

PRESIDENT'S LETTER

Illinois Rocks ACEP15 in Boston!

ICEP Sees Numerous Chapter Accomplishments at 2015 Scientific Assembly



**John W. Hafner, Jr.,
MD, MPH, FACEP**

attendants – breaking the record previously set in 2014.

Multiple companies and organizations displayed the latest products designed for emergency medicine, including the best of the best innovations highlighted in the innovatEd, a product showcase presented within the backdrop of an actual ED (including trauma bays and patient care simulation scenarios). The Assembly's courses always feature the top nationally recognized EM clinician educators that speak on the latest in diagnosis and management advances of emergency medicine.

While always impactful for attendees, this year's Assembly was particularly eventful for ICEP, with important elections, resolutions, and honors.

Many EM physicians are familiar and often at-

Every year, one of the highlights of fall is ACEP's Scientific Assembly. The meeting represents the largest gathering of emergency physicians in the world and is always an amazing educational and networking experience. This year's assembly in Boston topped over 6,500 at-

tend the Scientific Assembly. However, they may not be aware that the College uses the structure of the Scientific Assembly to also conduct the annual ACEP Council meeting.

The ACEP Council is a representative appointed body of councillors that meets annually for two days to conduct the business of the College. The Council votes on resolutions (which may be introduced by any member) and by-law changes, and also elects the ACEP Officers. The Council is an excellent mechanism for the voice of EM to be heard and acted upon by the College.

Councillors are appointed from the 53 ACEP chapters, as well as each ACEP section and key organizations (such as EMRA and SAEM). Chapters' allocated councillor representation is based upon the number of active members in each chapter, where organizations and sections have varying fixed numbers of councillors.

Illinois, as one of the larger state chapters, has 13 councillors that are elected annually by the Board of Directors. All ICEP members are invited to apply for the position.



ICEP's 2015 Councillors celebrate the chapter's victories with newly elected ACEP President-Elect Dr. Rebecca Parker at the conclusion of the Council meeting in October.

Council resolutions represent a wide swath of member interests and issues and typically involve passionate arguments from councillors and representatives. Resolutions take on a number of issues – from changes in College operations to medical marijuana.

One important resolution that was introduced and unanimously accepted was a memorial resolution for Stanley M. Zydlo, Jr., MD, FACEP, who passed away June 3, 2015, at the age of 81. Dr. Zydlo was a founding member of ACEP's Illinois Chapter, chartered in 1970, and served as co-chair for the chapter at the

■ **CONTINUED ON PAGE 2**

InsideEPIC

2015 - Issue 6

**ACEP Elects ICEP Member
Dr. Rebecca Parker as
ACEP President-Elect**

■ page **3**

**Resolution on Ethical
Violations by Non-
Members Passes with
Amendment**

■ page **4**

**ICEP Past President
Honored by IDPH with
Lifetime Achievement
Award**

■ page **6**

**Emergency Medicine
Update Set for February
11; Includes Optional
Sim Skills Workshop**

■ page **8**

Illinois Rocks ACEP15 in Boston!

ICEP Sees Numerous Chapter Accomplishments at 2015 Scientific Assembly

from Page 1

time of chartering. He was known as one of the “fathers” of the paramedic service, as he created one of the first paramedic training programs in the United States in 1972.

Another memorial resolution was unanimously accepted in memory of Leah Davis, DO, a third-year resident in the University of Illinois at Chicago Emergency Medicine Residency Program who passed away unexpectedly in September. The resolution was authored by her program chair, E. Bradshaw Bunney, MD, FACEP.

Illinois introduced two of the 46 proposed resolutions for the 2015 Council. One resolution, co-sponsored with the Pennsylvania chapter, proposed an evaluation for changing membership due dates from their anniversary date to a modified calendar date, and providing members with options for due dates. This was proposed to provide members flexibility on when ACEP/ICEP dues would cycle, and standardize the current fragmented system with a rolling system of renewal dates. Unfortunately, this was not adopted, as it was felt this could be approached without the confines of a resolution.

The second ICEP resolution, crafted by William Sullivan, DO, JD, FACEP, attempted to create a mechanism whereby emergency physicians who are not members of ACEP and have provided unethical legal testimony involving ACEP members, can be held accountable under ACEP’s “Procedures for Addressing Charges of Ethical Violations and Other Misconduct.” The resolution highlights how expert witness testimony in lawsuits involving ACEP members frequently involves medical experts who are not ACEP members who provide opinions concerning emergency medical care provided by ACEP members. ACEP members currently have little recourse against non-ACEP members who en-

gage in misconduct or who provide unethical testimony involving ACEP members, and this resolution would allow a mechanism for the unethical testimony to be reported and addressed. The resolution was hotly debated, but in the end was adopted. For more information about this resolution, please see the article by Dr. Sullivan on Page 4.

Other important resolutions that were debated included the use of law enforcement body cameras in the ED, increasing the use of advanced directives, and changing the requirements for Fellow-ship status.

This year was also marked by an important election for the ACEP Officers. ICEP member Rebecca Parker, MD, FACEP was elected as the President-Elect of ACEP! Dr. Parker will assume the ACEP Presidency at ACEP16 in Las Vegas and serve in this role for the 2016-2017 term. She has already begun her work as President-Elect. Dr. Parker has served as a member of the ACEP Board of Directors since 2009 and last year served as the Chair of the Board. Prior to her national service, she served on the ICEP Board of Directors. Her vision for ACEP in the upcoming year includes strengthening the diversity of the membership and establishing the role of emergency medicine within the new acute care continuum. For more information about Dr. Parker’s election, please see the article on Page 3.

On a personal note, Dr. Parker is a warm and capable physician leader who will safely propel ACEP and emergency medicine into the tenuous future. It was an honor to help with her campaign and witness such a sincere leader arising from Illinois. Congratulations to Dr. Parker! We look forward to the coming years of your leadership.

Finally, we also had the pleasure of our most

important team member being recognized for her dedicated service. Virginia (Ginny) Kennedy-Palys, JD received the ACEP Honorary Membership Award for her faithful and capable service as the Executive Director of ICEP for over three decades. Ginny is the “glue” that has kept ICEP such a well-functioning organization over the past 30 years. She is the crucial lynchpin in the office and holds much of our institutional memory. Ginny is NOT retiring (we voted against ever allowing that) and we are lucky to have her expertise every day. For more information about Ginny’s recognition, please see the article on Page 4.

So all in all, 2015 marked one of the busiest and most rewarding ACEP Scientific Assemblies to date for ICEP! The excitement of our members is contagious and we hope to carry the momentum started at ACEP15 into the new year with more changes and accomplishments. Last year’s Scientific Assembly was hosted by ICEP in Chicago, where David Griffin, MD, FACEP, the 2014-2015 ICEP President, and the staff did an outstanding job organizing the welcoming address and reception.

We are now looking forward to the 2016 Scientific Assembly in Las Vegas for further accomplishments, resolutions — and the real excitement of installing Dr. Parker as the new ACEP President. Go Illinois!



— John W. Hafner, Jr., MD, MPH, FACEP
ICEP President



Illinois College of Emergency Physicians
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515
Phone 630.495.6400 Fax 630.495.6404
www.icep.org

Editor
Cai Glushak, MD, FACEP
ICEP President
John W. Hafner, Jr., MD, MPH, FACEP
Executive Director
Virginia Kennedy Palys
Managing Editor
Kate Blackwelder

Illinois EPIC is published by the Illinois Chapter, American College of Emergency Physicians. Opinions expressed in this newsletter do not necessarily express the views of ICEP.

All advertisements appearing in the Illinois EPIC are printed as received from the advertisers. Advertisement in the EPIC does not imply endorsement of any product or service by the Illinois College of Emergency Physicians. ICEP receives and publishes

advertisements but neither reviews, recommends or endorses any individuals, groups or hospitals who respond to these advertisements.

For membership or advertising information, call 630.495.6400 or dial toll-free 888.495. ICEP. Or visit ICEP online at ICEP.org

© 2015



ACEP Council Elects ICEP's Dr. Rebecca Parker as ACEP President-Elect

Dr. Parker Will Assume Role of ACEP President at ACEP16 in Las Vegas



Rebecca Parker, MD, FACEP, ACEP President-Elect

Rebecca Parker, MD, FACEP, from Park Ridge, was elected President-elect during the ACEP15 Scientific Assembly in Boston. She was elected by ACEP's Council to serve a 1-year term and will assume ACEP's presidency at next year's meeting in Las Vegas. Dr. Parker was previously serving as the Chair of ACEP's Board of Directors.

"As the next President-elect, I have two visions: to establish emergency medicine as the nucleus of a new acute care continuum and to enhance our diversity," said Dr. Parker. "Let's create a new acute care continuum, with the emergency physician leading the charge. And let's foster generational, racial and gender diversity within our specialty. As the next president, I will create a new Task Force on Diversity with our sister societies. We will take a new approach and make this an opportunity to re-invent our practice."

Dr. Parker is chair of ACEP's Board of Directors and an attending emergency physician with Vista Health in Waukegan. She also serves as

senior vice president of Envision Healthcare and President of Team Parker LLC, a consulting group. In addition, she is a clinical assistant professor at the Texas Tech El Paso Department of Emergency Medicine.

Dr. Parker has been active with ACEP for about 20 years. She has been a member of both the Illinois Chapter and the Texas Chapter Board of Directors and chaired both of the chapter's education committees. She has served in a variety of leadership positions on the ICEP Board of Directors, including president-elect, when she was elected to the national ACEP Board of Directors for the first time in 2009.

For national ACEP, Dr. Parker has served as chair of the Coding and Nomenclature Advisory Committee, chair of the Young Physicians Section, board liaison to the Clinical Emergency Medicine Data Registry (CEDR) subcommittee, and chair-elect of the ACEP Foundation.

Dr. Parker has received awards for her leadership roles, including the AMA's Foundation



ACEP President-Elect Dr. Rebecca Parker (left) and ICEP President-Elect Dr. Valerie Phillips celebrate Dr. Parker's election at a party after the Council Meeting.

Leadership Award and the AMA's Women's Physician Congress Mentor Award. She also received the Bill B. Smiley Meritorious Service Award, ICEP's highest honor, in 2015.

Dr. Parker was elected to ACEP's Board of Directors in 2009 and 2012. She earned her medical degree at Northwestern University Medical School and completed her internship and residency at Texas Tech University Health Sciences Center in El Paso, Texas.



LEFT: From left to right, ACEP Immediate Past President Dr. Michael Gerardi (left), his wife Lisa, ACEP President-Elect Dr. Rebecca Parker, and her husband Matt at the conclusion of the Council Meeting.

RIGHT: ACEP Board Chair Dr. Bob O'Connor (right) with Dr. Parker and her husband, Matt.

More photos from ACEP15 are posted at ICEP.org and on ICEP's Facebook page.

Resolution on Ethical Violations by Non-ACEP Members Passes with Amendment

ICEP's council resolution on ethical violations by non-ACEP members, authored by Bill Sullivan, DO, JD, FACEP, was well received and passed with an amendment.

Dr. Sullivan, who presented the Resolution to the ACEP Council, explains:

"The original intent of the resolution was to subject experts in other specialties to the same scrutiny that ACEP members are held to when those experts provide testimony against emergency physicians. In the past, ACEP hasn't addressed the issue very well. With this resolution, now ACEP will review testimony from experts in other specialties with the same scrutiny that it reviews testimony from experts within our own specialty.

"Unfortunately, the resolution was modified somewhat as ACEP's legal counsel and Reference Committee did not recommend adopting it. There were fears about legal retaliation from experts whose testimony was reviewed and ACEP legal counsel did not believe that ACEP

has the ability to "censure" experts in other specialties.

"The Council overwhelmingly voted to apply ACEP's current policy for addressing misconduct in our own specialty to non-ACEP members when our members are affected. In addition, with regards to expert witnesses in cases involving ACEP members, ACEP will create a summary that will be distributed to expert witnesses, putting them on notice that their testimony is subject to review by ACEP and ACEP's Ethics Committee. While the goal of the resolution was to publicly censure physicians who make unethical claims against ACEP members, the wording was changed from "censure" to "admonish." Therefore, if an expert's testimony is found to be unethical, the expert will be subject to admonishment by ACEP — in addition to reporting such admonishment to the expert's professional or medical societies and state medical



A resolution is discussed during the 2015 ACEP Council Meeting in Boston.

licensing board. Public reporting of the admonishment in an ACEP publication was removed from the resolution prior to it being passed.

"Despite this minor setback, the resolution is an important step forward in defending our specialty against inappropriate expert testimony from other specialties."

ICEP Executive Director Ginny Kennedy Palys Recognized with ACEP Membership Award



Virginia Kennedy Palys, JD,
ICEP Executive Director

ICEP Executive Director Virginia Kennedy Palys, JD, has been honored with the ACEP Honorary Membership Award in 2015. Her award was presented at the President's Awards Banquet during ACEP15 in Boston.

Ms. Kennedy has served as executive director of ICEP for more than three decades.

Her leadership of ICEP's advocacy, practice management, EMS and continuing education efforts has strengthened the chapter and helped it grow to more than 1,300 members.

She also serves as executive director for International Trauma Life Support (ITLS), the only prehospital trauma education program endorsed by ACEP. Each year, she travels with physician leaders to launch and encourage ITLS training initiatives.

Ms. Kennedy was one of three individuals presented with the Honorary Membership Award, and the only chapter executive to receive the award this year. ACEP retired staff members Marilyn Bromley, RN, and W. Calvin Chaney, JD, CAE, were also presented with the award at ACEP15.



ACEP President Jay Kaplan, MD, FACEP (left) and ACEP Executive Director Dean Wilkerson, CAE (right) present Ginny Kennedy Palys, JD with the ACEP Honorary Membership Award.



Are you going to wish for a great future? Or make it happen?



Signing with a group without thinking about its structure and values may put you on the short end of the stick. Ensure a great career filled with camaraderie you can only find in a physician-owned group that loves what they do: US Acute Care Solutions. We have more resources than ever to empower us as physician owners. At USACS, we don't leave our future to chance. We make it happen.



Start your future. Visit emp.com or usacs.com
or call Ann Benson at 800-828-0898. abenson@emp.com



**US Acute Care
Solutions**

Founded in 2015 by EMP | From New York to Hawaii

ICEP Past President Honored by IDPH with Lifetime Achievement Award

ICEP Past President John R. Lumpkin, MD, FACEP, was recognized by the Illinois Department of Public Health with the State of Illinois Emergency Medical Services Advisory Council Lifetime Achievement Award.

The award was presented on November 19 in Springfield.

The award honors Dr. Lumpkin in appreciation and recognition of more than 30 years of extraordinary dedication and an exceptional commitment to EMS.

Dr. Lumpkin was the first chair of the EMS Advisory Council, and the first emergency physician to be appointed as Director of the Illinois Department of Public Health. Dr. Lumpkin served as Director for 12 years before joining the Robert Wood Johnson Foundation in 2003.

Dr. Lumpkin is the Senior Vice President and Director of Targeted Teams for the Robert Wood Johnson Foundation in New Jersey.

The Lifetime Achievement Award notes that “through his tireless effort and ardent conviction to EMS, Dr. Lumpkin has been instrumental in impacting the survival rates and quality of life of people requiring emergency care.”

“Dr. Lumpkin’s extraordinary accomplishments shall stand as testament to his dedication, perseverance, and life-long service to his peers, EMS professionals, and fellow human beings,” the award concludes.

Dr. Lumpkin served as ICEP President in 1982. He earned his MD and BMS degrees from Northwestern University Medical School and his MPH from the University of Illinois School of Public Health. He was the first African-American trained in emergency medicine in the country after completing his residency at the University of Chicago. He has served on the faculty of the University of Chicago, Northwestern University, and University of Illinois at Chicago.



Dr. John Lumpkin (right) accepts the Lifetime Achievement Award presented by Chief Mike Hansen (left) on behalf of the state EMS Advisory Council.

Leslee Stein-Spencer, RN, a longtime supporter and friend of ICEP, was also honored with the Lifetime Achievement Award by the EMS Advisory Council at the same meeting.

Physician Opportunity Ottawa, Illinois



Please contact or send CV to:

Stacey Morin

OSF HealthCare Physician Recruitment

Ph: 309-683-8354 or 800-232-3129 press 8

Fax: 309-683-8353

Email: stacey.e.morin@osfhealthcare.org

Web: www.osfhealthcare.org

EMERGENCY MEDICINE OSF Saint Elizabeth Medical Center

- 99 bed hospital with 18,000 ER annual visits
- 1.5 patients per hour with Midlevel support
- 7 exam rooms
- 130 life flights/year
- 9 EMS agencies that service SEMC with 3 agencies that transport patients to our ED
- 80-100 EMTs that service our ED
- EPIC electronic medical record
- Member of system with well-established transfer process
- Licensed psychiatric beds





Let ISMIE help you successfully navigate
a changing healthcare system.

ISMIE.

When it comes to providing the best medical liability insurance, ISMIE will head you in the right direction. ISMIE's policyholders expect a lot from their medical liability insurance company: flexible coverage, proactive claims strategies, excellent service, and hands-on risk management. They know that ISMIE is all of those things and will be there to guide them every step of the way.

Protecting the practice of medicine since 1976.

If you're looking for direction in the ever changing medical liability insurance market, contact our professional underwriting staff at 800-782-4767, ext. 3350 or e-mail us at underwriting@ismie.com.
Visit our website at www.ismie.com.

ISMIE
Mutual Insurance Company
The Physician-First Service Insurer

© 2016 ISMIE Mutual Insurance Company

Emergency Medicine Update on February 11 to Include Optional Sim Skills Session

ICEP's winter CME conference, Emergency Medicine Update, will be held February 11, 2016, at the Jump Trading Simulation & Education Center in Peoria.

By popular demand, the program will again include an optional Simulation Skills Workshop in the afternoon, following the half-day education program. Participants may attend one or both programs and earn CME credits for each.

Registration is open online at ICEP.org. The cost is \$115 for ICEP/ACEP member physicians, \$145 for non-member physicians, \$85 for nurses and EMS professionals, and \$25 for residents. There is no cost for medical students to attend.

The Simulation Skills Workshop cost is \$140 for all providers.



Lisa Barker, MD, FACEP, will serve as the course director of the programs.

On the agenda at EM Update in 2016 are:

- Safety and Resiliency Through In-Situ Simulation in the ED, presented by John Vozenilek, MD
- Improving Survival from Cardiac Arrest ... It's About Time, presented by Matthew Jackson, MD
- Don't Get Burned: Assessment and Management of Thermal Injuries, presented by Tim Schaefer, MD

- Pitfalls in Managing Critically Ill Children: Preparing for the PICU, presented by Girish Deshpande, MD, FAAP

- The Top 10 EM Articles from 2015, presented by John W. Hafner, Jr., MD, MPH, FACEP

The Simulation Skills Workshop will cover four different topics in a 3-hour afternoon session.

Team ACLS care will be presented by Andrew Vincent, DO. Pediatric Status Epilepticus will be presented by Victor Chan, MD. Pediatric Status Asthmaticus will be presented by Greg Tudor, MD, FACEP. Pediatric Procedural Skills will be presented by Dr. Barker.

Registration for the Simulation Skills Workshop is limited. Register early to reserve your spot.

ACEP Accepting Proposals for EMF 2016-17 Grants, NIDA/EMF Training Awards

ACEP is accepting proposals for Emergency Medicine Foundation Grants (EMF), with two sets of deadlines for different options.

NIDA/EMF Training Awards

The Emergency Medicine Foundation (EMF) has partnered with the National Institute on Drug Abuse (NIDA) to support two \$20,000 Training Awards. The goals of the award are to promote knowledge of treatments for patients with substance use disorders (SUD) and facilitate the development of future emergency medicine practitioners and researchers in SUD. The applicant may be a resident in an ACGME approved emergency medicine residency training program, a first year graduate, or entering first year faculty member. Eligible candidates will not have a career development award and must be based in United States programs and institutions. Apply online www.emfoundation.org/

applyforagrant. The deadline to submit an application for the NIDA/EMF Training Awards is December 18, 2015.

EMF Grants: 22 Grants in 14 Categories

The Emergency Medicine Foundation (EMF) is excited to provide up to 22 grants in a variety of topics in the 2016-2017 award year. Medical students, residents, basic science investigators, health policy researchers and others interested in emergency medicine research are encouraged to apply. Two new grants are available this cycle: Emergency Department Planning, Operations, and Design, co-funded by the Academy of Architecture for Health Foundation and Emergency Medicine Education Research, co-funded by the Council of Emergency Medicine Residency Directors. The deadline to apply for these grants is February 12, 2016. Apply online www.emfoundation.org/applyforagrant.

EM Wellness Week Set for January 2016

ACEP is pleased to announce the first Emergency Medicine Wellness Week on January 24-30, 2016. This new program emphasizes that wellness is essential for everyone, but more so for those who care for others in need.

The event is being planned by ACEP's Well-being Committee and Wellness Sections. More details will be announced soon. ACEP members will be invited to take a pledge to lead a healthier lifestyle, if only for one week. Members will have a selection of options to choose from, focusing on physical health, connections, and career engagement. Resources in each of these areas will be provided for members.

Watch ICEP.org for more details about EM Wellness Week and ICEP's chapter participation!



Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

Each issue of EPIC will feature the Statewide Research Showcase Abstract Round-Up. Several abstracts that were selected for the Statewide Research Showcase at the 2015 Spring Symposium will be printed, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by John W. Hafner, Jr., MD, MPH, FACEP.

Optimization of Physician Scheduling Based on Prior Patient Presentations

Larry Neuman, MD, Brian Donahue, MD, FACEP, Shu B. Chan, MD, MS, FACEP; Presence Resurrection Medical Center Emergency Medicine Residency Program, Chicago, IL

Background: Prediction of patient arrival patterns over time is critical in establishing scheduling parameters to ensure appropriate staffing in the emergency department.

Objective: The study objective is to determine if weekly census data in the Emergency Department (ED) follow any patterns or trends allowing computer optimization and better utilization of attending physicians caring for emergency department patients.

Design/Methods: This is a feasibility study involving the use of weekly ED census data of three urban/suburban community hospital to determine if optimal physician staffing in an emergency department can be achieved using computer based optimization techniques. ED census of patients seen by the week was calculated for each of three ED site and plotted on time series graphs. Auto correlations were calculated to determine any seasonal or other repetitive influences on the weekly ED census. Auto correlations were considered significant at the 5% level. An optimal ARIMA (auto-regressive integrated moving average) model was fitted for each ED and used to determine if further optimization would be feasible with computer simulation. All calculation performed with Minitab 16 (2010, State College, Pennsylvania)

Results: Reviewed were 104 consecutive weeks at site one, 66 weeks at site two and 30 weeks at site three. The mean census per week was 693 (SD:45) at site one, 739 (SD:44) at site

two, and 893 (SD:35) at site three. Simple time series plots of each site showed moderate variability but did not show any noticeable pattern. There was no significant auto correlation noted at any of the three sites. An ARIMA model with linear regression and no auto correlation was successfully fitted to each site ($p < .001$ for all three models) but the linear nature of the model would not allow for further optimization or computer simulation.

Conclusion: In this feasibility study of using weekly ED census data to optimize for physician staffing, there were no autocorrelation suggesting patterns useful for predicting future ED volume and thus allowing for improved optimization.

Impact: Emergency Physician should proceed with caution when using past ED census data to predict future staffing needs.

RESEARCH COMMITTEE COMMENTARY: Predicting ED visit arrivals in order to provide adequate provider and support staffing is a difficult yet vital element of ED administration. A common practice is to utilize past census data to predict busier times and days and staff accordingly. The authors of this study attempted to utilize computer-based modeling techniques to predict patterns in ED arrivals. If accurate patterns could be established, such techniques could be used to staff EDs and rely less on gestalt. Unfortunately, no patterns could be predicted using advanced statistical techniques. Nationally we have known collectively that the busiest day is Monday during the evening hours, but in this study using past census data was not helpful in predicting arrival variability. — John W. Hafner, Jr., MD, MPH, FACEP

Effectiveness of Resident Physicians as Triage Liaison Providers in an Academic Emergency Department

Victoria Weston, MD¹, Amer Aldeen, MD, FACEP², Stephanie Gravenor, BS¹, Sushil Jain, MD, MBA¹, Michael Schmidt, MD, FACEP¹, Sanjeev Malik, MD¹; ¹Northwestern University, Department of Emergency Medicine, Chicago, IL, ²Presence St. Joseph Medical Center, Emergency Medicine Physicians, Ltd., Joliet, IL

Background: ED overcrowding affects patient satisfaction, door-to-physician time (DTP), length of stay (LOS), and left without being seen (LWBS) rates. Studies show benefit with mid-level and attending triage liaison providers (TLPs), but minimal research exists on resident TLP.

Objective: To compare operational performance metrics (DTP, LOS, LWBS), and patient satisfaction between resident and attending TLPs.

Design/Methods: This retrospective, observational cohort study was conducted at an urban, academic ED with 88,000 annual visits, 50 residents, and 28 attendings. Eligible TLPs were PGY3/4 residents or attendings. TLP days (11:30-19:30 on 10/2013-1/2014) were compared to baseline (pre-TLP data from 10/2011-1/2012). Primary outcomes were median ED LOS (admitted and discharged patients), median DTP, percentage of LWBS, and proportion of "very good" patient satisfaction scores. Proportions are described with 95% confidence intervals, medians with interquartile ranges, and differences with the t-test and Mann-Whitney U test.

Results: 6,683 (resident), 10,814 (attending), and 19,298 (baseline) visits were analyzed. Attending TLP had lower median LOS for admitted patients compared to residents (6.63hrs vs. 6.97hrs, $p=0.004$) or baseline (6.63hrs vs. 7.03hrs, $p<0.0001$). Resident LWBS rate was 3.12% (95%CI 2.73 to 3.55) and attending was 3.08% (95%CI 2.77 to 3.41), both significantly better than baseline (4.71%, 95%CI 4.43 to 5.01). Resident median DTP was 35 min (IQR 17-81), significantly lower ($p<0.0001$) than attending (39 min, IQR 19-87) or baseline (51 min, IQR 21-117). Resident proportion of very good patient satisfaction scores was 55% (95%CI 53 to 56) and attending was 56% (95%CI 55 to 57), compared to baseline (53%, 95%CI 52 to 54).

Conclusion: At an academic ED, resident TLP improved DTP times and LWBS more than attendings or historical control. Attending TLP improved patient satisfaction and median LOS of admitted patients more than residents.

■ CONTINUED ON PAGE 10

Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

from Page 9

Impact: These findings may significantly affect ED operations nationwide, especially related to resident usage and implementation of TLPs.

RESEARCH COMMITTEE COMMENTARY: ED overcrowding is a common and serious issue affecting many measures of quality of ED care as well as patient outcomes. A recent patient care trend at larger institutions is placing a provider (physician or midlevel) at triage to begin workups and treat patients earlier. Weston et al looked at instituting a triage liaison provider (TLP) (either an attending or resident physician) on the effect of quality measures and if these differed by provider training level. As compared to historical controls, both provider groups improved all of the measurements, validating the TLP concept, but with the limitation of the study containing a different time period for the control population. TLP using resident physicians appears to work well, with some measures being more influenced by residents and others more by attendings. Overall, the concept of a provider at triage is a useful intervention to combat the effects of ED overcrowding.

— John W. Hafner, Jr., MD, MPH, FACEP

Idarucizumab, a Specific Reversal Agent for Dabigatran: Immediate, Complete and Sustained Reversal of Dabigatran Induced Anticoagulation Shown in Healthy Male Volunteer

Stephan Glund, PhD^{1*}, Joachim Stangier, PhD², Michael Schmohl, PhD³, Marina De Smet, BSc³, Dietmar Gansser, PhD², Benjamin Lang, Dipl Math oec⁴, Viktoria Moschetti, MD⁵, Steven Ramael, MD⁶, Paul A Reilly, PhD⁷; ¹Translational Medicine, Boehringer Ingelheim Pharma GmbH & Co. KG, Biberach an der Riss, Germany; ²Drug Metabolism and Pharmacokinetics, Boehringer Ingelheim Pharma GmbH & Co. KG, Biberach an der Riss, Germany; ³Clinical Operations, SCS Boehringer Ingelheim Comm. V., Brussels, Belgium; ⁴Clinical Biostatistics, Boehringer Ingelheim Pharma GmbH & Co. KG, Biberach an der Riss, Germany; ⁵Translational Medicine, Boehringer Ingel-

heim Pharma GmbH & Co. KG, Ingelheim, Germany; ⁶Clinical Pharmacology Unit, SGS Life Science Services, Antwerpen, Belgium; ⁷Clinical Development & Med Affairs, Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT

Background: The new oral anticoagulants are effective alternatives for warfarin, but specific reversal agents are not yet available for these agents to manage life-threatening bleeding or when emergency surgery is necessary. Idarucizumab, a specific reversal agent for dabigatran, is being developed.

Objective: Safety, tolerability, pharmacokinetics (PK) and pharmacodynamics (PD) of idarucizumab were investigated in a randomized, double-blind, placebo controlled study in 145 healthy male volunteers.

Design/Methods: In part I of the study, subjects received single rising i.v. doses of up to 8 g idarucizumab. In part II, idarucizumab doses of 1 g, 2 g and 4 g were administered as 5 min i.v. infusions in the presence of dabigatran (220 mg bid for 4 days).

Results: All administered doses of idarucizumab were well tolerated. PK measurements of unbound dabigatran indicated idarucizumab binding and thus reversal of the anticoagulant effects of dabigatran occurred directly after infusion. Prolongation of clotting times induced by dabigatran in all clotting assays was reversed to baseline at the end of the 5-minute infusion of the reversal agent. Complete reversal lasted for ~30 minutes after administration of 1 g idarucizumab. Reversal was complete and sustained in 7 of 9 subjects administered 2 g and in all subjects administered 4 g.

Conclusion: Idarucizumab was well tolerated and led to immediate, complete and sustained reversal of dabigatran induced anticoagulation in healthy male volunteers.

RESEARCH COMMITTEE COMMENTARY: Prior to the development of idarucizumab, specific reversal agents for non-vitamin K antagonist oral anticoagulants were unavailable. Non-vitamin K antagonists can be an attractive alternative to warfarin therapy, but serious non-reversible hemorrhage could occur with their

use. Idarucizumab is an antibody fragment and was developed to reverse the anticoagulant effects of dabigatran (Pradaxa). On October 16, 2015, after the publication of this abstract and a landmark prospective cohort trial in the New England Journal of Emergency Medicine, idarucizumab (Praxbind) was approved for the reversal of dabigatran. This trial helped to establish the effective dosing strategy for idarucizumab, which will provide an important option for emergency physicians caring for these patients.

— John W. Hafner, Jr., MD, MPH, FACEP

Call for 2016 Research Abstracts

ICEP is seeking submissions for the annual Statewide Research Showcase held at the Spring Symposium on Thursday, May 5 at Northwestern Memorial Hospital.

The Statewide Research Showcase is open to both residents and attending physicians to present oral and poster presentations of emergency medicine research.

The deadline to submit abstracts is Friday, March 4. The Research Committee will make selections and notify applicants in late March.

Download the Abstract Submission Form from ICEP.org/research. The abstract guidelines and scoring system remain the same as what was implemented in 2015, with one exception: The maximum word count for the abstract has been increased to 350 words (from 300).

All submitted abstracts are published in the Statewide Research Showcase eBook that is distributed with other meeting materials at the Spring Symposium.

All abstracts must be submitted electronically with the completed Abstract Submission Form. Abstracts must conform to the guidelines listed in the form in order to be considered. A blinded copy of the abstract must be included for judging purposes.



EMERGENCY MEDICINE

Chicago, Illinois



PROFILE

The Department of Emergency Medicine at Rush University Medical Center seeks an emergency medicine residency trained, Board Certified / Eligible physician. This recruitment is part of a key strategic growth initiative for the medical center. Rush opened a new hospital in January 2012, which is home to the new, state-of-the-art Emergency Department with an annual volume of 70,000. Ideal candidates will join the team with an academic appointment and the opportunity for professional growth and nonclinical time. The Department of Emergency Medicine is committed to building upon the excellent patient centric care with a strong focus on the patient experience.

The Department has made recent updates to the compensation structure and currently provides a competitive market base salary with an incentive bonus opportunity up to 30% of the base salary. Shifts are 9 hours in length with the replacement physician coming at hour 8 to allow for 1 hour of overlap to decrease sign-outs. There are currently 72 hours of physician coverage per day, and we are actively recruiting for 81 hours of physician coverage, 27 hours of scribe coverage per day and an additional 16 hours of NP/PA coverage per day which allows average physician patient per hour of 2.05. The Department is also actively restructuring the number of shifts per physician per year to maintain competitive with local Emergency Medicine departments.

As an academic department, the Rush Department of Emergency Medicine trains rotating residents from multiple specialties, medical students and physician assistants. It is academically affiliated with the Stroger Hospital of Cook County (Cook County Hospital) Emergency Medicine Residency through an overarching master affiliation agreement between both institutions and sponsors the joint Emergency Medicine Ultrasound Fellowship and Simulation Laboratory Fellowship. The ED is supported by social workers, a chaplain and a child life specialist in addition to consultants representing all specialties in medicine and surgery who take 24 hour call for the ED. The attending staff are Rush employed physicians and receive full benefits at group rates, CME reimbursement, malpractice insurance and a robust retirement package.

HOSPITAL ENVIRONMENT

Rush University Medical Center is an academic medical center that encompasses a 664-bed hospital serving adults and children. In January 2012, Rush opened a new 376-bed hospital building, known as the Tower, which is part of the Medical Center's major renovation of its campus. Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. The Medical Center also offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

Rush is consistently ranked as one of the nation's top hospitals by *U.S. News & World Report*. Rush is ranked in 7 of 16

For more information, please contact:

Leah Doeblar
Senior Faculty Recruiter
Leah_Doeblar@rush.edu
312-563-6074



Rush is an Equal Opportunity Employer

ICEP Oral Board Course Dates Set for 2016: Call for Faculty; Registration Open

ICEP's popular Oral Board Review Courses will be presented Thursday and Friday, March 17-18 and Friday and Saturday, September 9-10, 2016. The courses provide a spot-on simulation of the oral exam and are held at the ABEM exam site, the Chicago O'Hare Marriott.

Registration for course participants opens online at ICEP.org on December 15.

Call for Oral Board Faculty Examiners

ICEP is seeking physicians to serve as faculty for the March and September courses.

ICEP asks for your commitment as early as possible because the courses are very popular, and we want to continue providing this important service to those who request it. Faculty determine how many participants may attend the courses.

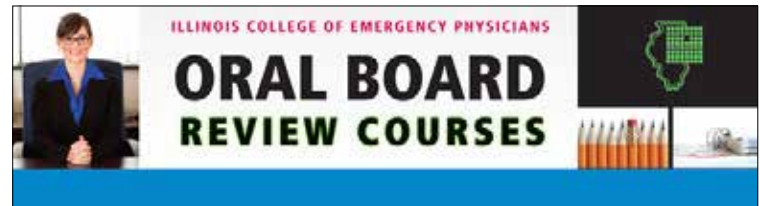
Largely because of the excellent faculty, ICEP has the reputation for presenting the nation's

premier oral board review courses.

As an oral board faculty member, you will present single or multiple case simulations to candidates in strict oral board exam format and then provide feedback on their performance. The courses are intensive — with a one-to-one student to faculty ratio. 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 - 6:15 pm with coffee and lunch breaks. Faculty may sign up for a full day, half day morning or half day afternoon session for one or both days of the course.

We hope you will teach at one or more of these sessions. It's a great way to give back to the spe-



cially while networking with colleagues from around the country.

Are you a new faculty examiner, or know someone you would like to nominate to teach at these courses? Connect directly with ICEP staff member Lora Finucane at loraf@icep.org. ICEP is always looking to expand our network of expert faculty, and wants to provide any assistance that we can. We look forward to having you or your colleagues join us!

Please contact Lora Finucane at loraf@icep.org or 630.495.6400, ext. 219, to sign up or with questions.



Where Partnership is...

Autonomy Freedom Family Fulfillment

Chicago Suburbs

- Seeking EM trained Rock Star Physician
- 70K Rush Copley near Naperville, IL
- 40 minute drive to downtown Chicago
- 10 docs/day for 1.6-2.0 pts/hr
- Scribes and friendly EMR w/ Dragon
- Nearby freestanding ED shifts available
- *Outstanding Reimbursement Package*
- Fully owned and led by ED Physicians
- Partnership Opportunity after 2 years

Mary Deans-O'Claire
847-697-8868
Mary@EMPactPhysicians.com



www.EMPactPhysicians.com





Emergency Medicine Opportunities

Carle Physician Group in Urbana, Illinois is actively recruiting **BE/BC Emergency Medicine physicians** to join our quality-oriented team. **With 400+ physicians and 250 mid-level providers comprising over 50 specialties/subspecialties and a service area of 1.5 million residents, Carle Physician Group is locally owned and physician led.** Our physician group is part of a not-for-profit integrated network of healthcare services that also includes Carle Foundation Hospital, a 393-bed Level I Trauma Center that is also a Pediatric Certified Emergency Department, a Primary Stroke Center and Chest Pain Center (with 24 hour Cath Lab).

- Stable 26-member department, all of whom are ABEM/AOBEM certified seeing 84,000 patients per year
- Department also includes 15 Advanced Practice Providers, 2 Family Medicine physicians who see less acute patients, along with 2 Pediatricians who work from 5p – 11p
- Your choice of working at Level I Trauma Center, a nearby critical access hospital with 10,000 visits, or a combination of the two
- 24 hour in-house coverage provided by Anesthesia, Intensivists, Trauma, OB-GYN, ED and 32 Hospitalists; Peds Hospitals & PICU are available 24/7
- Opportunity to do ultrasound as well as teaching/research through the University of Illinois College of Medicine, if desired
- Consistently voted Best Hospital by U.S. News & World Report – 2012 to present; top 5% nationally for Neurosciences; Magnet designation since 2009
- Carle and the University of Illinois at Urbana-Champaign are partnering to establish the nation's first college of medicine focused, from the beginning, on the intersection of engineering and medicine
- Vacation/CME with **equitable distribution of holiday/weekend shifts**; superior compensation and benefit package, relocation assistance, paid malpractice insurance with 100% tail coverage, **sign on and retention bonus!**

Our Community:

Globally connected, innovative and culturally rich, Champaign-Urbana is a micro-urban city centrally located to Chicago, Indianapolis and St. Louis and is home to one of the world's great public research universities – the Big Ten University of Illinois! Big Ten athletics, a lively music scene, museums, festivals, and a number of theaters make sure you'll have plenty to do in the area. If you want the cultural offerings of a world class university city without the traffic, urban sprawl and high cost of living, Champaign-Urbana is the place for you!



For more information,
please contact:

Melody Henegar, Search
Consultant
800.436.3095, extension 4103
Melody.Henegar@carle.com



Classified Ads

NORTHWESTERN IMMEDIATE CARE seeking physicians, BC Emergency Medicine/ Family Practice for one of 6 locations: River North and Lakeview in the City; Evanston, Glenview, Deerfield and Vernon Hills in the northern suburbs. Twelve hour shifts; supplemented by mid level providers in the City locations. Wonderful benefits package and competitive salary. Please contact Jack Franaszek MD at jfranasz@nm.org or 630-337-5146.

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.



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

ICEP Calendar of Events 2015-2016

December 14, 2015
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 14, 2015
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

December 24-25, 2015
ICEP Office Closed
Christmas Holiday

January 1, 2016
ICEP Office Closed
New Year's Day Holiday

January 4, 2016
Membership Committee Conference Call
10:00 AM - 11:00 AM

January 6, 2016
Awards & Nominating Committee Conference Call
10:00 AM - 11:00 AM

January 11, 2016
Patient & Physician Advocacy Committee Conference Call
9:30 AM - 10:30 AM

February 11, 2016
Emergency Medicine Update
JUMP Trading Simulation and Education Center
Peoria

February 29, 2016
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

February 29, 2016
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

March 17-18, 2016
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

April 5, 2016
Research Committee Conference Call
10:00 AM - 11:00 AM

May 5, 2016
Spring Symposium & Annual Business Meeting
Northwestern Memorial Hospital
Chicago

May 24, 2016
EM4LIFE 2015 LLSA Article Review Course
ICEP Conference Center
Downers Grove

August 16-19, 2016
Emergency Medicine Board Review Intensive
ICEP Conference Center
Downers Grove

September 9-10, 2016
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

September 29, 2016
Resident Career Day
Northwestern Memorial Hospital
Chicago

Register for all courses online at ICEP.org!

