

## PRESIDENT'S LETTER

# Keeping Key EM Issues On Your Radar: Changing Issues, New Developments



**Yanina A. Purim-Shem-Tov, MD, MS, FACEP**

Fall is off to a busy start, with many issues on the table and new developments on the horizon. I work to stay on top of all of the latest news and resources that impact our members and our specialty, both in Illinois and nationwide.

In this issue, let me share my "cheat sheet"

for some of the most important changes. Here's what you need to know this month:

### Medicaid Managed Care

First is a brief update on Illinois Medicaid. The Illinois Department of Healthcare and Family Services (HFS) has completed its evaluation of the proposals received in response to the Medicaid Managed Care Organization (MCO) request for proposal (RFP). HFS will award contracts to the following Managed Care Organizations to provide services under its Medicaid Managed Care Program, upon successful contract negotiations with each MCO.

### Statewide

- Blue Cross Blue Shield of Illinois
- Harmony Health Plan

- IlliniCare Health Plan
- Meridian Health
- Molina Healthcare of Illinois

### Cook County Only

- CountyCare Health Plan

Each executed contract will be effective January 1, 2018, for an initial four-year term and will include the option to renew the contract for up to four additional years. The new program will begin January 1, 2018, for Illinois counties that are currently participating in mandatory managed care. HFS anticipates a rollout for the remaining counties that currently do not have managed care coverage to begin April 1, 2018.

The final list of MCOs could still be changed, dependent on the appeals process. HFS has sent out an RFP for vendors to assist with the run-up process for the MCOs exiting the market as of December 31, 2017, to ensure the MCOs adequately resolve outstanding claim disputes and meet all outstanding financial obligations to providers.

This change will have significant effect on our patients, hospitals and health care organizations. New contracts need to be forged to be able to provide care to patients assigned to these health care plans.

Patients must enroll into one of these plans in a timely manner or a plan will be auto-assigned to them.

### ACEP Federal Lawsuit

The next update is from ACEP. As you may be aware, in May of 2016, ACEP filed a lawsuit against the federal gov-

ernment due to the government's refusal to address CMS regulations for out-of-network emergency physician payment.

The U.S. District Court for District of Columbia partially granted ACEP's motion. The matter is remanded back to the federal agencies to clarify the database that is used to set payments, to make it transparent so that the "usual and customary" charges set are done so fairly. This decision, although it does not invalidate the rule, forces the government to address ACEP's concerns. This is a small but substan-

### Key Updates on:

- Medicaid Managed Care
- ACEP Federal Lawsuit
- Joint Commission
- Disaster relief efforts
- ACEP17

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# Keeping Key EM Issues On Your Radar: Changing Issues, New Developments

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tive win for ACEP!

## Joint Commission

Next is an update from The Joint Commission. At the end of August, I attended The Joint Commission's Health Care Association Forum 2017. This informative conference provided updates on topics that included The Joint Commission Standards, Patient Safety and Health Information Technology, Strategies for Improving Safety Cultures, and several others.

A significant focus of the conference was on Lean/Six Sigma management within health care, which TJC is utilizing for continued process improvements within its own organization. TJC is encouraging all organizations to embark on the Robust Process Improvements toward Zero Error states.

Dr. David W. Baker, Executive Vice President of TJC, provided updates on the important quality and safety issues TJC will be addressing during their accreditation processes. Among those issues most important to emergency medicine are: revised pain standards; suicide prevention; use of scribes in ambulatory setting; and measurement of children's weight in kilograms.

In the past, TJC considered pain assessment in our patients a fifth vital sign. This is no longer the case. In fact, the only two areas remaining where patients will have mandatory pain evaluation are in the emergency department and in hospital admitted units. However, the pain evaluation will now be more focused on functional pain assessment. TJC will not mandate that all patients admitted to the hospital and started on opioid pain management have been screened through drug monitoring programs. However,

they will evaluate whether there is a process to be able to evaluate patients through this program within the institution.

As far as suicide prevention, it will remain for now that patients who come into the ED for psychiatric and/or behavioral complaints will need to have suicide screening. This has not been expanded to all ER patients.

Use of scribes was addressed as well. TJC recognizes that this practice helps decrease physician burnout but TJC would like to explore risks and identify best practices related to their use. TJC will be providing field education on best practices during their visits.

TJC also encourages the measurements of all weights for children done in kilograms, to prevent dosing errors.

## Disaster Relief

Finally, it behooves us to recognize our colleagues in Texas, Louisiana, Florida, Puerto Rico, and other locations affected by devastating storms, hurricanes, fires and floods. These men and women are working around the clock and staying at their hospitals for days, assisting patients while their own homes may also have been destroyed by these disasters. Countless stories tell of providers, nurses and other medical personnel who have persisted to make it to work through flood zones; walking there because conditions are not conducive to driving; working tirelessly and countless hours upon their arrival.

I recently saw a post from an emergency physician who was preparing to go to work in a hospital in Florida where family and pets can also come with patients, knowing that they will not be returning home any time soon. This provider

was asking advice on what to pack – certainly not something that we regularly think about.

And so let's hope that these disasters pass quickly, and people can return back to their normal lives as soon as possible! There are multiple organizations and funds set up to assist in disaster relief, which I urge you to investigate and contribute to if you can.

This is my last EPIC before ACEP17. We have a great Councilor representation from ICEP. The two resolutions ICEP submitted are related to unfunded mandates for EDs in screenings:

1. Drug monitoring programs for patients to whom we are prescribing opioids
2. Hepatitis C screening in EDs without reimbursement

Several resolutions from other chapters will focus on ABEM maintenance of certification (MOC). ICEP will present its position statement to ACEP, which we will compose at our next Board meeting in October. We are acutely aware of our members' concerns and will address them in our recommendations.

I look forward to bringing you news and perspective on what happens at ACEP17 in November, and I hope to see many of you there!

Sincerely,



— Yanina Purim-Shem-Tov, MD, MS, 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

Yanina A. Purim-Shem-Tov, MD, MS, FACEP

## Executive Director

Virginia Kennedy Paly

## Managing Editor

Kate Blackwelder

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# Ultrasound for EM Course Set for Dec. 6

ICEP's annual Ultrasound for Emergency Medicine Workshop will be presented on Wednesday, December 6 in Downers Grove.

Registration is open online now at [ICEP.org/ultrasound](http://ICEP.org/ultrasound).

The course, updated in 2016, has replaced pelvic ultrasonography with cardiac ultrasonography to make the program and skills stations more applicable to emergency physicians. Feedback from the ICEP membership and past course participants indicated pelvic ultrasonography is rarely performed in the emergency department.

The course features two tracks: a Basic course for physicians with minimal experience seeking both didactic lectures and hands-on practice in ultrasound technique; and a Fast Track course for physicians with prior ultrasound experience seeking hands-on practice only.

The Basic course agenda includes:

- Ultrasound basic and knobology, presented by Course Director Robert Rifenburg, DO, RDMS, FACEP



- Cardiac ultrasonography, presented by David Sallen, MD
- Fast Exam, presented by Monika Lusiak, MD
- Gallbladder, presented by Michael Gottlieb, MD, RDMS
- AAA, presented by Joseph Peters, DO, RDMS, FACEP, FACOEP, FACOI
- Ultrasound-Guided Peripheral IVs and Central Lines, presented by Jennifer Rogers, MD

Both the Basic and Fast Track courses feature hands-on skill stations to practice: cardiac, gallbladder and AAA, Fast Exam, and peripheral IVs and central lines. All stations will be

live-model except for peripheral IVs and central lines.

The cost for ACEP members is \$450 for the Basic Course or \$300 for the Fast Track Course. The cost for non-member physicians is \$499 for Basic and \$350 for Fast Track. Physician assistants and advanced practice nurses are also welcome to attend at a discounted rate of \$325 for the Basic Course and \$175 for the Fast Track.

The course is approved for a maximum of 5.5 *AMA PRA Category 1 Credits*<sup>™</sup>. View the complete course brochure at [ICEP.org/ultrasound](http://ICEP.org/ultrasound) for a detailed agenda, program objectives, and complete faculty listing.

## ACEP Encourages States' Participation in National Pediatric Readiness Project

Enhancing the pediatric readiness of the nation's emergency departments (EDs) to care for children is of utmost importance to improve the quality of care and outcomes for ill or injured children.

To achieve this goal, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) EMS for Children (EMSC) Program and the EMSC Innovation and Improvement Center (EIIC) have partnered with the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association to support a pediatric quality improvement collaborative.

This collaborative, the National Pediatric Readiness Project, is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children.

The collaborative began in April 2016 and efforts will be ongoing. Thirteen states and the District of Columbia are actively participating in the collaborative to promote pediatric readiness efforts at the state level.

The goal of the collaborative is to work with existing emergency care systems to improve and encourage pediatric readiness based on compliance with the 2009 joint policy statement, "Guidelines for Care of Children in the Emergency Department (ED)."

In 2013 the National Pediatric Readiness Project ([www.pediatricreadiness.org](http://www.pediatricreadiness.org)) provided a baseline assessment of the nation's capacity to care for children in an emergency. This assessment identified that the majority of children are cared for in community and rural emergency departments rather than specialized hospitals such as children's hospitals.

Furthermore, it was noted that, the readiness of these institutions to care for the emergency needs of children varied greatly ([www.ped-sready.org](http://www.ped-sready.org)). Pediatric readiness programs assist state and territory-specific teams in working closely with stakeholders to identify criteria and characteristics, and to supply resources such as policies, procedures, and equipment, to best meet the needs of children within their own state or territory.

ICEP encourages our members to review these materials and participate in these initiatives. ACEP's current Joint Policy Statement—Guidelines for Care of Children in the Emergency Department is a great starting point. In addition, there is a great deal of information and resources for use in promoting Pediatric Readiness in your emergency departments on the EIIC website and the National Pediatric Readiness Project under hospital domain at <https://emscimprovement.center/>

# Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

*The Statewide Research Showcase Abstract Round-Up is back. Each issue of EPIC will feature one of the abstracts that were selected for oral presentation at the Statewide Research Showcase at the 2017 Spring Symposium, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Wesley Eilbert, MD, FACEP.*

## Outcome of Patients Over 80 Years of Age after Thrombolysis for Acute Ischemic Stroke in a Community Hospital Emergency Department

**Kunal Patel, MD; Michael Stanek, MD; Logan Traylor, MD; Jessica Ede, MD; Robert Mokszycki, PharmD; Marc McDowell, PharmD; Kathleen Hesse, RN; Erik Kulstad, MD, MS; Advocate Christ Medical Center, Oak Lawn, IL**

### Background:

Treatment of acute ischemic stroke via thrombolysis with tPA is typically recommended with a warning for caution for patients over 80 years of age. Nevertheless, with an aging population, a greater number of elderly stroke patients are receiving tPA.

### Objective:

We sought to evaluate the rates of intracerebral hemorrhage (ICH) and functional outcome in patients over the age of 80 treated with tPA in our ED.

### Design/Methods:

We performed a retrospective study of patients presenting to our community hospital ED over a 44-month period (from January 2012 to September 2015) with symptoms of stroke who were treated with tPA. Outcomes were determined by medical record review, with ICH defined as radiographically identified hemorrhage, and favorable outcome as an mRS < 2.

### Results:

A total of 119 patients were treated over the study period, and 33 patients were over the age of 80 years. Of this group, the mean age was 88.6, median 87, with IQR 85 to 92.5 years. The oldest patient 97 years of age, and the group was 75.8% female (25 female, 8 male patients). Median NIHSS score was 11, with IQR 8 to 18. A total of 7 patients (21.2%) developed an ICH, and of these, 3 patients (42.9%) died. Overall mortality for the cohort of patients over the age of 80 was 18.2% (6 out of 33), and median mRS at discharge was 3 (IQR 1 to 4), with 6 patients (18.1%) achieving a favorable (mRS < 2) functional outcome.

### Conclusion:

Patients over the age of 80 years presenting with acute ischemic stroke in our ED and receiving treatment with thrombolysis face higher rates of ICH and mortality than typically quoted for the broader cohort of acute ischemic stroke patients.

### Impact:

Incorporation of these findings in discussions of treatment decisions with patients and families may be warranted.

### RESEARCH COMMITTEE COMMENTARY:

tPA has been used more aggressively since AHA/ASA guidelines published in 2013 advocated pushing the time limit from stroke symptom onset to its administration from 3 to 4.5 hours. Age over 80 years is listed as a relative contraindication in this group in the 3 to 4.5 hour window. This nicely done retrospective study sheds light on a very important fact: patients over 80 receiving tPA for ischemic strokes are more likely to bleed in their brains and die than are younger patients. Older stroke patients and their families should be made aware of this when considering the use of this potentially dangerous medication.

— **Wesley Eilbert, MD, FACEP**

## ACEP Clinical Policies Committee Seeking Comments on Two New Draft Policies

Two new clinical policies are in the review stage of ACEP clinical policy development. Comments on the drafts are being sought by the ACEP Clinical Policies Committee.

Comment periods are open for a limited time only, so all interested members are encouraged to follow the link and submit comments.

The draft "Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the ED With Suspected Acute Venous Thrombosis and Pulmonary Embolism Disease" is now open for comments until October 19, 2017.

To view this draft policy and comment form, go to: <https://www.acep.org/Clinical---Practice-Management/CP-Comment-Form-Suspected-Acute-Venous-Thrombosis-and-Pulmonary-Embolism/>

The draft "Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients With Suspected Non-ST-Elevation Acute Coronary Syndromes" is now open for comments until November 9, 2017.

To view this draft policy and comment form, go to: <https://www.acep.org/Clinical---Practice-Management/CP-Comment-Form-Non-ST-Ele->

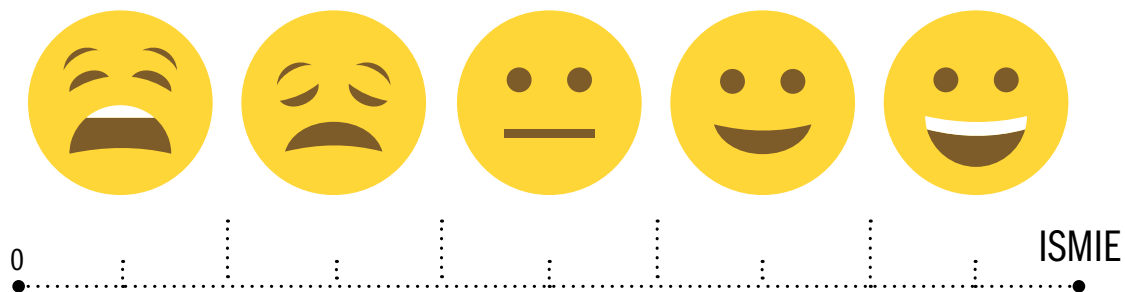
[vation-Acute-Coronary-Syndromes/](#)

Please focus your comments on the clinical content of the document, and not copyediting. Document your comments in the format requested, making note of additional evidence as appropriate. All comments will be carefully reviewed by the Committee and used to further refine and enhance the draft when evidence supports the changes. Individual reviewer names will not be used in the final document.

For questions, please contact ACEP Clinical Practice Manager Rhonda Whitson, RHIA, at [rwhitson@acep.org](mailto:rwhitson@acep.org).



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# ICEP Members to Be Recognized with Fellow Status at ACEP17 Ceremony

Congratulations to the ICEP members who will be recognized at ACEP17 with newly granted Fellow status. Some of the members received this designation in 2016 but were not recognized at ACEP16, and others just received the status in 2017. All will be recognized at a special ceremony during ACEP17.

- Alexandra Isa Asrow, MD, FACEP
- Christopher Colbert, DO, FACEP
- Antonio Cummings, MD, FACEP
- David Hassard, MD, FACEP
- Joseph Hauter, MD, FACEP
- Richard Jeisy, MD, FACEP
- Faheem Jesani, DO, FACEP
- Michael S. Joo, MD, FACEP
- Patrick McCafferty Lank, MD, FACEP
- Erin Lareau, MD, FACEP
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- Theresa M. Nguyen, MD, FACEP
- Jenna Karagianis Nikolaidis, MD, FACEP
- Christopher T. Richards, MD, MS, FACEP
- Daniel Wellington Robinson, MD, FACEP
- Guneesh Saluja, MD, FACEP
- Valerie A. Schmidt, DO, FACEP
- Katie L. Tataris, MD, FACEP
- David L. Trotter, MD, FACEP
- Nathan Seth Trueger, MD, MPH, FACEP
- Carissa J. Tyo, MD, FACEP
- Daniel Wachter, MD, FACEP
- Olga Zavelsky, MD, FACEP

## ACEP17 Set to 'Bring EM Together' in Washington, DC on Oct. 29 to Nov. 1

Whether you're a seasoned veteran or a brand new attendee, ACEP17 will be an experience like none other. ACEP17 is October 29 to November 1, 2017, in Washington D.C. at the Walter E. Washington Convention Center. Register online now at [ACEP.org/ACEP17](http://ACEP.org/ACEP17).

At this largest gathering of emergency medicine physicians, you will find new ways to learn, new opportunities to network, and new reasons to build a solid foundation for our specialty. The ACEP17 curriculum includes educational courses, skills labs, and workshops that consist of clinical topics as well as essential management and risk management tools to aid in your day-to-day practice. Other highlights include:

### **InnovatED 2017**

#### ***Sunday – Tuesday, Exhibit Hall***

Don't miss ACEP's award-winning innovation center: innovatED. In this true-to-life environment, you can be part of interactive demonstrations in a mock ED setting for realistic and practical application, and test out top med tech innovations from around the world.

### **Opening General Session**

#### ***8-9:30 a.m. | Sunday***

Journalism icon Bob Woodward pulls the curtain back on Washington and its leaders. The *All the President's Men* author will speak about the state of the American presidency. Complementing Woodward's presentation is the satirical troupe, The Capitol Steps.



### **Wellness Center**

#### ***Sunday-Tuesday, Exhibit Hall***

This year, the ACEP17 Wellness Center will offer a multimodal approach for our members to cultivate and maintain their personal and mental health and wellness. These include a 30-minute stretch session, posture evaluations, tell your own story, silent meditation station, wellness muralist, and stories from legends of emergency medicine in Ted Talk fashion. *Sponsored by HBI.*

### **President's Awards Gala**

#### ***Saturday – Tickets Available at [acep.org/ACEP17](http://acep.org/ACEP17)***

Enjoy a three-course meal, wine with dinner, music, dancing, and networking with the best of EM. This black-tie optional celebration will

provide ACEP Leadership Award winners a ceremony full of luxury and sophistication, and an elegant welcome for our newest class of FACEP members. All ACEP17 attendees are welcome to purchase tickets. *Sponsored by EGO.*

### **Night at the Newseum – ACEP17 Kickoff Party** ***7 p.m.-Midnight | Sunday***

Enjoy music, dancing and light hors d'oeuvres at this family-friendly venue. Drink tickets are available to ACEP17 registrants. Shuttles provided. *Presented by Schumacher Clinical Partners.*

### **Celebrate Halloween at the ACEP17 Closing Celebration**

#### ***7-11 p.m. | Tuesday***

Dress up and enjoy a haunted house and maze, face-painting, lipologist, palm reader, and tarot card reader. Bring your kids for trick-or-treating. *Presented by Envision Physician Services.*

### **White Coat Day on the Hill**

#### ***Wednesday – Register now at [acep.org/ACEP17](http://acep.org/ACEP17)***

Wear your white coat and join your ACEP colleagues on Capitol Hill spreading the word about the critical role of emergency physicians and by meeting with your Congressional representatives. With ACEP17 registration and White Coat Day participation, you will qualify for a discount on Virtual ACEP17 so you can catch all of the courses you might miss while on the Hill.



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**Register today** for the second annual USACS Women's Dialogue Series! If you're interested in women's issues in emergency medicine, don't miss this amazing, **FREE** event! **Register today at [usacs.com/event](http://usacs.com/event)**

**Monday, October 30, 2017**

**5:30 – 7:30 pm**

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# Highlights of 2017 Resident Career Day

Nearly 300 residents, medical students and attending physicians were in attendance at Resident Career Day on August 31 at Northwestern Memorial Hospital to focus on career planning at ICEP's popular half-day seminar.

The keynote presentation was delivered by ACEP Board member Gillian R. Schmitz, MD, FACEP, who presented "From Resident to Attending: Surviving the First Year Out of Residency." She offered tips for transitioning from residency to clinical practice and highlighted some common mistakes made as a new attending, with strategies to avoid the pitfalls. She also reviewed pearls on jump-starting a career as a young physician, including time-saving tips and essentials for risk management, wellness, and learning the ropes as a new attending.

Matthew Pirotte, MD, FACEP's session on financial planning concepts was also very well received. Dr. Pirotte illustrated a basic financial plan for the first year out of residency and offered concrete, easy-to-implement steps for success.

William Sullivan, DO, JD, FACEP, closed Resident Career Day with a useful presentation on reviewing common physician employment contract terms and simple negotiating tactics to help create a favorable contract.

The program also included the "Speed Dating" Career Fair where participants networked with the field's top recruiters in a round-table format to discover career opportunities. Vendors gave out raffle prizes during the event.

Thank you to all the vendors who make Resident Career Day possible:

- Advocate Medical Group
- ApolloMD
- Carle Physician Group
- CEP America
- Elkhart Emergency Physicians, Inc.
- Emergency Medicine Associates, P.C., P.A.
- EMRA
- Emergency Physicians Medical Group, PC
- Emergency Service Partners, L.P.
- Envision Physician Services
- Indiana Emergency Care
- Infinity Healthcare
- Infinity-Meds
- Kaiser Permanente California Central Valley
- Mar-Med
- Mercyhealth



LEFT: ACEP President Dr. Becky Parker, ACEP Board of Directors member Dr. Gillian Schmitz, and ICEP President Dr. Yanina Purim-Shem-Tov at Resident Career Day. RIGHT: Dr. Schmitz and Dr. Purim-Shem-Tov with Dr. Henry Pitzele, ICEP Board of Directors member and Resident Career Day chair.



- Mid-America Emergency Physicians
- OSF HealthCare
- Rush University Medical Center
- Southern Illinois Healthcare
- Staff Care, Inc.
- TeamHealth
- The Uma Law Group
- US Acute Care Solutions
- U.S. Army Healthcare

TOP: A packed auditorium listens to Dr. Gillian Schmitz's keynote presentation on surviving the first year out of residency. RIGHT: Residents listen to a recruiter's presentation during the Speed Dating Career Fair.







# Is your patient cheating on you?

## Check the ILPMP website. What are you waiting for?

The Illinois Prescription Monitoring Program (ILPMP) collects information on Schedule II – V controlled substance prescriptions dispensed in Illinois. The ILPMP website helps to improve the quality of clinical care and benefits prescribers and dispensers by allowing a summary view of a patient's prescription history. The use of the website is free and is an excellent tool to help prevent potential drug interactions and/or accidental overdoses.

## Illinois Prescription Monitoring Program

[www.ilpmp.org](http://www.ilpmp.org)



# Poll Seeks Feedback On Opioid Epidemic

ACEP invites the membership to participate in a brief poll to help educate the public about the national opioid epidemic. What are emergency physicians seeing on a daily basis across the United States as you deal with this crisis as well as the struggles you face to find opioid-addicted patients long-term treatment? Your feedback will provide ACEP with valuable information to inform policy-makers and the public.

Don't miss out on this chance to make your voice heard on this important issue. You have been emailed a unique link to complete the survey (sent from ACEP President Dr. Rebecca Parker on September 21). ACEP plans to share the results of the survey at a news conference at ACEP17 on Monday, October 30.

All your answers will be kept completely confidential. No personal identifying information will be associated with any of your responses. If you have any questions, please send them to [communications@acep.org](mailto:communications@acep.org).

# New ACEP Resource Page Focuses on ED Violence

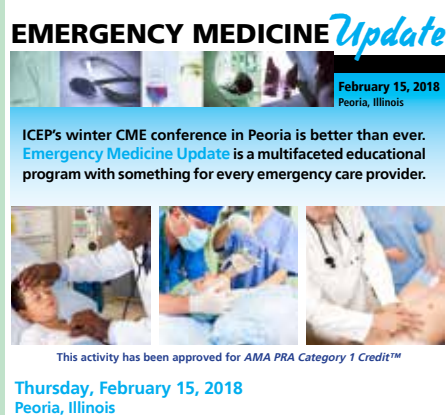
ACEP has compiled resources focused on violence in the emergency department with the goal of encouraging a safer workplace for emergency physicians, nurses and staff.

The resource page is available at [ACEP.org/edsafety](http://ACEP.org/edsafety).

The page includes expert opinions, CME lectures, podcasts, ACEP Now and Annals articles, and ACEP policies.

Among the many resources included are:

- Video demonstrating a verbal de-escalation technique by Scott Zeller, MD
- CME lectures on active shooter events, psycho-



## Save the Date for 2018 EM Update Peoria: February 15

Emergency Medicine Update, ICEP's winter CME program, has been scheduled for 2018. Mark your calendar and save the date for Thursday, February 15, 2018, at the Jump Trading Simulation and Education Center in Peoria.

The full agenda and online registration are in the works and will be available later this fall. Watch [ICEP.org](http://ICEP.org) and your email for more details of this half-day program!

logical skills for performance under pressure, and developing mental resiliency

- ACEP member survey results about violence in the emergency department
- First-person perspective from James J. Sullivan, Jr., MD, Chief of Emergency Medicine at Harrington HealthCare System in Southbridge, Massachusetts, on a recent attack at his emergency care center
- ACEP Frontline podcast on dealing with agitated patients
- Fact sheet and talking points on ED violence
- ACEP Policy on Protection from Violence in the Emergency Department
- Plus many more articles and resources!

# Grad Student Seeks Input for Research Study on VRI

Manako Yabe, MSW, a graduate student at the University of Illinois at Chicago, is conducting a research study about Video Remote Interpreting (VRI) in clinical settings and seeks the input from eligible emergency physicians.

VRI is a video telecommunication service that uses devices such as a webcam or videophone to provide remote sign language or spoken language interpreting services. The project looks for feedback to improve these services. You may participate if you have experience with VRI in clinical settings or if you have treated deaf or hard-of-hearing patients.

This study takes place in two parts. In Part I, you will be asked to provide your consent to participate in this study. The survey should take no more than 10 minutes to complete.

Survey link: [https://uic.qualtrics.com/jfe/form/SV\\_3TQA0jqHsgcW1O5](https://uic.qualtrics.com/jfe/form/SV_3TQA0jqHsgcW1O5)

In Part II, you will be asked to participate in a 20-minute interview. If you complete both Part I and Part II, you will be compensated for your time with a \$25.00 Target gift card. (You may participate in Part I only, but you will not be given a gift card.)

Your participation in both Part I and Part II is voluntary. The risks are minimal, and there are no direct personal benefits to you for responding to this survey.

If you have any questions about Part I or Part II of the study, please contact me at [myabe3@uic.edu](mailto:myabe3@uic.edu) or my faculty sponsor, Dr. Mansha Mirza, at [mmirza2@uic.edu](mailto:mmirza2@uic.edu). For concerns about the study or questions about your rights as a research participant, please contact the UIC Office for the Protection of Research Subjects at 312-996-1711 or [uicirb@uic.edu](mailto:uicirb@uic.edu).

— **Manako Yabe, MSW, Ph.D. Candidate, Disability Studies, Univ. of Ill. at Chicago**



# Looking for trauma CME hours?

## 8th Edition **ITLS** **eTrauma**

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**International Trauma Life Support's online trauma course is better than ever — now available with physician credit!**

Easy opportunity to earn trauma hours with 13 topic-focused lessons (head, spinal, thoracic trauma, and more) • Streamlined, intuitive user interface • New content focusing on updated SMR guidelines, hemorrhage control and TXA, mass shooting events & more

Approved for a maximum of 8 AMA PRA Category 1 Credits™

#### Why choose ITLS eTrauma?

Flexible and self-paced — complete the course on your own timeline

Accessible and affordable — a great value at less than \$25 per credit hour!

Option to earn ITLS Provider certification after completing online program

**Find out more:**  
**ITRAUMA.org/etrauma**



# ICEP Calendar *of* Events 2017-2018

**September 26, 2017**

**Research Committee  
Conference Call**

10:00 AM - 11:00 AM

**September 27, 2017**

**ITLS Illinois Advisory  
Committee Meeting**

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

**October 6, 2017**

**Emergent Procedures  
Simulation Skills Lab**

Evanston Hospital, Evanston

**October 16, 2017**

**Finance Committee Meeting**

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

**October 16, 2017**

**Board of Directors Meeting**

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

**October 24, 2017**

**EMS Committee Meeting**

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

**October 24, 2017**

**EMS Forum**

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

**November 14, 2017**

**EM4LIFE 2017 LLSA Article  
Review Course**

ICEP Conference Center  
Downers Grove

**November 23-24, 2017**

**Thanksgiving Holiday  
ICEP Office Closed**

**December 4, 2017**

**Education Committee  
Meeting**

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

**December 6, 2017**

**Ultrasound for EM Workshop**

ICEP Conference Center  
Downers Grove

**December 11, 2017**

**Finance Committee Meeting**

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

**December 11, 2017**

**Board of Directors Meeting**

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

**December 25-26, 2017**

**Christmas Holiday  
ICEP Office Closed**

**January 1, 2018**

**New Year's Day Holiday  
ICEP Office Closed**

**February 15, 2018**

**Emergency Medicine Update**

Jump Trading Simulation &  
Education Center, Peoria

**March 19, 2018**

**Board of Directors Meeting**

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

**April 12-13, 2018**

**Oral Board Review Courses**

Chicago O'Hare Marriott,  
Chicago

**May 3, 2018**

**Spring Symposium & Annual  
Business Meeting**

Location to be announced

**May 22, 2018**

**EM4LIFE 2017 LLSA Article  
Review Course**

ICEP Conference Center  
Downers Grove

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



**Illinois College of Emergency Physicians**

3000 Woodcreek Drive, Suite 200  
Downers Grove, IL 60515

