Dr. Wang) Patients with non-traumatic strokes or intracranial hemorrhage present



Dr. Julian Bailes and Dr. Matthew Walker, Director of Neuroradiology at NorthShore University HealthSystem, utilize advanced diagnostic techniques to identify brain and spine conditions.

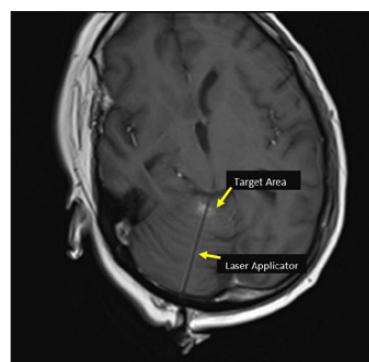


Ernest Wang, MD,
FACEP Julian Bailes,
MD

to the ED with a variety of symptoms such as headaches, dizziness, vision changes, weakness or other neurologic symptoms. Once a CT scan has revealed a cerebral hemorrhage, what treatment options are available to those patients?

A: (Dr. Bailes) As the saying goes, “Time is brain.” Technology has minimized risks and maximized outcomes, but I cannot emphasize enough the importance of timely consultations, efficient work up, and finally, proper diagnosis.

Given this, we’re seeing incredible advances in treating brain hemorrhages. We can fix things that are leaking or breaking, more precisely than ever before. For stroke patients who are not eligible for the t-PA drug therapy, there’s a new FDA-approved clot removal device, known as a stent-retriever (Solitaire FR). A catheter is inserted via a small incision near the groin, and is guided through the blood vessel. In some cases, it is possible to restore blood flow to the brain with this method.



Using Visualase to treat a patient with a known history of metastatic small cell carcinoma of the lung.

Aneurysm patients can undergo neurointerventional procedures called endovascular coiling. This involves an intra-arterial technique that seals or blocks the aneurysm from within, and prevents the aneurysm from rupturing. But again, these are both viable options as long as we are able to respond within just a few short hours of the onset of symptoms.

Q: And what if there's no hemorrhage? Most patients with first time presentations will likely be admitted and often have an MRI as an in-patient. What if an MRI reveals a tumor?

A: Brain tumors and lesions present a host of potential added complications. Yet with recent advancements, tumors that were once deemed inoperable are now being removed. We have tools to remove abnormalities that are precise and safe for the patient.

As one of the first pioneers of Visualase, our team has successfully used this MRI-guided laser technique to ablate brain tumors in patients. Following this treatment, patients are usually discharged the following day, leaving with an incision requiring only one stitch. This innovative technique – available only in a select number of medical centers across the country – involves inserting the laser fiber through the skull to precisely target abnormal areas of the brain. Light energy from the laser heats the brain tissue, effectively destroying it.

This technique has also proven effective for patients with epilepsy who are resistant to medication.

Q: What other advances in brain tumor management are available?

A: We are forging on what is possibly the final frontier of minimally invasive surgery in the body – the brain. The NICO BrainPath® uses detailed fiber-tracking combined with precise image-guidance. This technique effectively treats the subcortical and deep brain lesions as never before. The procedure is part of the “Six Pillar Approach,” which involves advanced technology including brain navigation, brain mapping, tumor removal, improved optics,

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Photos from ICEP Reception at ACEP14

ICEP's Seventh Inning Stretch Reception at ACEP14, co-hosted by SEMPA, was a success, with more than 200 guests in attendance at Harry Caray's Tavern on Navy Pier on October 27.

ICEP would like to thank the event's sponsor, PhysAssist Scribes, for their support.



See more photos online on ICEP's Facebook page: [Facebook.com/ICEPfan](https://www.facebook.com/ICEPfan)

Top Left: Dr. Ernest Wang, Dr. David Griffen and Dr. Hans House.

Top Right: Dr. Glenn Aldinger, Executive Director Ginny Kennedy Palys, Dr. George Hevesy, and Dr. Ed Ward.

Bottom Left: Dr. Cai Glushak, Dr. Becky Parker, and Dr. Ed Ward.

Bottom Right: Dr. John Hafner and Dr. Scott Hough.



Ebola Resources Available from ACEP, IDPH to Aid Emergency Departments

The medical community remains on alert for the potential for Ebola outbreaks across the United States, and preparedness and protocols are a hot topic throughout the field of emergency medicine.

On the national level, the American College of Emergency Physicians (ACEP) continues to provide updates and resources specifically for emergency physicians.

On the local level, the Illinois Department of Public Health (IDPH) provides updates of the latest guidance and protocols for all health care workers in dealing with the threat of an Ebola outbreak in Illinois.

For the latest from both sources, watch ICEP.org and ICEP's Facebook page.

National

ACEP has been working to filter the incom-

ing information and provide a trusted source of updates. All of the resources are available at ACEP's dedicated resource page, ACEP.org/ebola. The Resource Page continues to be updated as new information is released.

ACEP has been working with the Centers for Disease Control and Prevention (CDC) and the Emergency Nurses Association to establish procedures to help emergency personnel evaluate and manage emergency patients suspected of possible Ebola infection.

ACEP convened a panel of 8 emergency care infectious disease experts. This Ebola Expert Panel made contributions and recommendations that have been included in the CDC's document "Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease." These new guidelines for emergency departments were published during ACEP14.

The CDC guidelines include an algorithm developed by the Panel specifically for ED evaluation and management of possible Ebola patients.

Visit ACEP.org/ebola to download this resource document as well as many other items of use.

Local

Illinois Department of Public Health (IDPH) Director Dr. LaMar Hasbrouck provided guidance on Illinois' Ebola safety guidelines released at the end of October, including mandatory home quarantines for individuals who have a high-risk of exposure to the virus. The IDPH guidance calls for a 21-day home quarantine for any returning traveler who has had high-risk exposures to Ebola.

High-risk in this context refers to anyone who:

- Had unprotected (percutaneous or mucous

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We're all in.



We love what we do,

and at EMP, we're empowered to do it better than anyone else. Every physician in our group has an equal voice day one, and becomes an equal equity partner. Our 100% EM physician ownership creates a culture where we're all in. We're passionate about the care we provide our patients, the solutions we provide our hospital partners, and the careers we create for ourselves.

EMP physicians get their "Chicago" on at a photo shoot for display materials that will be used at this year's ACEP SA in Chicago.



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Legislation Makes Major Revisions to Health Care Power of Attorney in Illinois

Legislation signed by Governor Pat Quinn in August amends the Illinois Power of Attorney Act to make major changes to the portions of the act that relate to health care powers of attorney.

Public Act 98-1113 (formerly Senate Bill 3228) resulted from the efforts of the Illinois State Medical Society, Illinois Hospital Association, Illinois State Bar Association and other organizations.

The goal of the revisions was to make substantial improvements to the statute and to simplify the language of the form and the notice to make it easier for patients to understand.

Revisions focused on removing confusing legal verbiage and complex sentences and replacing it with a question-and-answer format that guides patients through the specific decisions that must be made when executing a power of

attorney for health care form.

The revisions resulted in a significant improvement in “readability” scores for both the form and the notice, dropping them from “grade levels” of 14.2 and 10.3 to 9.9 and 8.6, respectively.

Changes that are being implemented under the new legislation include

- The term “health care agent” is defined as an individual at least 18 years old designated by the principal to make health care decisions of any type. The health care agent has the authority of a personal representative under both state and federal law unless restricted specifically by the health care agency.
- The term “health care professional” is synonymous with the term “health care provider.”
- The terms incurable or irreversible condition, permanent unconsciousness, and terminal condition are eliminated from the provisions related to withholding or withdrawing life-sustaining treatment.
- The list of persons who may not serve as witnesses is expanded to include additional categories of care-givers.
- The “Notice to the Individual Signing the Power of Attorney for Health Care,” which precedes the form itself, has been entirely re-written, much of it in a Frequently Asked Questions format.

The amendment takes effect January 1, 2015.

The bill was sponsored by Sen. William Haine and Reps. Ann Williams and Emanuel Chris Welch.

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specialized resection tools, and post resection therapies. Rather than cutting through tissue and risking affecting non-impacted parts of the brain, we run the tracking along the natural path of the brain fiber.

Q: Why must we be aware of these treatments?

A: Once a patient is diagnosed with a brain abnormality, a neurosurgical team routinely will be brought in. While these technologies are becoming more known, I wouldn't call them widespread – yet. For example, I'm one of only a few neurosurgeons in the Chicago area using the NICO BrainPath technology. Only a select number of medical centers have teams with this

expertise, and the equipment and devices to use them. While surgeons are beginning to adopt this new technology, it's important for emergency physicians to understand patients' cases, and the options in front of them. With a solid understanding of advancements, you can improve their outcomes – during and after their visit to the ED.

References

1. https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/6.Public_Policy/1.Stay_Informed/4.Public_Policy_Resources/compell.pdf
2. <http://www.aans.org/en/Patient%20Information/Conditions%20and%20Treatments/Brain%20Tumors.aspx>

ICEP Physicians Appointed to 2015 ACEP Committees

Twenty-eight ICEP members have been selected to serve on national ACEP Committees for the 2014-2015 committee cycle. Jeff Schraider, MD, FACEP, of John H. Stroger Jr. Hospital of Cook County, continues to serve as chair of ACEP's Education Committee.

Congratulations to all members selected.

Academic Affairs Committee

Jacqueline Marie Cappiello Dziedzic, DO
David S. Howes, MD, FACEP
Laura Oh, MD, FACEP

Education Committee

John Michael Bailitz, MD, FACEP
William F. Bond, MD, FACEP
Christopher H. Ross, MD, FACEP
Jeff J. Schraider, MD, FACEP, Chair
Michelle J. Sergel, MD
Ernest Enjen Wang, MD, FACEP

EMS Committee

Eric Beck, DO, EMT-P

Federal Government Affairs Committee

Mark Anthony Mitchell, DO, FACEP
Susan Marie Nedza, MD, MBA, FACEP

Emergency Medicine Practice Committee

Amer Aldeen, MD, FACEP
Leslie S. Zun, MD, FACEP

Research Committee

Shu Boung Chan, MD, FACEP
D. Mark Courtney, MD, FACEP

Public Health/Injury Prevention Committee

Seth Trueger, MD

Pediatric Emergency Medicine Committee

Samuel Hiu-Fung Lam, MD, FACEP

Coding & Nomenclature Advisory Committee

Peter Samuel, MD, MBA

Public Relations Committee

Archana Reddy, MD, FACEP
Valerie M. Roth, MD

Reimbursement Committee

Anand Gopalsami, MD

Medical Legal Committee

James Raymond Hubler, MD, JD, FACEP
Daniel J. Sullivan, MD, JD, FACEP
William P. Sullivan, DO, JD, FACEP

Quality & Performance Committee

Christopher B. Beach, MD, FACEP
Rahul K. Khare, MD, FACEP
Susan Marie Nedza, MD, MBA, FACEP

New Fellows Announced at ACEP14 in Chicago

Congratulations to the ICEP members who have achieved designation as Fellows of the American College of Emergency Physicians. These individuals were recognized at the convocation ceremony during ACEP14 in Chicago.

- Michael D. Anderson, MD, FACEP, Chicago
- Amit D. Arwindekar, MD, FACEP, Chicago
- Michaelina R. Bolton, MD, FACEP, Clarendon Hills
- Kshitij Buch, MD, FACEP, Chicago
- John William Burger, MD, FACEP, Clarendon Hills
- Keegan Checkett, MD, FACEP, Chicago
- Troy S. Cutler, MD, FACEP, Chillicothe
- Joseph Dearie, MD, FACEP, Wheaton
- Jonathan dela Cruz, MD, FACEP, Springfield
- Scott Michael Dresden, MD, FACEP, Chicago
- James Enderle, MD, FACEP, Champaign
- Benjamin A. Feinzimer, DO, FACEP, Deerfield
- Mark Gaudio, MD, FACEP, Germantown Hills
- Christopher M. Herman, MD, FACEP, Peoria
- Jason A. Kegg, MD, FACEP, Springfield
- Christina Marie Long, MD, FACEP, Chicago
- Michael Marynowski, DO, FACEP, Chicago
- James A. McCombs, DO, FACEP, Chicago
- Laura D. Napier, MD, FACEP, Chicago
- Erik K. Nordquist, MD, FACEP, Chicago
- Laura Oh, MD, FACEP, Chicago
- Aasim Padela, MD, FACEP, Evanston
- Ethan Sterk, DO, FACEP, River Forest
- Janda Stevens, MD, FACEP, Pleasant Plains
- Jason L. Stringer, DO, FACEP, Peoria
- Peter M. Thompson, MD, FACEP, Rockford



Leadership Forum to Debut in December

ICEP is seeking recommendations for participants at its new Leadership Development Forum to be held December 9, 2014 at the ICEP Conference Center in Downers Grove.

The program is designed for attending physicians in their first five years of practice. Senior residents are also invited to attend.

There will be no cost to attend the Leadership Development Forum, and the program is open to all who are interested.

Attending physicians and residency program directors are strongly encouraged to nominate qualified candidates to attend. Recommendations can be sent to Kate Blackwelder at kateb@icep.org. Upon receiving a recommendation, ICEP will reach out to the nominee directly to personally invite them to be a part of the program.

Candidates may also self-nominate and attend without receiving a personal invitation; please email Kate Blackwelder if you would like to participate.

The full agenda and list of speakers for the Leadership Development Forum is being finalized now and will be released shortly.

The program will focus on leadership from two perspectives: general and ICEP/ACEP specific. First, topics will introduce the key concepts and best practices for effective leadership and self-development. Later, speakers will share personal experiences and advice for becoming a leader in emergency medicine through involvement with ICEP and ACEP.

No CME credit will be offered for this program. Advance registration is required. Watch your email, ICEP.org and social media for more information about the Leadership Development Forum coming soon!

Executive Director Ginny Kennedy Palys Recognized for 30 Years of Service



Ginny Kennedy Palys celebrated her 30th anniversary as ICEP Executive Director this fall. She was honored by the Board of Directors at their October meeting.

At the Board meeting, President David Griffen, MD, PhD, FACEP thanked Ms. Kennedy Palys for her enduring leadership.

"I have been in Illinois for 25 years, and Ginny was already ICEP director for 5 years prior. She has been the constant face of ICEP," Dr. Griffen said. "Without her competent leadership, this organization would not be the organization it is."

"One thing about Ginny that has been amazing is her omnipresence. She is everywhere," Dr. Griffen added. "You go to any meeting about emergency medicine in the state, or testify on Capitol Hill, or go to an advocacy conference in Washington or anywhere EM is represented — and there is Ginny. I can speak for all of us at ICEP: thank you."

Ebola Resources Available from ACEP, IDPH

from Page 6

membrane) contact with infectious blood or body fluids of an Ebola patient.

- Made direct skin contact with blood or body fluids of an Ebola patient without appropriate personal protective equipment (PPE).
- Processed blood or body fluids of an Ebola patient without appropriate equipment or standard biosafety precautions.
- Made direct contact with the dead body of an Ebola patient without appropriate PPE.
- Lived with or shared a household with an Ebola patient in an outbreak affected country.

For individuals who meet any of the high-risk criteria, a formal home quarantine order will be issued. This will ensure that the movements of all those who are potentially at high risk of developing Ebola are limited. These individuals can stay at home for the 21-day duration of the Ebola virus's incubation period.

The guidance places health care workers returning from outbreak-affected areas and who used appropriate PPE with no known infection

control breach in a "low risk" category, and specifically recommends "no quarantine, no travel restrictions and verified self-monitoring." (Verified self-monitoring means checking and reporting one's temperature and other potential symptoms twice daily and reporting to local public health, by phone or other means.)

IDPH has set up a dedicated website at www.ebola.illinois.gov as well as a hotline at 800-889-3931 for all questions about Ebola. The website contains all statements and releases from IDPH as well as resources for health care workers and resources for the general public.

Earlier in the month, Governor Pat Quinn established an Ebola task force that will help ensure the public health system across Illinois is prepared for the Ebola virus. The task force was established through Executive Order with IDPH and includes members representing health care, local public health, emergency responders, the Illinois State Board of Health, state agencies and others to further strengthen the state of Illinois' ability to respond to Ebola.



Clinical and Core Faculty Physician Opportunities in Illinois

OSF Saint Francis Medical Center is the area's only Level 1 Trauma Center and resource hospital for EMS. We are a major teaching affiliate of the University Of Illinois College of Medicine at Peoria. Our state of the art, 60,000 square foot ED opened in 2010.

- Exceptional opportunity to partner with 50+ physicians
- Average physician will see two patients per hour
- 32/hr per week is considered full-time with benefits
- Progressive hospital with top end compensation and benefit package
- Potential faculty and leadership opportunities for exceptional candidates
- 12 EM residents a year in a TL1-2-3 program.
- Active Life Flight Helicopter program.

The greater Peoria area has a population of 350,000 and offers a remarkably low cost of living with all the comforts and attractions of the big city.

Please contact or send CV to:

Stacey E. Morin, OSF Healthcare Physician Recruitment
Phone: (309) 683-8354 or 800-232-3129, press 8
eMail: stacey.e.morin@osfhealthcare.org
Visit us on the web at www.osfhealthcare.org.

Scan this code with your smart phone to tour our emergency department.



www.osfhealthcare.org

OSF
HEALTHCARE



Classified Ads

LOOKING FOR MORE JOB OPPORTUNITIES AND OPEN POSITIONS IN ILLINOIS?

Visit the ICEP Career Center online at ICEP.org/careercenter. The Career Center connects job seekers with employers who post ads for their open positions. You can browse the job opportunities at the website, or sign up for the Job Flash email that will send new job openings directly to your email.

WANT TO REACH 1,300 ILLINOIS EMERGENCY PHYSICIANS?

Advertise in the Illinois EPIC. If you have a professional opportunity, product or service you want emergency physicians to know about, the Illinois EPIC will get you noticed. A great value for your marketing dollar, the EPIC helps you reach your audience by providing a complete line of advertising services. Contact Kate Blackwelder at 630.495.6400, ext. 205, or kateb@icep.org for an EPIC rate sheet and list of closing dates.

...

want to reach 1,350 Illinois emergency physicians?
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Targeted. Affordable. Effective.

Contact Kate Blackwelder
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rate sheet and list of closing dates.



ULTRASOUND FOR EMERGENCY MEDICINE

Two course options! **BASIC • FAST TRACK**

**WEDNESDAY,
DECEMBER 3, 2014**

**ICEP Conference Center
Downers Grove, IL**

WHAT YOU'LL COVER:

Pelvic • Gallbladder • FAST Exam
Central Line • AAA • Peripheral IVs

REGISTER NOW: ICEP.ORG



Hands-on workshops for bedside ultrasound in emergency medicine

ICEP presents two interactive course options -- choose based on your experience:

BASIC COURSE

TARGET AUDIENCE: Physicians with limited or minimal experience, seeking both didactic lectures and hands-on practice on ultrasound techniques

FAST TRACK COURSE

TARGET AUDIENCE: Physicians with prior ultrasound experience seeking hands-on practice only. The Fast Track Course does not include didactic lectures but puts you hands-on at skill stations the entire course to maximize practice. Prior ultrasound experience or completion of ICEP's Basic Course is required for registration.

Program Objectives

- To provide didactic instruction and hands-on practice on the principles of emergency bedside ultrasound
- To 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





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

ICEP Calendar of Events 2014-2015

November 27-28, 2014

ICEP Office Closed
Thanksgiving Holiday

December 1, 2014

Educational Meetings Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

December 3, 2014

Ultrasound for Emergency Medicine Hands-On Workshop
ICEP Conference Center
Downers Grove

December 4, 2014

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

December 4, 2014

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

December 8, 2014

Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 8, 2014

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

December 9, 2014

Leadership Development Forum
ICEP Conference Center
Downers Grove

December 10, 2014

ITLS Illinois Advisory Committee Meeting
10:00 AM - 12:00 PM
ICEP Training Room
Downers Grove

December 24, 2014

ICEP Office Closes at Noon
Christmas Holiday

December 25-26, 2014

ICEP Office Closed
Christmas Holiday

January 1, 2015

ICEP Office Closed
New Year's Day

February 19, 2015

Emergency Medicine Update
Jump Trading Simulation & Education Center, Peoria

March 20-21, 2015

Oral Board Review Courses
Chicago O'Hare Marriott

April 30, 2015

Spring Symposium & Annual Business Meeting
Northwestern Memorial Hospital, Chicago

May 19, 2015

EM4LIFE 2014 LLSA Article Review Course
ICEP Conference Center
Downers Grove

Register for all courses online at [ICEP.org!](http://ICEP.org)

