

PRESIDENT'S LETTER

# New Year, New Resolutions: Ideas for Improving Professional Practice



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

It's that time of year again for New Year's resolutions!

Each January, roughly one in three Americans resolve to better themselves in some way. Unfortunately, a 2002 study found that less than half of these resolutions remain active six months later.

While many of my resolutions in the past have focused on myself (I will make it to the gym more often!), I thought this year I would also look to see if there are ways I could resolve to improve my professional life. Emergency physicians work in a stressful clinical environment and sometimes it feels as if the ED runs us instead of us running the ED. In light of this, I asked myself: What are some ways that I can improve my practice and my satisfaction with my practice? I came up with a few ideas, and while these are certainly not a comprehensive list, I felt these might improve my EM life.

### Mindfulness in my practice

Some readers may feel this is a stretch and represents overly sensitive, New Age meditation. However, many professionals feel that in

chaotic environments such as the emergency department, mindfulness skills are particularly important.

Mindfulness is an extension of reflection. Mindful practice involves being mentally aware of actions, thoughts, sensations, images, and emotions. The goal of mindfulness in a clinical environment is to become more aware of your mental processes. Experts point out that incorporation of mindfulness techniques into a clinical practice is very possible and may lead to better patient outcomes.

One model for mindfulness involves three simple steps — pause, presence and proceed. In my opinion, pause is one of the most important steps for the emergency physician. In a busy ED, our minds often fill with a variety of thoughts and distractions at any given moment. By pausing, you then can focus on the patient you are about to see in that moment.

After you pause, you can be fully present in the moment, allowing a more authentic understanding of the needs of the patient you are caring for.

Once you are present, you will find that you can respond skillfully, compassionately, and with positive intention to whatever needs attention in this moment.

*“Emergency physicians work in a stressful clinical environment and sometimes it feels as if the ED runs us instead of us running the ED.”*

— Dr. John Hafner

I often say to the medical students and junior residents I work with that the first pulse you should check in a code situation is your own. This is a simple way of instructing physicians to pause in critical patient scenarios and be present in the moment. I think that we can apply this to a variety of patient care and non-patient care situations in the ED, allowing for better connection and communication with our patients and staff.

In 2016 I am going to strive for a more mindful experience when I am in the ED.

### Become more involved

Over the past decade, there has been a steady decrease in membership in the American Medical Association as well as state medical organizations, and emergency medicine in particular is underrepresented. While our stature in many of the houses of medicine has improved (such as Steve Stack, MD, an emergency physician, elected as the President of the AMA), we still

■ CONTINUED ON PAGE 2

## InsideEPIC

2016 - Issue 1

Take a Pledge for Wellness During Inaugural ACEP EM Wellness Week

■ page **3**

ICEP in Urgent Need of Faculty for March Oral Board Review Courses

■ page **4**

ICEP Voices Opposition to Senate Bill 2205: Proposed Amendment to Medical Practice Act

■ page **6**

ICEP Advocacy Day Is April 7 in Springfield: Register to Lobby for Key Issues in EM

■ page **8**

# New Year, New Resolutions: Ideas for Improving Professional Practice

from Page 1

often lack representation from emergency physicians practicing on the front lines.

State organizations such as ICEP are particularly important, as they advocate for local as well as national issues. We cannot continue to be silent on issues that affect our practice and our patients. The good news is getting involved is easier than ever, as ICEP has committees on a variety of subjects from practice management, to patient and physician advocacy, to education. Involvement in ICEP is a great way for us to give back to our specialty and contribute to its growth and influence.

For those of us who already participate at some level, it is important for us to spread the word about all the good ICEP does for Illinois emergency medicine physicians and patients. Most importantly, invite colleagues and junior physicians to put their amazing talents and voices to good use. By suggesting and mentoring others to get involved, we will grow and sustain our efforts through the next generation of leaders.

Did you know ICEP is offering Leadership Scholarships for young physicians in 2016? See the article on Page 4 and consider applying (or encouraging a qualified colleague to apply).

## Thankfulness

One area that I truly want to improve upon in 2016 is being more thankful. With all the stress and strain of the ED, it's easy to become jaded and cynical. It's important to remember that emergency medicine is a team sport and I would never be able to accomplish anything without the support of a terrific staff. This includes

those highly visible team members such as the nurses and the techs, but also those behind the scenes such as housekeepers, registrars and unit clerks. Each has their own role to play and they definitely bring their "A" game when working in the ED. Not only do they work hard but they support us during those hard shifts and most distressing patients.

In addition to thanking staff for all of their efforts, I think it's important to be thankful for the opportunity to care for patients. We are entrusted with awesome responsibility and privilege when we are allowed to care for patients. Remember early in your medical career when you would give your left kidney to work in the emergency department? For me, I want to remember that sentiment and be thankful for the opportunity to be in the most exciting and worthwhile place in the hospital!

## Wellness

Wellness is a particularly important concept in the fast-paced and high-stress environment of the ED. It is so important that ACEP President Jay Kaplan, MD, FACEP created a national Emergency Medicine Wellness Week to raise awareness of this issue.

The inaugural EM Wellness Week is next week, January 24-30, 2016. According to ACEP, "the 2016 Emergency Medicine Wellness Week™ will remind all emergency physicians and their colleagues to take the time to self-renew while, at the same time, work the long and at times very difficult hours we do."

While much of what emergency physicians think of wellness might revolve around "work-

life balance" (particularly in regards to scheduling), true wellness encompasses much more than that. Physicians often make the worst patients and may not take our own advice when it comes to eating right, exercising and getting enough sleep.

When we are unable to prioritize our own wellness, many of the complications of a career in emergency medicine occur — such as burnout, physical illness, relationship difficulties and substance abuse. I am just as guilty of not putting my own wellness at least as important as everything else.

For more about EM Wellness Week and how you can get involved or take a pledge to improve your own wellness, see the article on Page 2.

January is a time of new beginnings and hope for the future. I certainly enjoy reflecting on the previous year but I am excited for all of the new challenges and changes that await us in 2016.

On behalf of ICEP, we wish you a very Happy New Year!



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



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

## Editor

Cai Glushak, MD, FACEP

## ICEP President

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

## Executive Director

Virginia Kennedy Palys

## Managing Editor

Kate Blackwelder

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# Take a Pledge for Wellness During ACEP EM Wellness Week January 24-30, 2016

Created and spearheaded by the American College of Emergency Physicians, the 2016 Emergency Medicine Wellness Week™ is an opportunity for all emergency physicians and their colleagues to take the time to self-renew while staying dedicated to the highest quality patient care.

The inaugural event is next week: January 24-30, 2016. To participate, visit the website, [www.acep.org/EMWellnessWeek](http://www.acep.org/EMWellnessWeek), and sign up for daily wellness tips, print a personal pledge card, find resources and videos about better wellness, and share your stories of personal improvement.

“As emergency physicians, we care a lot about our patients. That’s why we chose this specialty. But all too often we are so busy caring for others, we forget to care about ourselves,” said ACEP President Jay Kaplan, MD, FACEP. “We want this week to be about action rather than just ideas. Everyone makes resolutions around



the New Year; we hope that this week will help us and our colleagues make commitments to become more healthy, less burned out, and more resilient.”

First, fill out an anonymous pledge card from the website, selecting areas that you will focus on for the week. Print it out and stick it on your refrigerator, your mirror, anywhere you’ll see it every day. There will be suggested improvements in three major areas, such as:

**Physical:** Eat healthy; drink water, not soda; exercise; get at least 7 hours of sleep per night in blocks of at least 4 hours

**Connections:** Spend time with family and friends; spend time connecting to your spiritual self; do one community project

**Career Enhancement:** Learn to recognize burnout and decrease it; develop a new networking contact; plan your next career move

Next, sign up to receive daily messages about wellness for that week to help you keep on track, and introduce resources that will help improve your wellness that week and beyond. At the end of the week, ACEP will ask you how you did and what worked for you.

“More importantly, at the end of the week, we want you to feel better — about yourself, about your family and friends, about your patients and your work,” Dr. Kaplan said. “We’d like you to remember, once again, why you chose medicine, and emergency medicine, for your life’s work. And to be proud and happy with that decision.”

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

ICEP’s winter CME conference, Emergency Medicine Update, is just a few weeks away. The program will be held February 11, 2016, at the Jump Trading Simulation & Education Center in Peoria.



Tim Schaefer, MD

- Pitfalls in Managing Critically Ill Children: Preparing for the PICU, presented by Girish Deshpande, MD, FAAP
- The Top 10 EM Articles from 2015, presented by John W. Hafner, Jr., MD, MPH, FACEP

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

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

The Simulation Skills Workshop cost is \$140

for all providers.

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

On the agenda at EM Update in 2016 are:

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

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

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

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

# New in 2016: Leadership Scholarships Available from ICEP; Deadline to Apply is February 12

ICEP is pleased to announce a new Leadership Scholarship program in 2016! The program is open to all Illinois member residents and young physicians (less than 5 years out of residency).

ICEP will award three \$750 Leadership Scholarships in 2016. Scholarship applications are due Friday, February 12, 2016.

The scholarship recipients will be required to use the scholarship funds to do each of the following:

1. Attend ICEP Advocacy Day on April 7, 2016 in Springfield, Illinois
2. Attend ACEP Leadership and Advocacy Conference on May 15-18, 2016 in Washington, DC\*
3. Attend ICEP Leadership Development Forum, to be held in fall 2016 at the ICEP office in Downers Grove, Illinois (final date TBA)

Scholarship recipients will also be required to submit short reports about their experience at each event.

\*Note: Scholarship funds will be awarded upon successful registration for ACEP Leadership and Advocacy Conference. Funds may be used for conference registration fee and all travel expenses.

For more details about ICEP Advocacy Day, see the article on Page 8. Visit [ACEP.org/lac](http://ACEP.org/lac)

for more details about the ACEP Leadership and Advocacy Conference.

## How to Apply

All applicants must be Illinois member residents or young physicians (less than 5 years out of residency).

To apply, please email Executive Director Ginny Kennedy Palys at [ginnyp@icep.org](mailto:ginnyp@icep.org). You must include a current CV and a cover letter explaining why you are interested in participating in ICEP's Leadership Scholarship program.

Applications are due by 4:30 PM on Friday, February 12.

## Help ICEP connect with qualified candidates!

Residency directors and attending physicians: If you know a resident or young physician who would be ideal for the ICEP Leadership Scholarship, please encourage them to apply!

## Leadership Scholarship Requirements

- Resident or young physician (>5 years out of residency)
- Attend ICEP Advocacy Day
- Attend ACEP Leadership and Advocacy Conference
- Attend ICEP Leadership Development Forum

# Urgent Need for Faculty for March Oral Board Courses

ICEP is urgently seeking additional physicians to serve as faculty for the March Oral Board Review Courses. Due to low faculty sign-up for March, ICEP is having to limit participant registration.

The courses are very popular, and we want to continue providing this important service to those who request it. Faculty determine how many participants may attend the courses.

As an oral board faculty member, you will present single or multiple case simulations to candidates in strict oral board exam format and then provide feedback on their performance. The courses are intensive — with a one-to-one student to faculty ratio. The honorarium is \$200 per course day.

ICEP's Oral Board Review courses are held at the Chicago O'Hare Marriott Hotel and run from approximately 7:45 am to 6:15 pm with coffee and lunch breaks. Faculty may sign up for a full day, half day morning or half day afternoon session for one or both days of the course.

We hope you will teach at one or more of these sessions. It's a great way to give back to the specialty while networking with colleagues from around the country.

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

Please contact Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org) or 630.495.6400, ext. 219, to sign up or with questions.



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# ICEP Voices Opposition to Proposed Amendment to Medical Practice Act

ICEP is working with its lobbyists at Illinois Strategies to voice opposition to a new bill that would require emergency physicians to report to the Secretary of State certain medical conditions of a driver that are likely to cause loss of consciousness or any loss of ability to safely operate a motor vehicle within 10 days of identification of condition.

The bill, SB 2205, amends the Medical Practice Act. ICEP argues that the bill is overly broad and would require reporting of a significant portion of the medical conditions observed by emergency physicians.

The bill was introduced in December by Sen. Martin Sandoval (D-Chicago). ICEP has sent a letter and supporting data to Sen. Sandoval to express opposition to the bill.

Data from the Illinois Department of Public Health HCUPs program indicate that there were over 5,000,000 emergency department visits in Illinois in 2013. Of these, at least 1,000,000 would trigger the bill's reporting requirements.

These diagnoses include conditions ranging from epilepsy to retinal detachment to cardiac dysrhythmia, as well as a wide variety of mental illnesses — nearly 50 categories of diagnoses.

Not included on the list are fractures which are frequently treated in the emergency department and may render a patient temporarily unable or unfit to drive.

Clearly, the administrative burden on emergency physician to report over one million diagnoses per year would be onerous, time-consuming

and distracting from the important business of taking care of patients.

ICEP believes that the current requirement for individuals to report their own medical conditions which might impair their driving is more appropriate than shifting the burden to emergency physicians. Emergency physicians have brief contact with patients and rarely have access to their full medical record.

ICEP also wants to ensure that patients' medical records are kept private as required by law and are not subject to transfer within state agencies. Individual responsibility should be encouraged.

ICEP lobbyists continue to monitor the issue, and ICEP will send updates to the membership as the legislative session continues.

## Think Spring in 2016: Save Date for Spring Symposium

It's never too early to start thinking spring! ICEP's 2016 Spring Symposium and Annual Business Meeting will be held Thursday, May 5 at Northwestern Memorial Hospital in Chicago.

Registration is open online now at ICEP.org. The cost to attend the half-day program is \$110 for ICEP/ACEP members, \$135 for non-member physicians, \$25 for residents, and no charge for medical students.

The focus of the educational program will be "Critical Care Medicine: Implications for Practicing Emergency Physicians," featuring a panel discussion of emergency physicians from around the country offering point-counterpoint perspectives on core issues. Research and policy implications will also be discussed.

The Resident Speaker Forum will showcase novice speakers from each residency in a lecture competition, with feedback and a winner selected by an expert panel of judges.

A Statewide Research Showcase will spotlight the best in Illinois emergency medicine research, featuring oral presentations and research posters.

The Spring Symposium will conclude with the Annual Business Meeting. Results of the 2016 Board of Directors elections will be announced and new Board members introduced. ICEP's annual awards will also be presented.

The full course brochure and speaker line-up will be announced shortly.

## Voting for ICEP Board Elections Opens March 21

Reminder to mark your calendar and watch your email for details: ICEP Board of Directors voting opens online on Monday, March 21, 2016.

Active (non-candidate) members will elect three active members to the Board of Directors. Each will serve a three-year term. Candidate members will elect one Resident Member, who will serve a one-year term. The final slate of candidates will be announced later in January.

Voting will be conducted online, as it has been in the past, and members will visit [www.associationvoting.com/icep](http://www.associationvoting.com/icep) to access their personal ballot. Members will need their ACEP Member Number (beginning with A) and their last name exactly as they have it registered with ACEP in order to log in to the ballot.

An email with detailed voting instructions and all candidate materials will be sent to all members on March 21 when the ballot opens.



# New Document, Sample Billing Protocols for Sexual Assault Survivors Released by Illinois Attorney General to Aid Compliance

The Office of the Attorney General in Illinois has released a new guidance document to help emergency physicians comply with amendments made to a law that protects sexual assault survivors.

Public Act 099-0454 amends several sections of the Sexual Assault Survivors Emergency Treatment Act (SASETA, 410 ILCS 70). The new law addresses the billing procedure emergency room physicians must follow when they provide hospital emergency services or forensic services to sexual assault survivors. Monetary penalties may be assessed for violations of the billing provisions.

The amendments bring Illinois into compliance with provisions of the federal Violence Against Women Act's provisions requiring states, as a condition to receipt of grant funds, to certify

that victims of sexual assault in Illinois are not being charged or sent a bill for hospital emergency services or forensic services. The new law took effect January 1, 2016.

The relevant sections for emergency room physicians are:

- Section 7.5(a) prohibits the direct billing of sexual assault survivors, as well as other debt collection activities.
- Section 7 sets forth the procedure for billing patients covered by government health care programs, private insurance and public or private health care programs, as well as uninsured patients.
- Section 7.5(d) requires emergency room physicians who provide hospital emergency and

forensic services to sexual assault survivors to develop a billing protocol to ensure that sexual assault survivors are not charged for or sent a bill or statement for these services. The protocol must be submitted to the Crime Victim Services Division of the Office of the Attorney General within 60 days of the effective date of the law (by March 1, 2016.)

- Section 8 provides that the Office of the Attorney General may seek monetary penalties for violations of Section 7.5.

The materials set forth the requirements and prohibitions in the new law in more detail and include two sample billing protocols. To download the guidance from the Illinois Office of the Attorney General Office, see the News story posted at ICEP.org. The article also links to the full text of the amended law.



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# ICEP Advocacy Day is Thursday, April 7 in Springfield: Register to Join Us

Join ICEP members and ICEP's lobbyists in Springfield to meet with state legislators to lobby for emergency medicine issues.

The program will start at the Sangamo Club in Springfield, where participants will attend a briefing with lobbyists from Illinois Strategies, LLC., and have lunch at the Club.

After lunch, the group will walk to the state capitol to visit legislators. Members may make appointments with their legislators but should note that many legislators' offices do not take appointments and prefer drop-in visits.



ICEP Advocacy Day is free for all members, but advance registration is required. Registration is open online now at ICEP.org.

Participants outside of Springfield may wish to take Amtrak for convenience. The Amtrak station is within walking distance of the Sangamo Club.

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

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

### Analysis of Emergency Department Consultation Times

**Peter A. Samuel, MD, MBA, Amer Z. Aldeen, MD, FACEP, Stephanie Gravenor, BS, Sanjeev Malik, MD; Northwestern University, Department of Emergency Medicine, Chicago, IL**

#### Background:

The Emergency Department (ED) team's evaluation is often supplemented by specialist consultation. Consultant evaluation of the patient and their communication regarding plan of care to the ED team can increase throughput time. Reduction in this time may improve ED patient flow metrics as well as reduce costs.

#### Objectives:

The goal of this project was to measure consul-

tant times in a busy, urban, academic ED.

#### Design/Methods:

Using an innovative time-stamp tool on RedCap, a secure HIPPA-compliant online survey system, emergency medicine (EM) physicians logged the times of specialist consultation request, response, evaluation of the patient, and communication of final plan to the EM team. A total of 56 consults were logged over a six-week period in a convenience sample. Primary outcomes were response time (time from initial page to first response), total consultation time (time from initial page to final plan) and decision-making interval (time from first response to final plan).

#### Results:

Mean response time was 15 minutes (95%CI 11 to 19). Mean total consultation time was 134 minutes (95%CI 111 to 156). Mean decision-making interval was 119 minutes (95%CI 96 to 141).

We also compared surgical consults (General Surgery, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Transplant Surgery, Trauma Surgery, Urology and Vascular Surgery) versus non-surgical consultants (Car-

diac Intensive Care, Gastroenterology, Medical Intensive Care and Neurology). No statistically significant difference was observed between surgical and nonsurgical consults in response time ( $p=0.98$ ), total consultation time ( $p=0.11$ ), or decision-making interval ( $p=.10$ ). However, the data showed trend toward a difference in total consultation time (mean 147 minutes vs. 109 minutes) and decision-making interval (mean 132 minutes vs. 94 minutes).

#### Conclusions:

Mean total consultation time for all specialists was greater than 2 hours. Surgical consults showed a trend toward longer total consultation time and decision-making interval.

#### Impact:

Specialist consultation adds a significant amount of time to ED evaluation, and further research is needed to develop ways to help mitigate its effect on throughput.

RESEARCH COMMITTEE COMMENTARY: ED care is now measured by throughput time and satisfaction. Whether or not those are fair metrics, it is obvious to all that complex ED

■ CONTINUED ON PAGE 10







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

from Page 8

patients in need of specialist consultation can result in slower throughput and consequently worse satisfaction with the entire ED experience. Not surprisingly, in this study initial response to the consult request was quick (usually a phone call), but consultants who may get stuck in an OR had longer delays to final MDM recommendations compared to non-surgical consultants. The convenience sample here is small and appears under-powered, but their basic numbers are clear and unlikely to change much with a larger sample — specialist consultation adds significantly to the overall ED time. This is not a problem easily solved by the ED alone. Improving consultant response demands the attention of all stakeholders in the ED, including hospital leadership and those consultants whose patients end up using the ED for their post-procedural care. The preliminary data here add important insights to the overall ED patient experience.

— Mark Mycyk, MD, FACEP, FACMT, FAACT

## Predicted Mortality As An Additional Measure Of Critical Care Delivery In A Public Hospital Emergency Department

**Felipe H. Grimaldo, MD, Joseph S. Palter, MD, Theresa Kim, MD, Erik K. Nordquist, MD, Errick Christian, MS, Steven H. Bowman MD; Cook County Health and Hospital System, Chicago, IL**

### Background:

The RRC currently utilizes ICU admission rate as a surrogate for ED critical care delivery. However, critically ill patients who satisfy ICU admission criteria on arrival often are aggressively managed, stabilized, and downgraded to lower acuity patient care settings. Since the patient ultimately is not admitted to the ICU, they are not counted as critically ill by current methodology.

### Objective:

Evaluate an additional measure to identify critically ill patients in the ED rather than admission destination alone.

### Design/Methods:

The study was conducted at a large public hospital. A cohort of patients who presented to the ED during a two-month period and had a MICU evaluation were identified retrospectively. Predicted mortality scores were calculated for these patients using SAPSII using data contained in the EMR. Predicted mortality rates were compared between groups who were admitted to the MICU versus those who were not. Those patients not admitted to the MICU were also compared to a control group of patients admitted to non-critical care settings.

### Results:

SAPSII scores were calculated for 121 patients. 62 patients- MICU evaluation and accepted; 31 patients- MICU evaluation and not accepted; 28 patients- no MICU evaluation, admitted to a non-critical care setting. The mean estimated mortality was 17.2% (95% CI 12.0%-22.3%), 10.6% (6.9%-14.3%), 4.3% (2.6%-6.0%), respectively. The difference in mean predicted mortality between MICU admissions and those that were not accepted was statistically significant ( $t=2.0$ ,  $p=0.044$ ). The difference in mean predicted mortality between those that were not admitted to the MICU and the control group was also statistically significant ( $t=3.0$ ,  $p=0.004$ ).

### Conclusion:

This study identified a cohort of patients with a significantly higher predicted mortality that was not admitted to a critical care setting.

### Impact:

ICU admission rate may not accurately reflect ED patient acuity, critical care delivery, or critical care education. Alternative metrics may need to be considered.

### RESEARCH COMMITTEE COMMENTARY:

The authors address an important metric for resident trainees and those in residency program leadership. For years the RRC has used the number of admissions to an ICU as marker for ED acuity. Unfortunately, the increased proficiency of our EM trainees, changes in ICU admit criteria, hospital overcrowding, and other hospital throughput issues results in patients that would have previously been admitted to an ICU now managed in the ED and eventually downgraded from ICU status to floor status. This retrospective study using SAPSII

scores for patients managed in the ED identified a much sicker patient population than reflected in the final ICU admit rate. Hours of ED goal-directed symptom-based care where “ICU level” patients improve after EM resident effort and then are admitted to the floor seems to be a more accurate marker of ED patient acuity and definitely deserves multi-center prospective evaluation to confirm the findings here. More importantly, this study deserves the attention of the RRC.

— Mark Mycyk, MD, FACEP, FACMT, FAACT

## Call for 2016 Research Abstracts

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

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

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

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

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

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




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 rate sheet and list of closing dates.

## ICEP Calendar of Events 2016

**February 11, 2016**

**Emergency Medicine Update**  
 Jump Trading Simulation and  
 Education Center  
 Peoria

**February 22, 2016**

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

**February 29, 2016**

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

**February 29, 2016**

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

**March 3, 2016**

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

**March 3, 2016**

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

**March 17-18, 2016**

**Oral Board Review Courses**  
 Chicago O'Hare Marriott  
 Chicago

**March 21, 2016**

**ICEP Board of Directors Voting  
 Opens Online**

**April 5, 2016**

**Research Committee  
 Conference Call**  
 10:00 AM - 11:00 AM

**April 7, 2016**

**ICEP Advocacy Day**  
 Sangamo Club & State Capitol  
 Springfield

**April 20, 2016**

**ICEP Board of Directors Voting  
 Closes**

**April 24, 2016**

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

**May 5, 2016**

**Spring Symposium & Annual  
 Business Meeting**  
 Northwestern Memorial Hospital  
 Chicago

**May 6, 2016**

**Emergent Procedures Simulation  
 Skills Lab**  
 Grainger Center for Simulation  
 and Education, Evanston Hospi-  
 tal, Evanston

**May 24, 2016**

**EM4LIFE 2015 LLSA Article  
 Review Course**  
 ICEP Conference Center  
 Downers Grove

**June 2, 2016**

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

**June 2, 2016**

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

**June 6, 2016**

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

**June 6, 2016**

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

**August 16-19, 2016**

**Emergency Medicine Board  
 Review Intensive**  
 ICEP Conference Center  
 Downers Grove

**September 9-10, 2016**

**Oral Board Review Courses**  
 Chicago O'Hare Marriott  
 Chicago