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Emergency Physicians Interim Communique

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PRESIDENT'S LETTER

The Downstream Consequences of Psychiatric Boarders in the ED

Michael Wahl, MD, FACEP, FACMT

"I hate to tell you this, Doc, but the suicidal patient in room 12 will be here at least until Tuesday." The crisis worker relayed the news to me on Sunday evening of the Labor Day weekend; the patient already been in the department for almost 24 hours.

I am fortunate to work for a hospital system in which half of the hospitals have inpatient psychiatric units. Long emergency department stays for behavioral health emergencies are uncommon unless all the internal hospital beds are full. On this weekend, our internal beds were full, and when we went looking for external beds, they were full as well. From what I have heard from colleagues throughout the region, it is likely that similar scenarios were repeated dozens of times around Illinois over the long weekend.

The extended length of stay for this patient consumed a lot of resources. Our patient satisfaction-driven nursing team immediately called for a 'real bed' from upstairs for the patient, as the emergency department gurneys are not comfortable for a 3- to 4-day stay. Because of its size, the hospital bed had to be moved into one of the largest rooms — which is also the trauma/resuscitation room closest to the doctors and the nursing station. Security was alerted and changes in schedule were made to accommodate the mandated patient safety observation during the patient's expected extended stay through the holiday weekend.

In our new 30+ bed emergency department (almost double the size of our old department), one bed blocked for three days can be managed. In our old 16-bed ED, it would have been a disaster waiting to happen. Even with the larger capacity, if more patients with behavioral health emergencies presented in the ensuing days, the increasing percentage of beds taken would have impeded the work flow. This then impacts the care of all of the medical and surgical patients in need of evaluation, diagnosis and treatment.

The economy and public debt have greatly impacted the continuity of care for patients with behavioral health issues and have led to decreased availability of beds for placement of those with an emergent need of hospitalization. As you will see on Pages 2 and 10 of this EPIC, the problem threatens to grow worse with the proposed closures of state psychiatric facilities as a result of budget cuts in the State of Illinois.

This has left emergency departments to deal with the crisis, a crisis that they are not all well equipped to solve. And this crisis affects both the care of the behavioral health patient and all the patients downstream from them.

The impact on the behavioral health patient: As emergency physicians, we are trained to evaluate, treat, and stabilize acute conditions. For anxious or depressed patients, we have a limited arsenal of drugs that we use and are comfortable with, but none are usually considered as definitive treatment for the suicidal or psychotic patient. For this, they must have access to a psychiatric specialist as quickly as possible.

The impact on medical and surgical emergent care: The resources consumed by the psychiatric patient with an extended length of stay are resources that are not available for the other myriad of patients that present to the emergency department.

Physician and nursing time can be in short supply on busy days in the ED. Using this time for patients who are better cared for elsewhere leads to inefficiency in departments with tight employee schedules and hours to maximize the time and skills of the staff. Security must make new arrangements to provide safety for the patient and the staff that cares for them; more time that is utilized while the patient waits for transfer to a facility that can provide the specialized care that they need.

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PRESIDENT'S LETTER

Psychiatric Boarders in the ED: Consequences

from Page 1

ED rooms in and of themselves are precious resources. One bed blocked out of 30 can be overcome, but four beds out of 16 taken by behavioral health patients on a busy day is unsustainable. It is very difficult to provide emergent care to acutely ill patients without the correct space and equipment. The short-term solution often employed has been to move psychotic and suicidal patients out to the halls, but this strategy has its own issues of patient and staff safety.

In disasters, physically well patients who are emotionally unstable are made 'reds' and scheduled for early transport out of the disaster scene in order to increase the efficiency of the response team. Patients with acute psychosis who are placed in the hall can have the same drag on the care of patients in the ED as in a disaster. The care of every patient suffers with extended behavioral health stays in the ED.

How to improve the current care of the behavioral health patient and reduce ED boarding: The economy and public debt have forced many at-risk individuals to seek emergency care, as the community resources available to them have shrunk. There is no 'quick fix' forthcoming; that is not, however, a reason not to work for short- and long-term solutions to improve the care of the behavioral health patient in the ED. New and novel practice management strategies may be needed.

For example, some institutions with a chronic boarding problem have internists write the orders to start definitive care while the patient is in the ER awaiting for medical bed. Perhaps such practices should be commonplace for behavioral health patients with extended length of stays in the ED. Psychiatric specialists could assess the patient and start or restart medications to speed the improvement of long-term symptoms in these patients while they are awaiting placement.

Separate holding areas for psychiatric patients are utilized in some hospitals as a place for psychiatric patients awaiting placement. Such practices have the dual effect of providing a quiet area that can provide some relief and rest for an anxious patient as well as decompressing an overcrowded ED.

Longer term — besides restoring funding for community and inpatient services for behavioral health patients — one advocated solution is regional psychiatric emergency centers. Much like trauma centers, they would have a host of dedicated psychiatric specialists to evaluate, diagnose and place patients in need of mental health care.

■ CONTINUED ON PAGE 10

Threat of State Psychiatric Hospital Closures Prompts Call to Action to Members

Budget cuts have prompted the State of Illinois to schedule the closing of several state psychiatric hospitals in the next month. Closure of these facilities will increase the time needed for placement of mentally ill patients that are in EDs around the state. The prolonged stays will not only affect the care of these psychiatric patients, but will affect of all other emergency department patients by decreasing available beds and medical resources.

Prolonged wait times will lead to delayed care, especially for patients with a time-to-treatment sensitive diagnosis. The state facility closures will create a difficult practice environment that will negatively impact patient care and satisfaction. **See the article on Page 8 for more details.**

ICEP is asking its members to get involved and take action! It's more important than ever that you contact the legislature now about the threat of closing state psychiatric facilities. The legislature comes back November 29 for a session to decide the budget.

Get Involved On This Key Issue

Send an Email to Your Legislators Now

The link above lets you send an email directly to your state officials. Click on the "Take Action" button in the Action Alert box. This will take you to the screen for your name, address and email address. You do not need your ZIP plus 4.

Personalizing the letter to your practice situation can make the message even more powerful: Let legislators know exactly how long ED stays will affect your ability to care for other emergency patients.

Illinois EPIC

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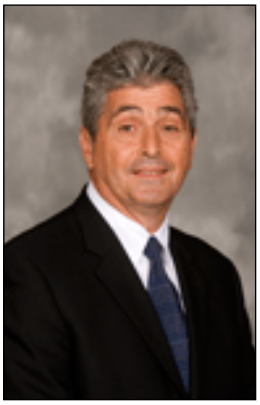
ICEP Past President Dr. Mark Mackey Elected to ACEP's Board of Directors

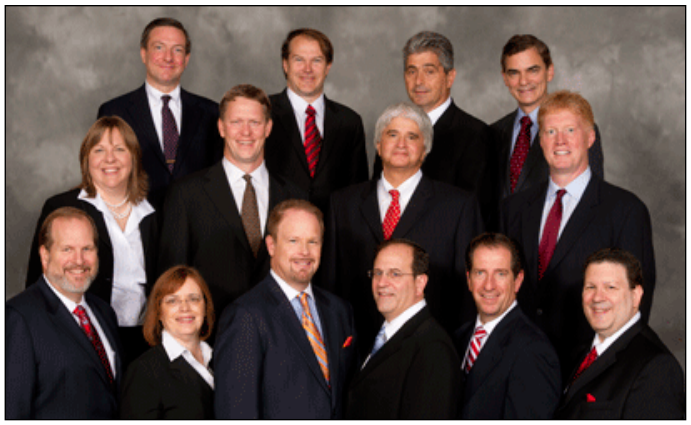


Mark L. Mackey, MD, MBA, FACEP

ICEP member and past president Mark L. Mackey, MD, MBA, FACEP was elected to the national ACEP Board of Directors during the 2011 Council Meeting at Scientific Assembly in San Francisco.

Dr. Mackey is an assistant clinical professor in the Department of Emergency Medicine at University of Illinois at Chicago School of Medicine. He also serves as Associate Medical Director in the Department of Emergency Medicine at Swedish American Belvidere.

Dr. Mackey is one of two ICEP members to sit on national ACEP's Board. Rebecca Parker, MD, FACEP, also currently serves on the Board.



ICEP members Dr. Rebecca Parker (second row, far left) and Dr. Mark Mackey (back row, second from right) serve on the ACEP Board of Directors in 2011-2012.

5 ICEP LEAD Fellows Selected, Continue Work with Board on Inaugural Program

Five young Chapter members have been selected as the first class of ICEP's new Leadership Education and Development (LEAD) program.

The 2011-2012 LEAD fellows are:

- **Cindy Chan, MD**
  Advocate Christ Medical Center
- **Ted Clark, MD**
  Southern Illinois University School of Medicine
- **Sharon Moise, MD, FACEP**
  Northwestern Lake Forest Hospital
- **Laura Oh, MD**
  West Suburban Medical Center
- **Soumiya Prakasam, MD**
  University of Chicago

New LEAD fellows Dr. Ted Clark (far left), Dr. Soumiya Prakasam (front left), Dr. Sharon Moise (front right), Dr. Laura Oh (third from right), and Dr. Cindy Chan (far right) meet with Dr. Chad Kessler (second from left) and leadership speaker Doug McKinley (second from right) at the first LEAD meeting.

The LEAD program will utilize mentorship, collaboration, networking, and a series of didactic and interactive learning sessions to foster growth and development. The fellows will work closely with the Board of Directors and other ICEP leaders.

The first LEAD event was held in September, when the fellows convened for a leadership development seminar with Doug McKinley, Psy.D, president and CEO of McKinley Leadership Group, an executive coaching consultant firm in Naperville.

After the workshop with Dr. McKinley, the LEAD fellows were introduced to the Board of Directors and attended the quarterly Board meeting.

LEAD fellows also attended a summit for strategic planning held at the ICEP office at the beginning of November. With the Board of Directors, committee chairs, past presidents, and other ICEP leaders, the group brainstormed ideas for future growth, development, and financial viability of the Chapter.

In 2012, the LEAD class will continue to work with the Board and participate in a number of exercises and sessions, meeting on a quarterly basis. Each session will have a different focus with different goals to accomplish. A primary component will include a visit to the state capitol in Springfield to meet with legislators and make contacts with their offices to lobby for changes on legislative and regulatory issues that affect emergency medicine.

The LEAD program was developed to provide young members an opportunity to study under ICEP leaders to prepare them for future leadership roles in the College and field.

Illinois House Task Force on EMS Funding Hearings Continue Around State

ICEP-Hosted Hearing in September Draws Crowd

ICEP hosted the first meeting of the Illimois General Assembly's House Task Force on Emergency Medical Services Funding on September 20 at the ICEP Conference Center.

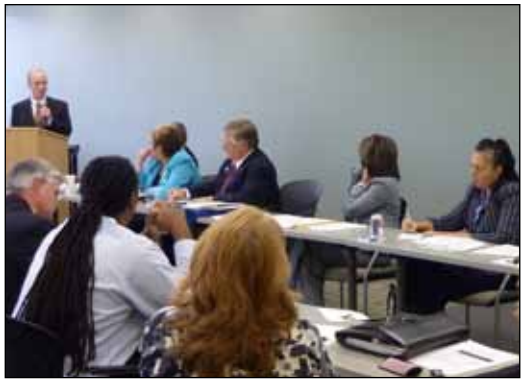
Among the legislators in attendance at the meeting were:

- Don Moffitt (R-Galesburg), Co-Chair
- Lisa Dugan (D-Kankakee), Co-Chair
- Kelly Burke (D-Evergreen Park)
- Linda Chapa LaVia (D-Aurora)
- Kay Hatcher (R-Yorkville)
- Sandy Pihos (R-Glen Ellyn)
- Bob Pritchard (R-Sycamore)
- Dennis Reboletti (R-Addison)

The hearing was the first of approximately 15 to be held throughout the state. The hearings continue through December, with the next being held November 30 in Kankakee. For a complete list of hearing dates and locations, visit: www.ihatoday.org/Health-Care-Issues/Hospital-Preparedness/EMS-Task-Force-Hearings.aspx.

The Task Force was created to formulate "practical, timely, and strategic guidance on how to improve equipment, funding, training, manpower, cost savings, and communications" for emergency medical services in Illinois.

At the conclusion of the hearings, the Task Force will report their findings to the General Assembly by January 1, 2012, and develop recommendations that will be translated into bills to go before the House in spring 2012.



Dr. Scott French (far left, at podium) addresses the panel of legislators at the hearing on September 20 at ICEP.

ICEP Seeking Committee Members for 2012 Cycle

ICEP is seeking members who are interested in serving on College committees. Committee membership terms are one year, and most committees meet four times per year at the ICEP office in Downers Grove or by teleconference or videoconference.

If you would like to be considered for a committee appointment, please download the Committee Member Application.

A listing and descriptions for all of ICEP's committees is included in the Committee Member Application.

Applications must be completed electronically and should be emailed to Ginny Kennedy Palys at ginnykp@icep.org.

The deadline to submit applications is **Friday, December 30, 2011**.

New Fellows from Illinois Recognized at 2011 SA

Eighteen ICEP members were elected Fellows of the American College of Emergency Physicians and recognized at the 2011 Convocation Ceremony held at Scientific Assembly in San Francisco, California. Congratulations to the newly elected fellows from the Illinois Chapter:

- Stephanie A. Burrows, MD, FACEP
  Port Byron, IL
- Jennifer Chan, MD, FACEP
  Chicago, IL
- Dirk de Haas, MD, FACEP
  Chicago, IL
- William E. Fletchall, MD, FACEP
  Peoria, IL
- Thomas Edward Green, DO, FACEP
  Orland Park, IL
- Scott A. Heinrich, MD, FACEP
  Chicago, IL
- Matthew A. Kippenhan, MD, FACEP
  Chicago, IL
- Michael Knisley, MD, FACEP
  Chicago, IL
- Dania S. Lees, MD, FACEP
  Chicago, IL
- Gregory J. Lopez, MD, FACEP
  Chicago, IL
- John A. Martini, MD, FACEP
  Chicago, IL
- Alisa A. McQueen, MD, FACEP
  Chicago, IL
- Timothy J. Meehan, MD, MPH, FACEP
  Orland Park, IL
- Michael S. Pulia, MD, FACEP
  Westchester, IL
- Navtej Singh Sandhu, MD, FACEP
  Chicago, IL
- Willard W. Sharp, MD, FACEP
  Chicago, IL
- Matthew C. Valente, MD, FACEP
  Chicago, IL
- Jack S. Wu, MD, FACEP
  Arlington Heights, IL

Highlights of 2011 Academic Forum

Drs. Cambridge, Barounis Honored As Research Competition Winners

More than 150 residents and attending emergency physicians attended ICEP's 2011 Academic Forum Resident Program & Career Fair, held November 3 at Advocate Christ Medical Center in Oak Lawn.

The Academic Forum's keynote presentation was given by Kathleen Cowling, DO, MS, FACEP, a past member of ACEP's Board of Directors. Dr. Cowling identified the common behaviors of difficult patients and their families, illuminating the importance of proper ED management of these challenges. Her session, "Difficult Personalities: They Are Everywhere," demonstrated the communication skills necessary to work through these cases without losing control.

Dr. Cowling also discussed ACEP advocacy efforts and presented participants with T-shirts.

A panel discussion on "Abstract Writing 101: How to Make Abstracts Not So Abstract" featured D. Mark Courtney, MD, FACEP, Erik Kulstad, MD, MS, FACEP, and Mark B. Mycyk, MD, FACEP, FACMT. The panelists dissected the anatomy of an effective meeting abstract and assessed common pitfalls, fatal flaws and proven strategies that make the difference between successful and unsuccessful submissions.

The program's annual Resident Research Competition featured presentations by investigators from Illinois residency programs competing for prizes for their original research. Seven residencies presented research, and the top two presenters were awarded prizes.

Bob Cambridge, DO, MPH, of University of Illinois at Peoria, was recognized with first place. David Barounis, MD, of Advocate Christ Medical Center, was awarded second place. The text of their abstracts is at the end of this article.

Keynote speaker Dr. Kathleen Cowling poses with fellow ACEP Board member Dr. Mark Mackey at the 2011 Academic Forum in November.

LEFT: Dr. Shu Chan (far right), Academic Forum Course Director and chair of the Research Committee, congratulates the Resident Research Competition presenters.

BELOW: From left, Drs. Erik Kulstad, Mark Mycyk, Shu Chan, and Mark Courtney collaborate on the panel discussion about abstract writing.

Also presenting their research were: Sunil Arora, MD, University of Illinois at Chicago; Bradley Demeter, MD, University of Chicago; Usha Periyanayagam, MD, MPH, MS, Northwestern Medical Center; Erica Timiraos, MD, Resurrection Medical Center; and Ken Will, MD, John H. Stroger Jr. Hospital of Cook County.

FIRST PLACE ABSTRACT

Self-Reported Attention Deficit Hyperactivity Disorder Symptoms Amongst US Resident Physicians: Do Emergency Medicine Residents Have More ADHD Than Other Specialties As They Often Claim?

Presented by Bob Cambridge, DO, MPH

Emergency medicine (EM) physicians often anecdotally claim that "we are more ADHD" than other specialties. There are characteristics of the specialty which would, on the surface, allow persons with adult attention deficit and hyperactivity disorder (ADHD) to minimize performance loss as compared to other medical specialties. To date there have been no studies documenting ADHD prevalence amongst different medical specialties. We believe that EM resident physicians are more likely to express ADHD symptoms than residents in other specialties.

An anonymous e-mail linked online survey was constructed using two adult self-reporting ADHD exams, the validated Adult ADHD Self-Report Scale (ASRS-v1.1) and the scalable Jasper Goldberg (JG) Adult ADD Questionnaire. Surveys were sent to all accredited residency training programs for 16 different medical and surgical specialties in the United States during 2010. Chi square testing was performed to compare the ADHD symptom difference between EM and other specialties. Logistic regressions were conducted to adjust for age and sex. The two-tailed P values were calculated with $p<0.05$ considered for statistical significance. All statistical analyses were performed using SAS 9.2.

Survey responses were received from 3971 residents with 3101 surveys complete enough for analysis. The 16 fields were divided into 4 groups for analysis (EM (n=409), primary care (n=1353), medical specialties (n=836), surgical specialties (n=504)). The ADHD prevalence amongst EM residents surveyed was 21.03% (ASRS tool). Both screening tools noted that EM residents were more likely to endorse ADHD symptoms in general compared to other fields (ASRS tool $p<0.0001$ and JG tool $p<0.0001$), and also endorsed a greater degree of symptoms (JG tool $p<0.0001$). When age and sex were

■ CONTINUED ON PAGE 11

JOB OPPORTUNITIES

FOR BOARD CERTIFIED EM PHYSICIANS

A new private EM physician group for top ER doctors has partnered with a new hospital on Chicago's south side. Metro South Medical Center, formerly known as St. Francis Hospital in Blue Island, has awarded Emergency Care Physician Services (ECPS) with a 10-year EM physician-staffing contract.

ECPS is a Chicago-based, physician-owned, financially democratic Emergency Medicine group with **Full & Part-Time Positions Available Now for Board Certified EM Physicians.**

The newly renovated Emergency Department facilities of MSMC offer 30 State of the Art Medical Exam Rooms with integrated LCD televisions. 42,000 patients are evaluated annually by double to triple staff coverage, with 43 hours of physician coverage.

Base salary is $190/hr for day shifts, $200/hr for night shifts.
ECPS will provide malpractice insurance.

If you are interested in participating in a financially democratic EM physician group, please contact

Seth Guterman, MD FACEP
(773) 255-1236 or **sguterman@ecps.md**

More information can be obtained at **www.ecps.md**

State Closures Threaten Entire System

On September 8, Governor Pat Quinn proposed closing nine state-operated facilities in the Department of Human Service Division of Mental Health to reduce a $58 million budget shortfall. Three of the nine facilities house psychiatric patients: Singer, Chester and Tinley Park. The others provide care for the developmentally disabled.

These closures, if enacted, will reduce the number of inpatient beds in the state from 1,400 to 200. The bed reduction will shift the burden of care from the state to private facilities. This will force the current hospitals in the state to absorb another 10,000 psychiatric admissions a year.

We have already seen the effects of a 9.3 percent increase of psychiatric hospitalizations in the past seven years. At the same time, the state's bed capacity for psychiatric patients has decreased by 28 percent during the last decade. In 2009, the emergency departments in Illinois saw 750,000 patients with mental illness or substance use disorder.

It is not difficult to comprehend the effects of this reduction on the emergency department in the state. For institutions with a psychiatric unit, it means that this unit will be filled more of the time. For institutions without a psychiatric unit, it means that the ability to transfer patients to a facility with psychiatric beds will be limited.

No doubt the back-up in most emergency department in the state will not only increase for patients with psychiatric illness but for all patients in the ED. Community mental health resources have not kept up with the need in the state, which also limits finding alternative placement for some of these patients.

What do we need to do at this time? ICEP has launched a campaign to lobby the state to reverse these planned closures. (See Page 2 of this issue of EPIC for details, and be sure to contact your legislators before they return on November 29 to decide the budget.) I am not sure that we will be able to hold off significant budget cuts and maintain these resources in the state.

Secondly, we need to consider alternatives to inpatient stay for many of the patients, such as observation status, short-term stays, and day hospitalization programs.

Third, we need to work with other mental health colleagues to ensure proper evaluation and treatment of boarded psychiatric patients with the use of treatment protocols, assessment plans and shared care models for the psychiatric patients in the ED.

Fourth, we need to gain comfort and experience with treating these patients over an extended period, just we have to do with all the medical boarders. The way to accomplish this is with focused educational programs.

Another perfect storm is brewing for emergency medicine. We need to be proactive and involved to turn the table. Please contact the ICEP office or me if you have any further questions.

— Les Zun, MD, FACEP
ICEP Board of Directors
Professor and Chair, Mount Sinai Hospital
lzun@icep.org

Unique Opportunity for Emergency Medicine
Board-Certified Physicians (ABEM, AOBEM or BCEM) in central Illinois

What: Due to the relocation of one full time member of our group, we are seeking 1 full-time physician or 2 part-timers to fill this position. Full time is 6 shifts per month of 24 hour each. This is a small group practice at a downstate hospital emergency department. The hospital is also considering development of a hybrid hospitalist program using NP's/ PA's with us as their supervising physicians. The ED has a volume of ~10,500 and is a very satisfying practice environment.

Where: Approximately 100 miles south of Chicago within comfortable driving distance of the Chicago area.

Qualifications: Experienced emergency physicians with outstanding clinical skills and a desire and enjoyment of communicating with patients, BC/BP in EM (primary care boards additional would be a plus because of future possible hospitalist role).

Pay/Benefits: $125/hour on weekends/holidays and $118/hours on weekdays (ED volume 10,500). Pay will increase by $10/hour if hospitalist program begins next summer. Full-time benefits (>144 hours/ month): health insurance, 401K, $3,000 per year CME, paid malpractice insurance (including tail) and pre-tax business expense deductions.

Shifts: We have 24 hour shifts available.

Availability: December 1st - we have 4 full-time physicians currently and are looking for 1 more full-time physician. If you have an interest in part-time, that is also acceptable

If interested, send message and CV to:
jtbasketballmd@msn.com or call 708-846-4329

Illinois Out of Network Suit Dismissed

In mid-October, the U.S. District Court dismissed the pathologist groups' suit to overturn the recently enacted out-of-network legislation.

A copy of the opinion can be viewed online at: www.icep.org/images/USDistrictCourseOpinion-onBalanceBilling_10312011.pdf.

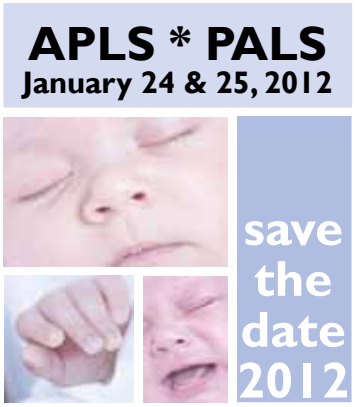
In an effort to reverse the decision, the plaintiffs are filing an amended complaint. They are also filing an appeal of the motion to dismiss.

ICEP continues to work with our lobbyists to amend the act to exclude EMTALA-related services. An agreement has not yet been reached, so the amendment will not be considered during the veto session. In the interim, ICEP's lobbyists are continuing to meet with key legislators and the insurance companies, with plans to introduce legislation in the spring 2012 session.

ICEP's '12 APLS*PALS Course Set for January

ICEP's APLS*PALS Combined Course will be held Tuesday, January 24 and Wednesday, January 25 at the ICEP Conference Center in Downers Grove.

Registration and a course brochure will open online at ICEP.org at the beginning of December.



At this year's course, go beyond the basics with all-new discussions by expert faculty. Review the recommendations of the new report from the National Commission on Children and Disasters, and learn how to conduct mock codes. Discuss algorithms for management of DKA and the pediatric early goal directed therapy in shock and septic shock. Discuss the changes in neonatal and pediatric treatment recommendations from the 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care report.

ICEP's combined course format provides state-of-the-art education to review the concepts and techniques necessary to provide the best in emergency care for children.

At the conclusion of the course, participants will take the APLS and PALS written exams and receive a certificate of completion. Participants must also demonstrate proficiency at the PALS skills stations in order to receive an American Heart Association PALS recognition card. The course provides 16 *AMA PRA Category 1 credits™*.

PRESIDENT'S LETTER

Psychiatric Boarders in the ED: Consequences

from Page 2

Increasing the conversation with legislators on an advocacy level is a must, but we are faced with a relative paucity of data from which to start and carry the discussion. The impact of the delay of definitive care for boarded behavioral health patients; the downstream effects including correlation with time to be seen, total length of stay, staff time costs (including security); and potential quality of care impact on patients with acute care needs that are hindered by resources used by psychiatric borders — these are all issues that need to be studied.

ICEP is in the planning stages of implementing its first-ever advocacy day in which emergency physicians from around the state can talk to state legislators. The planned date is March 7, as part of a new "EM Days in Springfield: Legislation & Education Conference" program. Psychiatric boarders in the ED is just one of the many issues that are of importance to emergency physicians and the patients we serve. When the day's activities are announced, I hope you will join us and place your voice into a collective voice that can influence and improve the health care delivered to Illinois.

I also hope you'll take time to email your legislators now about the closure of state psychiatric hospitals. We need to get the message forefront in their minds before they return to decide the budget on November 29. See Page 2 for more details on a quick and easy way to do this.

— Michael Wahl, MD, FACEP, FACMT
ICEP President

Save the Date: New 'EM Days in Springfield' Debuts in Mar.

Mark your calendar now for a new program from ICEP — EM Days in Springfield: Legislation & Education Conference.

The program will be held March 6-7, 2012, at the President Abraham Lincoln Hotel & Conference Center in Springfield. Over the course of two days, participants will get clinical education as well as an opportunity to make contacts with legislators via visits at the State Capitol (scheduled for March 7).

A special evening reception with legislators will be held from 5:30 to 7:00 pm on March 6 at the Abraham Lincoln Presidential Library & Museum. More information will be emailed soon!

Highlights of 2011 Academic Forum

from Page 6

controlled, EM residents were more likely than other residents to endorse ADHD symptoms (OR for ASRS tool 1.497 (95% CI 1.15-1.95; p=0.003)) and (OR for JG tool 2.81 (95% CI 1.38-5.72; p=0.005)).

EM residents in our sample were significantly more likely to both generally endorse ADHD symptoms and endorse a higher degree of ADHD symptoms compared to residents in other fields. As these findings represent self-reported ADHD symptoms, further investigation using formal diagnostic procedures would be required to document true ADHD prevalence rates.

SECOND PLACE

Outcomes of a Therapeutic Hypothermia Protocol in a Community Hospital Emergency Department

Presented by David Barounis, MD

Objectives: Therapeutic hypothermia (TH) improves survival and neurological outcome in patients after ventricular fibrillation/ventricular tachycardia (VF/VT) arrest, and is increasingly being implemented in emergency departments (EDs) for other cardiac arrest rhythms throughout the world. We sought to determine the most recent outcomes of TH patients in our community hospital emergency department (ED), in which TH is provided to patients with neurologic impairment after resuscitated cardiac arrest regardless of presenting rhythm. We hypothesized improved mortality and neurological outcomes without increased complication rates.

Methods: We updated our previous before-and-after study in a large community hospital ED beginning in November 2006 to December 2010. All non-pregnant unresponsive adult patients resuscitated after cardiac arrest from any initial rhythm were included. Exclusion criteria were initial hypotension or temperature less than 30 C, trauma, primary intracranial event and active coagulopathy. Historical controls for the preceding 12 months met the same inclusion and exclusion criteria. Using a closed-ended data abstraction instrument, we recorded survival to hospital discharge, and neurological status, determined by CPC category, at discharge.

Results: Seventy nine patients were treated with TH, with a mortality rate of 70.9% (95% CI, 60-80%); for the 47 control patients mortality was 72.3% (95% CI 59-86%). In the TH group, 11.4% of patients (95% CI, 6.1-20.3%) had a good neurological outcome on discharge (CPC category 1 or 2), compared to 0 (95% CI 0-8%) in the control group. Twenty-five patients with VF/VT were treated with TH, with a mortality rate of 56% (95% CI 37.1-73.3%) and 20% (95% CI 8.9-39.1%) had good neurological outcome. In the 9 control patients with VF/VT, mortality was 67% (95% CI 28-100%), and 0% (95% CI 0-30%) had good neurological outcome. The groups were well-matched with respect to sex, the TH group was slightly younger [mean age 66.1 (IQR 58-79) vs 75 (IQR 60-83) in controls].

Conclusion: No significant difference between mortality rates was noted in patients treated with TH. The neurological status on discharge demonstrated a trend towards improved outcome that did not reach significance in this small sample size, and was most pronounced in VF/VT patients.

Classified Ads

CHICAGO, IL: The Department of Emergency Medicine at Resurrection Medical Center has an opening for a full-time ED physician beginning January 2012. This is a unique opportunity to work in an environment that combines high acuity emergency medicine with educational potential thru the Resurrection Emergency Medicine Residency Program. Protected academic non-clinical time may be available, commensurate with experience. Employee status with full benefits. If interested, please contact Jeffrey Gordon, MD FACEP, ED Chair. jgordon@reshealthcare.org.

BARRINGTON, ILLINOIS. Tri-County Emergency Physicians, LTD seeks a full-time or part-time Emergency Department Physician at Good Shepherd Hospital in Barrington, Illinois. Must be board certified or board eligible in Emergency Medicine. Please send your CV to Dr. Joseph Giangrasso, 450 W. Highway 22, Barrington, IL, 60010, 847-842-4231 or email joe.giangrassomd@advocatehealth.com. We offer flexible hours and a competive salary-with bonus.

CHICAO SUBURBS. Full time and part time positions available now. Stable community hospital group. SW suburbs one mile from Chicago. Easy access to downtown. Earn top dollar. All physicians eligible for 401-K. Health insurance available for full time. 48,000 visits. 42 hours ED coverage, 10 hours FT coverage. Call 708-422-4221.

WESTERN SUBURBS OF CHICAGO: New most beautiful and functional Emergency department in Illinois.

- The only "No Waiting Room" design in the USA.
- 18,000 annual patient visits with double physician coverage.
- Level II Trauma Center, Chest Pain Center Certified and EDAP Certified.
- All digital hospital information system.
- Same physician group for 33+ years.

For additional information please call Dr. Joe Shanahan at (630) 330-0182 or email joseph.shanahan@ahss.org

Carle
Carle Physician Group

Carle Physician Group in Urbana, Illinois is excited to announce a new partnership with Kirby Hospital in Monticello, Illinois and is seeking 4 **BE/BC Emergency Medicine** physicians to join our stable and experienced quality-oriented group of 18 physicians. ● Time will be split providing services to Carle Foundation Hospital, a Level I Trauma Center, and Kirby Hospital, a critical-access regional hospital with newly constructed facilities that opened in September ● Ideal candidate will be comfortable working in a high-volume, high-acuity emergency department (65K visits) and a slower-paced rural emergency department ● Emergency Department physicians are supported by a 18-physician Hospitalist Department and 24-hour in-house coverage provided by Anesthesiology, Hospitalists, OB-GYN, and Trauma Surgery ● Opportunity to teach medical students/residents through the **University of Illinois College of Medicine** ● **Superior compensation package, paid malpractice insurance with 100% tail coverage** ● Vacation, CME/meeting and holiday time with equitable distribution of holiday/weekend shifts ● Home to the Big Ten University of Illinois, Champaign-Urbana is a diverse community of 195,000 offering cultural, sporting and entertainment options usually associated with much larger cities; Monticello is a vibrant bedroom community; both are centrally located two hours from Chicago/Indianapolis and three hours from St. Louis. **For more information, contact Karen Uden at (800)436-3095, extension 4112, email your CV to karen.uden@carle.com or fax it to (217) 337-4181.**

Illinois EPIC

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

ICEP Calendar *of* Events 2011-2012

November 29, 2011
Research Committee
10:30 AM -12:00 PM
ICEP Board Room

December 12, 2011
Finance Committee
9:00 AM -10:30 AM
ICEP Board Room

December 12, 2011
ICEP Board of Directors
10:30 AM - 2:30 PM
ICEP Board Room

December 14, 2011
Practice Management Committee
10:00 AM - 12:00 PM
ICEP Board Room

December 14, 2011
ITLS Illinois Advisory Committee
10:00 AM - 12:00 PM
ICEP Training Center West

December 14, 2011
Government Affairs Committee
12:30 PM - 2:30 PM
ICEP Board Room

December 23-26, 2011
ICEP Office Closed
Christmas Holiday Observance

January 2, 2012
ICEP Office Closed
New Year's Holiday Observance

January 6, 2012
LEAD Program Meeting
ICEP Conference Center

January 24-25, 2012
APLS*PALS Combined Course
ICEP Conference Center

February 8, 2012
EMS Committee
11:00 AM - 1:00 PM
ICEP Board Room

February 8, 2012
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center

March 1, 2012
2009 EM4LIFE LLSA Article Review Course
ICEP Conference Center

March 6-7, 2012
EM Days in Springfield: Legislation & Education
President Abraham Lincoln Hotel & Conference Center
Springfield

March 6, 2012
ICEP Board of Directors
3:00 PM - 5:00 PM
President Abraham Lincoln Hotel & Conference Center
Springfield

March 6, 2012
EM Days in Springfield Reception with Legislators
5:30 PM - 7:00 PM
Abraham Lincoln Presidential Library & Museum, Springfield

April 3-4, 2012
Oral Board Review Courses
Chicago O'Hare Marriot
Chicago

April 26, 2012
Spring Symposium & Annual Business Meeting
Advocate Christ Medical Center
Oak Lawn

May 15, 2012
2010 EM4LIFE LLSA Article Review Course
ICEP Conference Center

May 18, 2012
2011 EM4LIFE LLSA Article Review Course
ICEP Conference Center