Illinois EPIC
Emergency Physicians Interim Communique

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

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PRESIDENT'S LETTER

A Time to Give Thanks

Edward J. Ward, MD, MPH, FACEP

I would like to start by wishing a joy-filled holiday season for all of you. While I am most grateful for my family and friends, I will be able to spend time with them over the next few weeks to give personal thanks. Since I won't be able to do so personally for most of you, I would like to take this opportunity to voice my gratitude for the many people whom I work with professionally. My secondary goal is to remind you to think of the colleagues who make your work life better.

We would not be able to provide quality medical care without the partnership we have with our nurses. It would be impossible to measure the number of times that our nurses intervene to provide a treatment course correction, or to get the one piece of information that the patient didn't feel comfortable telling the doctor. I have lost track of how many times a nurse has helped me to see that the diagnosis and/or plan I created is just not the right thing to do. I also appreciate the time they spend with the patient and family in the room so that I am freed to attend to the needs of others.

I have the pleasure of working with an excellent group of talented emergency medicine physicians. We all understand that we have each other's backs. I don't remember the last time I had to ask for help in the care of a critical patient. Usually, I have to ask my partners to leave the room for space constraints. My patients have benefited from the bedside rash consult, assistance in the joint reduction technique I was not familiar with, and a timely use of cric pressure provided by an extra hand. I also appreciate the effort that goes into covering for each other when illness or family tragedy strikes. I must also shamelessly thank my chairman who takes on countless mundane tasks, allowing the rest of us to engage in rewarding career endeavors.

Whenever we hire a new emergency department social worker, I have always been quick to point out that I love social workers so much that I married one. Their ability to help those in greatest need of shelter, transportation or enough medication to keep them out of the hospital until Monday is extraordinary and often underappreciated.

The practice of emergency medicine relies on the skills and availability of other health care providers. I am especially grateful for the teams that take over the care of our patients. Emergency physicians are very good at identifying the acute worsening of a disease process, but others open the thrombosed artery, fix the broken hip, or wean the patient off the endotracheal tube we successfully placed, to name but a few. At a time when many are trying to get off of the call list, on behalf or our patients, thank you for answering our calls.

Speaking of calls, thank you to our unit clerks. This is one of the toughest roles in the ED. They are the experts of multitasking — test ordering, phone answering, staff locating and all other duties not specifically described in their job description. They routinely get ahold of the unreachable doctor, usually getting an earful along the way. I liken them to professional running-chainsaw jugglers.

Our environment care team does more to prevent the spread of communicable disease in one shift them most other health care workers do in a career. I salute the housekeeper who goes into the room recently vacated by a conjunctivitis-suffering bed bug carrier while the rest of us remain safely out of the way.

I have the pleasure of working at an academic facility and am grateful for the students I teach. They keep me honest with a depth of knowledge — on every new drug and treatment plan — that I would likely not get quizzed on so routinely if I worked in the community. I am also renewed by their enthusiasm for a career that many others have discouraged since before I was filling out residency applications.

To all of those mentioned and the many others who are integral in the delivery of emergency medical care, I say thank you. Have a wonderful holiday season.

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

InsideEPIC

2013 - Issue 5

ICEP Awarded 2 Chapter Grants to Promote 2014 ACEP Report Card ■ page 3

Save the Date for Emergency Medicine Update on February 20 in Peoria ■ page 3

New Illinois Fellows Welcomed At ACEP13 ■ page 4

Sued for Malpractice? You Are Not Alone ... and You Could Help Others ■ page 8

Spaces Still Available at Live-Model Ultrasound for Emergency Medicine Course on December 5

Registration is still open with a limited number of spaces left for both the Basic and Fast Track Ultrasound for Emergency Medicine courses held at the ICEP Conference Center in Downers Grove on Thursday, December 5.

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

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

- A Basic course for physicians with limited or minimal experience, seeking both didactic lectures and hands-on practice on ultrasound techniques. This course runs from 8:00 a.m. to 1:15 p.m.
- A Fast Track course for physicians with prior ultrasound experience seeking hands-on practice only. The Fast Track Course does not include didactic lectures but puts participants hands-on at skill stations the entire course to maximize practice. This course runs from 2:15 to 6:00 p.m.

The courses will cover pelvic, gallbladder, AAA, FAST exam, central line and peripheral IVs. Live models are utilized for the pelvic, gallbladder, AAA, and FAST exam skill stations. Course directors are Laura Oh, MD, and Samuel Lam, MD, RDMS, FACEP.

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

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

Dates for the Ultrasound for Emergency Medicine workshops for 2014 have not yet been announced, but ICEP expects to offer two Ultrasound-Guided Peripheral IVs half-day workshops for nurses and two Ultrasound for Emergency Medicine physician workshops. Dates will be published at ICEP.org shortly!

Resolution on Rapid Integration of Care Sent to ACEP Board

The ICEP-sponsored resolution focusing on rapid integration of care was passed by the ACEP Council in October and has been sent to the ACEP Board of Directors for action.

The resolution asks ACEP to develop a rapid integration of care toolkit that would focus on both transitions of care and care coordination. The toolkit should provide best practices based upon hospital type and location, tools and resources for the design and implementation of rapid integration of care programs, and measures to report success of efforts.

ICEP developed the resolution because rapid integration of care programs are not uniformly in place in many emergency departments and guidelines for establishing such protocols are not readily available. There also has not been a plan created to provide emergency departments with tools to implement state-of-art care coordination or transitions of care protocols.

The ACEP Transitions of Care Task Force has recommended that a web-based toolkit that includes resources, assessment and support tools, and best practices be developed. Emergency medicine providers serve as the ideal system navigator for care coordination because they function at the interface between outpatient and inpatient care, have access to advanced diagnostics and treatment technology, are staffed 24 hours a day, and serve as the primary safety net for health care.

Illinois EPIC

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
Edward J. Ward, MD, MPH, FACEP

Executive Director
Virginia Kennedy Palys

Managing Editor
Kate Blackwelder

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ICEP Awarded Two Chapter Grants to Promote State Report Card Activities

ICEP is one of 11 chapters to receive grants from ACEP to coordinate activities to promote the findings of the 2014 ACEP Report Card.

The 2014 National Report Card on the State of Emergency Medicine is scheduled to be released January 16. The Report Card is a comprehensive report that analyzes the states' support for emergency patients.

Seven chapters, including ICEP, received funding for both of the available grants — a deskside briefings grant and an advertising grant.

With grant funds, ICEP will be organizing small-group press events to coincide with the release of the Report Card. ICEP Board members will be available at the deskside briefings to discuss with reporters the findings in the Report Card and answer questions about its impact on Illinois emergency departments. ICEP hopes the deskside briefings will result in significant media attention for the Report Card, to garner the attention of state policymakers with the goal of making meaningful changes.

As part of the deskside briefings, ICEP will make available to all members a set of talking points about the Report Card, so that all members have resources should they be approached by members of the media for comment.

The second grant provides funds for advertising the results of the Report Card. ICEP has identified advertising sources that specifically target members of the Illinois legislature, lobbyists, and other state policymakers, to most effectively disseminate the Report Card's key messages.

The 2014 Report Card will be the third report that has been released by ACEP. Previous Report Cards were released in 2009 and 2006. In 2009, Illinois received an overall grade of "C" and ranked 27th in the nation. Illinois received "A" grades for the categories of Quality & Patient Safety Environment and Disaster Preparedness. It received "D" grades for Access of Emergency Care, Public Health & Injury Prevention, and Medical Liability Environment.

The metrics and categories for the 2014 Report Card have not yet been announced. More information will be published at ICEP.org, in member email blasts, and in the next issue of the EPIC.

Save the Date for EM Update in Peoria on February 20

Programs Held at State-of-the-Art Simulation Facility

The date is set and the agenda being finalized for ICEP's winter CME conference, the 2014 Emergency Medicine Update. EM Update will be held Thursday, February 20 at the new Jump Trading Simulation and Education Center in Peoria.

The multifaceted EM Update program offers educational topics for all emergency care providers, with a focus on pediatric emergency medicine.

Highlights of the 2014 agenda include:

- Pediatric endocrine emergencies and the management of DKA
- Pediatric dermatologic emergencies
- Controversies in asthma management
- Top 10 in emergency medicine literature review from 2013

Additional topics will be announced shortly.

The EM Update course brochure will be available later in December, and registration opens online shortly. Mark your calendar now to plan to attend, and watch ICEP.org for more details.

New for 2014, EM Update will be followed by an Emergent Procedures Simulation Skills Lab course presented at the Jump Trading Simulation and Education Center on Friday, February 21. The course will follow the same format of ICEP's Emergent Procedures courses held at Evanston Hospital, with participants rotating in small groups through airway, cardiovascular, pediatric/obstetric, and ultrasound modules, practicing skills hands-on.

The Jump Trading Simulation and Education Center is a state-of-the-art facility with a virtual care delivery setting that replicates all areas of patient and family care. Actual medical equipment is combined with state-of-the-art simulation devices to provide the highest level of opportunities for medical research, training, and clinical education. The center is a collaboration between OSF Healthcare and the University of Illinois College of Medicine at Peoria.

Built on the OSF Saint Francis Medical Center campus in downtown Peoria, the $51 million project was funded in part by a $25 million donation by Bill & Dr. Mary DiSomma and the DiSomma Family Foundation. It is named after Jump Trading, a Chicago-based trading firm, in which Bill DiSomma is a managing partner.

The center opened in April 2013 under the direction of executive director and chief medical officer John Vozenelik, MD.

New Illinois Fellows Welcomed at ACEP13

ICEP would like to recognize the members who were honored with fellow status at ACEP13 in Seattle in October:

- James Ahn, MD, FACEP
- Rebecca J. Andersen, MD, FACEP
- Daniel R. Butterbach, MD, FACEP
- Paul E. Casey, MD, FACEP
- George T. Chiampas, DO, FACEP
- Nathaniel Dean Curl, MD, FACEP
- Aaron Samuel Epstein, MD, FACEP
- Jessica Gedraitis, MD, FACEP
- Joseph Raymond Haake, MD, FACEP
- Rose M. Haisler, DO, FACEP
- Kenneth Jay Heinrich, MD, FACEP
- Jeremy M. Hoenig, MD, FACEP
- Brett M. Jones, MD, FACEP
- Benjamin Kemp, MD, FACEP
- Timur Kouliev, MD, FACEP
- Maerry Lee, MD, FACEP
- Jonathan Lippitz, MD, FACEP
- Anna Marie McCormick, MD, FACEP
- Carrie D. Mendoza, MD, FACEP
- Melissa Millewich, DO, FACEP
- Monika Pitzele, MD, FACEP
- Kevin Tao, MD, FACEP
- Joseph S. Valaitis, MD, FACEP

ACEP Announces Recommendations as Part of Choosing Wisely Campaign

ACEP announced in October its list of five tests and procedures that may not be cost effective in some situations and should prompt discussion with patients in order to both educate them and gain their agreement regarding avoidance of such tests and procedures, when appropriate. These recommendations are part of ACEP's participation in the "Choosing Wisely®" campaign.

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

"Overuse of medical tests is a serious problem, and health care reform is incomplete without medical liability reform," said ACEP President Alex Rosenau, DO, FACEP. "Millions of dollars in defensive medicine are driving up the costs of health care for everyone. We will continue to encourage the ABIM Foundation and its many partners in this campaign to lend their influential voices to the need for medical liability reform."

ACEP's recommendations were developed through a multi-step process that included research and input from an expert panel of emergency physicians and the ACEP Board of Directors. ACEP had previously declined to participate in the campaign because of potential conflicts of this approach with the unique nature of emergency medicine as compared with office-based practices, and because of concerns that advocacy for medical liability reform is missing from the campaign.

The following are the five "Choosing Wisely" recommendations approved by ACEP's Board of Directors:

Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.

Minor head injury is a common reason for visiting an emergency department. The majority of minor head injuries do not lead to injuries such as skull fractures or bleeding in the brain that need to be diagnosed by a CT scan. As CT scans expose patients to ionizing radiation, increasing patients' lifetime risk of cancer, they should only be performed on patients at risk for significant injuries. Physicians can safely identify patients with minor head injury in whom it is safe to not perform an immediate head CT by performing a thorough history and physical examination following evidence-based guidelines. This approach has been proven safe and effective at reducing the use of CT scans in large clinical trials. In children, clinical observation in the emergency department is recommended for some patients with minor head injury prior to deciding whether to perform a CT scan.

Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience.

Indwelling urinary catheters are placed in patients in the emergency department to assist when patients cannot urinate, to monitor urine output or for patient comfort. Catheter-associated urinary tract infection (CAUTI) is the most common hospital-acquired infection in the U.S., and can be prevented by reducing the use of indwelling urinary catheters. Emergency physicians and nurses should discuss the need for a urinary catheter with a patient and/or their caregivers, as sometimes such catheters can be avoided. Emergency physicians can reduce the use of indwelling urinary catheters by following the Centers for Disease Control and Prevention's evidence-based guidelines for the use of urinary catheters. Indications for a catheter may include: output monitoring for critically ill patients, relief of urinary obstruction, at the time of surgery and end-of-life care. When possible, alternatives to indwelling urinary catheters should be used.

Don't delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit.

Palliative care is medical care that provides comfort and relief of symptoms for patients who have chronic and/or incurable diseases. Hospice care is palliative care for those patients in the final few months of life. Emergency physicians should engage patients who present to the emergency department with chronic or terminal illnesses, and their families, in conversations about palliative care and hospice services. Early referral from the emergency department

▪ CONTINUED ON PAGE 8

Sued for Malpractice? You Are Not Alone ... And You Could Help Others

Louise B. Andrew, MD, JD, FACEP

By Louise B. Andrew, MD, JD, FACEP

The ACEP Medical-Legal Committee all member survey conducted in 20101 suggested that the majority of emergency physician members had been named in a claim for malpractice at least once. Almost 10% of survey respondents had been named five or more times. Of cases litigated, over 85% of cases resulted in a defense verdict. However, 40% of respondents reported that some payment was made on their behalf in one or more claims.

A 2012 study of closed claims involving all specialties covered by a nationwide malpractice insurer revealed that emergency physicians received just over the average number of claims for all specialties; and was just under the average for all specialties in the percentage of physicians making payouts on claims. Average payment was approximately $175,000.2 Average duration of claims against physicians ranges from 11 months to 43 months.

In the ACEP Medical Legal Survey, fully 60% of sued respondents reported that they had experienced litigation stress. Few felt that they had any preparation or education in dealing with the stress. Considering the duration of most claims, lost productivity and diminished life satisfaction while a case is ongoing, the costs are far beyond monetary.

The stress of ongoing or impending malpractice claims can prompt a variety of intrusive feelings. Physicians undergoing litigation stress often feel isolation and sadness or irritability and anger, disbelief, a sense of betrayal or of being unjustly singled out. They may experience denial, anxiety, insomnia, inertia, or depression which can be low level or occasionally debilitating. The onset or exacerbation of physical illness, including gastrointestinal or cardiac symptoms is not uncommon but is often ascribed to tension, and therefore medical evaluation is typically delayed. Self treatment is common.

Litigation or medical malpractice stress also typically causes significant immediate changes in practice patterns, nearly all of which are deleterious to good practice and to patient relationships. Sued physicians emotionally distance themselves from patients, whom they may begin to view as potential future litigants. They become less confident in their capabilities, second guessing diagnoses, calling for more consultations, requiring more confirmatory lab tests, and admitting or transferring patients more liberally. They become much more obsessive in record keeping, which could be viewed as protective except that this often comes at the cost of effectively communicating with patients. It has been shown that physicians who have recently received claims may be more vulnerable to subsequent claims.

Physician litigation stress also can result in long range changes, especially if the physician already suffers from an emotional deficit or is sued early or multiple times over a career. Such physicians are more likely to consider changing practice locations or medical specialty, to consider retiring early, or changing careers altogether to something less stressful. In the worst cases, disability or even suicide may emerge as a result of medical malpractice stress.

There are a variety of approaches to dealing with the stress of litigation. The most important, after taking steps to insure a defense team is in place, is to identify all personal sources of support and renewal. For example, sharing the fact of the lawsuit with spouse, counselor or clergy provides a protected mechanism for offloading the feelings engendered by the case, and is also a way of getting valuable feedback on how you are coping. Sharing is also possible with sympathetic colleagues, as long as the facts of the case and identifying information is not divulged. Contact with a peer who has “been there” and survived, can be life and career affirming. Educating yourself about the legal process, mastering the details and learning the legal strategies involved in your case, and practicing successful approaches to stress can begin to restore a sense of control over the situation (litigation) which is otherwise so alien to our sensibilities and daily operations as physicians and healers.

Last year, a multi-committee collaboration was begun within ACEP in order to address the unmet needs of members with respect to malpractice litigation stress. The Medical-Legal, Well-being, and Academic Affairs committees have been assigned objectives including the development of a centralized, web-based clearinghouse of educational materials and resources on litigation stress; the further development of a network of member peer counselors who have experienced litigation stress, and working with the Education Committee to develop CME specific to the issue of litigation stress as a way of increasing awareness of principles and resources available to members on this issue.

If you have suggestions of resources on litigation stress management, or if you have experienced litigation and are interested in serving as a peer counselor in the Peer to Peer Counseling program, please contact the author or Marilyn Bromley, ACEPs Director of Practice Management. More volunteers will make this a stronger program.

And if you are personally experiencing litigation stress, please be assured that you are not alone. You have many colleagues who have survived the experience and who will gladly share coping techniques and strategies with you.

ACEPs volunteer member peer support program is available to any member who is experiencing litigation related stress. Please contact Marilyn Bromley mbromley@acep.org, or call 800.798.1822, ext 3234.

1. Andrew LB. ACEP Member Medical-Legal Survey Results. ACEP News. March 2012.
2. Jena AB, Seabury S, Lakdawalla D, et al. Malpractice risk according to physician specialty. N Engl J Med. 2011; 365(7):629-36.

Dr. Andrew is a senior member of the Medical-Legal Committee, past and present chair of the Well-being Committee, and a medical malpractice litigation stress educator and counselor. She can be contacted at acep@mdmentor.com

ACEP Announces Recommendations as Part of Choosing Wisely Campaign

from Page 4

to hospice and palliative care services can benefit select patients resulting in both improved quality and quantity of life.

Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up.

Skin and soft tissue infections are a frequent reason for visiting an emergency department. Some infections, called abscesses, become walled off and form pus under the skin. Opening and draining an abscess is the appropriate treatment; antibiotics offer no benefit. Even in abscesses caused by Methicillin-resistant Staphylococcus aureus (MRSA), appropriately selected antibiotics offer no benefit if the abscess has been adequately drained and the patient has a well-functioning immune system. Additionally, culture of the drainage is not needed as the result will not routinely change treatment.

Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children.

Many children who come to the emergency department with dehydration require fluid replacement. To avoid the pain and potential complications of an IV catheter, it is preferable to give these fluids by mouth. Giving a medication for nausea may allow patients with nausea and vomiting to accept fluid replenishment orally. This strategy can eliminate the need for an IV. It is best to give these medications early during the ED visit, rather than later, in order to allow time for them to work optimally.

How This List Was Created

ACEP developed five Choosing Wisely® recommendations through a multi-step process that included input from ACEP members, an expert panel of emergency physicians and the ACEP Board of Directors. In 2012, ACEP appointed a task force to address cost effective emergency care. The Cost Effective Care Task Force conducted a survey that was open to all ACEP members asking for strategies to reduce cost and improve value in emergency medicine. The task force received over 200 individual suggestions, which were grouped into a set of strategies. A technical expert panel, including representatives from all aspects of emergency medicine practice, reviewed and prioritized the recommendations using a modified Delphi technique. The panel prioritized the strategies using multiple rounds of voting based on contribution to cost reduction, benefit to patients and actionability by emergency physicians. A literature review including data on cost was assembled for the highest-rated strategies. Strategies were further refined and a final list of strategies that received majority support of the panelists was created. Five of these were ultimately selected by the Board of Directors to be included in Choosing Wisely®.

Here's how 2014 is stacking up at ICEP!

EDUCATIONAL PROGRAMS

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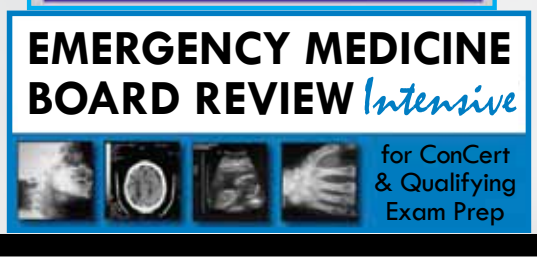

Emergency Medicine Update

February 20, 2014
Jump Trading Simulation & Education Center, Peoria, Illinois

Emergent Procedures Simulation Skills Lab

February 21, 2014
Jump Trading Simulation & Education Center, Peoria, Illinois
(Evanston Hospital location course dates to be announced)

EM4LIFE LLSA Article Review Courses

2011 Articles: February 25, 2014
2012 Articles: April 29, 2014
2013 Articles: May 8, 2014; August 16, 2014
2014 Articles: November 13, 2014
ICEP Conference Center, Downers Grove, Illinois

Oral Board Review Courses

March 14-15, 2014 | August 22-23, 2014
Chicago O'Hare Marriott Hotel, Chicago, Illinois

Mock Orals Private Tutorials

April 3-7, 2014 | September 18-22, 2014
Chicago O'Hare Marriott Suite, Rosemont, Illinois

Spring Symposium & Annual Business Meeting

May 1, 2014
Northwestern Memorial Hospital, Chicago, Illinois

Emergency Medicine Board Review Intensive

for Qualifying & ConCert Exam Prep

August 12-15, 2014 | October 14-17, 2014
ICEP Conference Center, Downers Grove, Illinois

Clinical and Core Faculty Physician Opportunities in Illinois

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

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

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

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

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DELNOR EXPRESS CARE: We are looking for a boarded EM physician with excellent interpersonal skills to provide part time coverage for our 2 low acuity immediate care sites on Randall Road in South Elgin and Batavia. Flexible hours and competitive pay rate. Please fax your résumé to 630-208-0942. Call Steve Holtsford or Art Proust for details at 630-208-4009.

WANT TO REACH 1,300 ILLINOIS EMERGENCY PHYSICIANS? Advertise in the Illinois EPIC. If you have a professional opportunity, product or service you want emergency physicians to know about, the Illinois EPIC will get you noticed. A great value for your marketing dollar, the EPIC helps you reach your audience by providing a complete line of advertising services. Contact Kate Blackwelder at 630.495.6400, ext. 205, or kateb@icep.org for an EPIC rate sheet and list of closing dates.

Full and part time positions are available for a combined Holy Cross/Mount Sinai Hospital Position. The Sinai Health System is recruiting part and full time emergency physicians to work at Mount Sinai Hospital and Holy Cross Hospital. Mount Sinai Hospital is a community teaching hospital, teaching affiliate of Chicago Medical School and University of Chicago on the southwest side of Chicago. Mount Sinai sees 60,000 patients per year and is a level I pediatric and adult trauma center with EDAP. Holy Cross is a community hospital with stroke designation, sees 45,000 patients per year is also on the south side of Chicago. Physicians will work at both hospitals and will be employed by Sinai Medical Group. Competitive salary and benefits.For further information, contact Les Zun, MD, Chair, Emergency Medicine at zunl@sinai.org or 773-257-6957.

Looking for a locally owned, well-established democratic group where every doctor's voice can be heard?

Emergency Medical Associates of Palos (EMAP) is offering an exceptional career opportunity for one or more full-time Emergency Medicine Physicians to practice compassionate, high quality emergency medicine in a rewarding and stable environment. Scribe program underway! Advanced Practice Provider program beginning in January.

Our Emergency Department treats an average of 46,000 patients annually, has a Fast Track program, and a full and responsive on-call referral board. EMAP will offer qualified physicians top-tier professional pay, including night and holiday differentials, a generous CME/professional fund, productivity incentives, 401k profit-sharing, and paid healthcare and malpractice insurance. The monthly schedule process is both innovative and fair, providing for overlapping shifts, long term travel planning, and advance holiday assignments.

To ensure EMAP's long term success, we look to select the highest caliber of motivated, talented and team-oriented physicians to be members of our group. Physicians applying for this position must be ABEM/AOBEM Eligible/Certified Emergency Medicine Physicians. **Highly regarded graduating residents are welcome to apply.** If you think you are this candidate, please email your CV to Dr. Richard Wilson at rawilsondo@ mindspring.com or Diane Wolf at dwolf@hbcmd.com.

EMPact EMERGENCY PHYSICIANS

Democratic Group Seeking BC/BE ED Physician

Amazing Career Opportunity

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- Dedicated Express Care separately staffed by physicians

10K annual volume ***Rush Copley*** Freestanding Emergency Center in *Yorkville, IL*
- Single Coverage, lower acuity
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- Backup specialty coverage via main campus
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Outstanding compensation as independant contractor:
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- Paid malpractice & tail and Quarterly Performance Incentive Bonuses
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- RVU based reimbursement after 12 months full time service, sooner for high performers
- Dedicated scheduler, coordinator
- 2 year partnership eligibility

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

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

Rush-Copley

Carle
Carle Physician Group

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

Illinois EPIC

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

ICEP Calendar *of* Events 2013-2014

December 5, 2013
Ultrasound for Emergency Medicine: Basic & Fast Track Courses
ICEP Conference Center
Downers Grove

December 9, 2013
ICEP Finance Committee
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 9, 2013
ICEP Board of Directors
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

December 11, 2013
ITLS Illinois Advisory Committee Meeting
10:00 AM - 12:00 PM
ICEP Conference Center
Downers Grove

December 24-25, 2013
Office Closed
Christmas Holiday

January 1, 2014
Office Closed
New Year's Day

January 14, 2014
ICEP EM Board Review *Intensive* Committee Meeting
9:00 AM - 10:30 AM

February 12, 2014
ICEP EMS Committee
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

February 12, 2014
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

February 20, 2014
EM Update
Jump Trading Simulation & Education Center
Peoria

February 20, 2014
Emergent Procedures Simulation Skills Lab
Jump Trading Simulation & Education Center
Peoria

February 24, 2014
ICEP Education Programs Committee
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

February 25, 2014
EM4LIFE 2011 LLSA Article Review Course
ICEP Conference Center
Downers Grove

March 5, 2014
ICEP Finance Committee
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

March 5, 2014
ICEP Board of Directors
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

March 14-15, 2014
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

April 29 2014
EM4LIFE 2012 LLSA Article Review Course
ICEP Conference Center
Downers Grove

May 1, 2014
Spring Symposium & Annual Business Meeting
Northwestern Memorial Hospital Feinberg Pavilion
Chicago

May 8 2014
EM4LIFE 2013 LLSA Article Review Course
ICEP Conference Center
Downers Grove

Register for courses online at ICEP.org!