

PRESIDENT'S LETTER

What Happened in Vegas... ACEP16 Highlights



**Valerie J. Phillips,
MD, FACEP**

Diversity was a key topic at this year's ACEP Council Meeting, held in Las Vegas before ACEP16. This was particularly appropriate, as diversity has been one of ACEP President Becky Parker's priorities throughout her campaign and was a primary focus of her acceptance speech as she took office at the conclusion of the Council Meeting.

Our Illinois Councillors included a diverse group of chapter members from throughout the state: urban, suburban, rural; various group models; academic and non-academic; those newer in practice vs. those "experienced" in practice. ICEP welcomed several newcomers to the Council Meeting, including Drs. Chrissy Babcock, Janet Lin, Henry Pitzele, Yanina Purim-Shem-Tov, and alternate councillor Dr. Jason Kegg.

ICEP was also represented by returning Councillors Drs. Brad Bunney, Shu Chan, Cai Glushak, David Griffen, John Hafner, George Hevesy, Bill Sullivan, Seth Trueger, and myself, as well as alternate councillor Dr. Deborah Weber.

The resolutions presented and ensuing discussions this year were less colorful than the



Drs. John Hafner, Shu Chan, Brad Bunney, David Griffen, Deborah Weber, Seth Trueger, Janet Lin, Cai Glushak, Valerie Phillips, George Hevesy, Henry Pitzele, Bill Sullivan, Chrissy Babcock, Rebecca Parker, Jason Kegg and Yanina Purim-Shem-Tov at the ACEP Council Meeting.

previous four that I've attended, but no less important as far as decisions made to guide the College.

A total of 31 resolutions from 17 chapters and sections were debated. One bylaws resolution and 23 non-bylaws resolutions were passed; five were referred to the ACEP Board of Directors for evaluation; and just two were not adopted.

Our Illinois chapter drafted a resolution about assessing the level of intoxication from marijuana in emergency department patients. It is becoming a concern when patients under the influence are requesting to refuse treatments or leave AMA. Also concerning are requests from law enforcement to determine whether mari-

juana intoxication played a role in accident liability. We felt that the College should be looking at this issue, as most states have marijuana available to their residents in varying degrees, and emergency physicians are seeing an increased number of these situations. This was a complicated discussion, as we knew it would be, and the resolution has been referred to Board for evaluation and further recommendations.

ICEP also sponsored a resolution on enactment of narrow networks requirements, which was passed as amended. The resolution asks ACEP to create a study of the impact of narrow networks laws and potential solutions

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that address balance billing issues without increasing the burden on the patient. It also asks ACEP to dedicate resources and support to ensure any proposed legislation regarding narrow networks protects fair payment for emergency medical care. We look forward to action on this important issue.

One highlight of the Council Meeting was during our working dinner at Fleur to discuss the first day of resolution testimony. ICEP Executive Director Ginny Kennedy Palys recognized celebrity chef Hubert Kellar and asked if we could meet him. He not only came and spent a few minutes with our large group, but he also added a personal note to a memento book that was being prepared for Becky Parker's presidential inauguration reception and gave her a signed copy of his new cookbook!

Other key resolutions that were passed by the ACEP Council this year include: accreditation standards, CMS recognition and analysis of use of freestanding emergency centers; creation of Health Care Financing and Senior/Late Career Physician task forces; development of partnerships on ED overcrowding and mental health boarding solutions; and more. A full summary



ICEP's Councillors discuss their actions of the 2016 resolutions presented and enjoy dinner at Fleur in Mandalay Bay in Las Vegas.

of the 2016 resolutions discussed by the ACEP Council is available at ICEP.org.

But the true highlight of ACEP16 was being part of the celebration of Dr. Becky Parker as she was inaugurated as ACEP President. ICEP hosted a reception with EmCare in Becky's honor that included a photographer and fun photos. See photos from the reception on Page 3 and online at ICEP.org and [Facebook.com/ICEPfan](https://www.facebook.com/ICEPfan).

We are so proud of all that Dr. Parker has accomplished on her journey to become ACEP President and we look forward to seeing what new accomplishments the year will bring. Her inauguration speech was unanimously well received and the energy at ACEP16 certainly indicates that all members, not just those of us in Illinois, are waiting anxiously to see what developments will progress under her capable and visionary leadership.

Several of us then stayed for ACEP16 education. When I attend, it always leaves me feeling energized! This year, I chose some sessions addressing issues on the horizon for EMS and pre-hospital care, several sessions regarding state-of-the-art teaching adjuncts, and of course,



Dr. Valerie Phillips, Ginny Kennedy Palys, and Dr. Becky Parker pose with celebrity chef Hubert Kellar at Fleur.

some good old review topics. Drs. Bukata and Hoffman never cease to amaze me with their review of the medical literature. Dr. Mattu never disappoints with his cardiology talks, and of course, there's always time for a Tim Erickson talk on emerging overdoses. It was questions for skulls and I actually got one! I may even have a picture of him standing on the tables during his talk ...

Evenings were filled with residency reunion dinners, sponsored parties and charity events, dinners with old friends, and plenty of activities that will stay in Vegas!

— Valerie J. Phillips, MD, FACEP
ICEP President

Full photo gallery online at ICEP.org! Email Kate Blackwelder at kateb@icep.org to request a high-resolution file of any image.



Dr. Phillips presents Dr. Parker with a keepsake photo book to commemorate Dr. Parker's election as ACEP President.



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ICEP Celebrates ACEP President Dr. Becky Parker at ACEP16 in Las Vegas

ICEP member Rebecca Parker, MD, FACEP, from Park Ridge, assumed the ACEP presidency during ACEP16 in Las Vegas. She was elected in 2015 by ACEP's Council to serve a 1-year term.

Dr. Parker is senior vice president of practice and payment integration for Envision Healthcare and an emergency physician for Vista Health in Waukegan. In addition, she is president of Team Parker LLC, a consulting group.

ICEP, in conjunction with EmCare, hosted a presidential inauguration reception in honor of Dr. Parker at the conclusion of the Council Meeting. With a photo theme and booth for fun photos, all the moments captured at the reception are available at ICEP.org and Facebook.com/icepfan. Thank you to Duron Studio Photography and David Griffen, MD, PhD, FACEP for sharing their great shots.

“As president I intend to do all I can to make sure that patients have access to emergency care when they need it,” said Dr. Parker. “Insurance companies are misleading people by offering so-called ‘affordable’ premiums, only to find out their policies cover very little. They are trying to ban balance billing without having to pay fairly for EMTALA related care. Payments for emergency visits must be based on a reasonable percentile of charges, rather than arbitrary rates that don’t even cover costs of care. We must fight the insurance industry for fair payment and for fair coverage for our patients.”

Dr. Parker also has made the issue of diversity and inclusion as a cornerstone of her plans for her one-year tenure as President.

“The specialty of emergency medicine can be made stronger by increasing our diversity and inclusion by generation, gender, race, religion and sexual orientation,” she said. “To accomplish this, I have created a Task Force on Diversity and Inclusion to strengthen emergency medicine and position it to meet the needs of our ever-changing society. We need to support our diverse physicians and our diverse patients to deliver the best care while take care of each other.”

ICEP congratulates Dr. Parker and looks forward to a great year!



Dr. Rebecca Parker celebrates with ICEP members and her family at the conclusion of ICEP's reception in her honor.



LEFT: Drs. Ed Ward, Wes Eilbert, Henry Pitzele, Andi Tenner, Brad Bunney, and Val Phillips have fun in the photo booth with the cutout of Becky Parker.

BELOW LEFT: Drs. Cai Glushak, Archana Shah, George Hevesy, Yanina Purim-Shem-Tov, Jason Kegg, Deborah Weber, and John Hafner enjoy the reception.

BELOW RIGHT: ACEP President-Elect Dr. Paul Kivela poses with the Becky cutout.



ICEP Member Dr. Steven Bowman Honored with ACGME Award for Program Directors

Steven Bowman, MD, FACEP, Program Director for the Emergency Medicine Residency at Cook County Health and Hospital System, has been selected as one of the recipients of the 2017 ACGME Parker J. Palmer Courage to Teach Award.



**Steven Bowman,
MD, FACEP**

The Parker J. Palmer Courage to Teach Award honors program directors who find innovative ways to teach residents and to provide quality health care while remaining connected to the initial impulse to care for others in this environment. Parker J. Palmer's book *The Cour-*

age to Teach promotes the concept of "living divided no more," which has proven relevant to teaching in academic health centers.

Dr. Bowman has been the program director of the Cook County EM Residency since 2003. He has been an attending emergency physician at Cook County Hospital since 1992, and was recently appointed to the role of Chairman of the RRC Committee at Cook County.

Dr. Bowman is also an associate professor in the department of emergency medicine at Rush

Medical College. He graduated from the Washington University School of Medicine and completed his residency at Cook County Hospital in 1992.

Dr. Bowman is one of two emergency medicine program directors recognized with the honor in 2017. Sharhabeel Jwayyed, MD, MS, FACEP, FAAEM, of Summa Health in Ohio, was also recognized. A total of 10 program directors from a variety of specialties will be honored with this award in 2017.

The award will be presented at the ACGME's Annual Educational Conference in Chicago in March. Congratulations to Dr. Bowman!

Last-Minute Discount Offered for ICEP Ultrasound for EM Workshop on Nov. 30

ICEP is offering a special last-minute discount on its Ultrasound for Emergency Medicine Workshop on Wednesday, November 30 in Downers Grove.

Take \$75 off your Basic Course registration by using discount code **THANKFUL**. This special offer was set to expire November 24, 2016, but ICEP has extended the discount for ICEP members only through November 28. Space is limited due to the hands-on nature of the program, so register today to reserve your spot at the discounted rate.

Registration is open online now at ICEP.org/ultrasound. The cost for ACEP members is \$450 for the Basic Course or \$300 for the Fast Track Course. The cost for non-member physicians is \$499 for Basic and \$350 for Fast Track. Physician assistants and advanced practice nurses are also welcome to attend.

ICEP's Ultrasound for Emergency Medicine Workshop will now include cardiac ultrasonography with live-model practice, updated this fall by popular demand.



Pelvic ultrasonography has been eliminated as the result of feedback from the ICEP membership and past course participants, who indicated this skill is rarely performed in the emergency department.

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

The Basic course agenda include the following topics:

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

- Cardiac ultrasonography, also presented by Dr. Rifenburg
- Fast Exam, presented by Monika Lusiak, MD
- Gallbladder, presented by Joseph Colla, MD, RDMS
- AAA, presented by Joseph Peters, DO, RDMS, FACEP, FACOEP, FACOI
- Ultrasound-Guided Peripheral IVs and Central Lines, presented by Troy Foster, MD, RDMS, FACEP

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

The course is approved for a maximum of 5.5 *AMA PRA Category 1 Credits™*.

View the complete course brochure at ICEP.org/ultrasound for a detailed agenda, program objectives, and complete faculty listing.





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Statewide Research Showcase Abstract

Round-Up with ICEP Research Committee

The Statewide Research Showcase is back for 2016! Each issue of EPIC will feature the Abstract Round-Up. Several abstracts that were selected for the Statewide Research Showcase at the 2016 Spring Symposium will be printed, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by John Hafner, MD, MPH, FACEP.

Ultrasound for Confirmation of Thoracostomy Tube Placement by Emergency Medicine Residents

Michael Gottlieb, MD, Damali Nakitende, MD, Jennifer Ruskis, MD, Deborah Kimball, MD, Errick Christian, MS, John Bailitz, MD; John H. Stroger, Jr. Hospital of Cook County, Chicago, IL

Background:

Thoracostomy tubes (TT) are placed in patients for numerous indications, including hemothoraces, pneumothoraces, and empyemas. Studies have demonstrated that up to 2.6% of TT are misplaced in the subcutaneous tissue. Hence, there has been increasing interest in the use of bedside ultrasound (US) to confirm intrathoracic TT placement. Two small prior studies of expert physician sonographers reported good success.

Objective:

The purpose of this study was to assess the accuracy of novice physician sonographers for the confirmation of intrathoracic TT placement.

Design/Methods:

We conducted a prospective, randomized, blinded study as part of an annual spring Emergency Medicine (EM) resident cadaver procedure workshop. IRB acknowledgement was obtained for this educational study. Each EM resident received a ten-minute, one-on-one training session with the Emergency US Director that began with a hands-on review of thoracic sonographic anatomy, followed by two plane, intra- and extra-thoracically placed TT identification instruction, and practice. Then, each EM resident performed four blinded US confirmations. Thirty-five EM residents performed a total of 140 confirmations. The primary outcome of the study was the sensitivity and specificity of EM resident performed US to correctly confirm intrathoracic TT placement. Secondary

outcomes included time to identification, operator confidence, and subgroup analysis of sensitivity and specificity by resident training level.

Results:

The study demonstrated an overall sensitivity of 100% (95% CI 94%-100%) and specificity of 96% (95% CI 87%-99%) for intrathoracic placement. Post-graduate year (PGY) 1 EM residents demonstrated 100% (95% CI 76%-100%) sensitivity and 100% (95% CI 76%-100%) specificity. PGY 2 EM residents demonstrated 100% (95% CI 87%-100%) sensitivity and 94% (95% CI 79%-99%) specificity. PGY 4 EM residents demonstrated 100% (95% CI 80%-100%) sensitivity and 95% (95% CI 75%-100%) specificity. The mean time to identification was 16 seconds (95% CI 13-19). Overall operator confidence was 4.0/5.0 (95% CI 3.8-4.1).

Conclusion:

Emergency medicine residents were able to rapidly identify TT location using US with a high degree of accuracy in a cadaveric model after a brief training session. Further studies are needed to assess the utility of US for confirmation of TT location in cadavers of various body sizes as well as live patients.

Impact:

Given the significant potential for morbidity and mortality with improperly placed TT in sick patients, this allows for rapid identification and correction of improperly placed TT. Additionally, this may reduce patient radiation exposure.

RESEARCH COMMITTEE COMMENTARY: This study assesses the diagnostic accuracy of bedside ultrasonography for confirmation of chest tube placement. The study was a prospective, randomized, blinded trial that used residents to assess if chest tubes placed in a cadaveric model were placed intrathoracic or extrathoracic. The authors demonstrated a high sensitivity and specificity across all resident groups. The use of bedside ultrasound for chest tube confirmation is an attractive option, one that would be cost effective, rapid and appears to be highly efficacious. However, these results will need to be confirmed in a larger sample of live patients before implementation.

— John Hafner, MD, MPH, FACEP

Emergency Medicine Trainee Wellness is Associated with Higher In-Training Examination Scores

Paul Logan Weygandt, MD, MPH; Carrie Pinchbeck, MD; Michael A. Gisondi, MD; Dave W Lu, MD, MBE; Northwestern University Feinberg School of Medicine, Chicago, IL

Background:

Resident physicians experience low levels of wellness during training. Emergency medicine (EM) trainees report some of the highest levels of burnout among all specialties. EM trainee distress is associated with higher self-reported rates of negative patient care. It remains unclear if low levels of EM trainee wellness are also associated with poorer academic performance.

Objective:

We examined the relationship between EM trainees' levels of wellness and their American Board of Emergency Medicine (ABEM) in-training examination percentile scores. We hypothesized that lower levels of trainee wellness would be associated with lower scores.

Design/Methods:

In this cross-sectional survey study conducted in October 2015 we assessed levels of wellness among all post-graduate year 1-4 EM trainees at a single university-based residency program. Our primary measure of burnout was determined and dichotomized using the Maslach Burnout Inventory. Secondary measures of work engagement, quality of life, depression, career satisfaction and daytime sleepiness were evaluated using standard instruments. These results were compared to trainees' 2015 ABEM in-training percentile scores via independent samples t-test and linear regression.

Results:

Thirty-six out of 54 (66.7%) eligible trainees responded to the survey, with 27 (75.0%) reporting burnout. Excluding interns without available 2015 in-training exam scores, the mean percentile score for the remaining 23 out of 54 participants was 74.6% (SD ±24.7). Burnout was significantly associated with lower exam percentile scores [66.9% vs 88.9%, 95% CI (1.20, 42.67), p=0.04]. Increased levels of work

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ACEP Takes Issue with NEJM Report

ACEP President Becky Parker wrote an open letter to all ACEP members on November 18 in response to a study published in the New England Journal of Medicine.

ACEP also launched a viral video campaign parodying Cigna's "TV doctors" ad.

The text of Dr. Parker's letters to members appears here:

The New England Journal of Medicine published a "study" stating that emergency physicians submit exorbitant balance bills to patients, in one case as high as \$19,000. It alleges an "average" physician charge of 798 percent of Medicare rates.

ACEP distributed a press release critical of the study, and I was quoted in the New York Times, Washington Post, Reuters and the Wall Street Journal.

Our video parodying the Cigna "TV Doctors" ad went out the day before the NEJM report, purely coincidentally, prompting media to contact ACEP for commentary on the article. Forbes published a story on our video and included a link a day before the NEJM study appeared. Several other smaller outlets also covered it and more media coverage continues to roll in. An NBC story featured clips from our parody video and included a screen grab of our website, FairCoverage.org.

In addition to letters to the editor sent to The New York Times, Washington Post and Politico that dispute the study, ACEP also will be responding directly to the NEJM editors. We also see an opportunity here to help educate the media (and other interested groups) about the balance billing issue through some sessions or webinars.

The NEJM study was produced by economist researchers at Yale, which also has lots of money to promote its research. At least one of the study authors has taken money in the past from the National Institute for Health Care Management, which is funded by the insurance industry.

The public – and all of America – does not understand the differences between deductibles, co-pays, co-insurance, balance bills, etc. All they know is they fear a possible big bill they don't anticipate after an emergency, and the insurance companies are playing on this fear.

We are in a David and Goliath fight with the multi-billion dollar health insurance industry, and have been for years. We have sued the federal government, and



with our terrific state chapters, we have been battling this issue state by state. We are a small organization; but we have fought this before with EMTALA and the prudent layperson definition of an emergency during the HMO battles.

ACEP and emergency physicians care about fair, and affordable, coverage for our patients. ACEP will continue this fight and others like these that matter most to you and your patients. We are dedicated to protecting you and your patients, and shaping the future of emergency medicine.

Thank you for all you do every day,
Dr. Becky Parker



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Contributions to EMPAC Net Good Results in Elections

While all eyes were on the presidential candidates this Election Day, important changes took place in the Illinois races as well. The Republicans picked up four seats in the House of Representatives and two seats in the Senate; however, the Democrats maintained control of both houses. The Democratic candidate also won the Comptroller's race.

In 2016, the Emergency Medicine Political Action Committee of Illinois (EMPAC) made contributions to 79 campaigns. In the state Senate, 21 of the 22 EMPAC-supported candidates were elected to office. In the state House, all 29 EMPAC-supported candidates were elected to office. This is a 98 percent success rate for the local Congressional elections. Thank you to all ICEP members who made donations to EMPAC this year. Please contact ICEP if you are interested in specific campaign results.

Survey Research Study of EM Physicians Seeks Participants

A survey research study of emergency medicine physicians in Illinois is being conducted out of Northwestern University. The survey should take 10 minutes or less and can be completed entirely online. The brief survey can be completed anonymously, or interested participants may provide their email address to be entered into a drawing for a \$100 Amazon gift card.

Questions will include information about training, experience, and current clinical practice setting. All emergency physicians practicing clinically are encouraged to participate by going to <http://bit.do/EMsurvey> to complete the survey, which is available now. PI: Dr. Zachary Pittsenbarger. Northwestern University Feinberg School of Medicine IRB study number: STU00202932."

Save the Date for EM Update

Mark your calendar and plan to attend 2017 Emergency Medicine Update at the Jump Trading Simulation and Education Center in Peoria on Thursday, February 16, 2017.



The full course program and registration will be available in mid-December. The program will also include an afternoon

simulation lab component in the Jump Center's state-of-the-art facility. The sim lab will be optional and an additional cost. Watch your email, social media, and ICEP.org for more details coming soon!



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Statewide Research Showcase Abstract

Round-Up with ICEP Research Committee

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engagement [$\beta=0.43$, CI (0.78, 30.24), $p=0.04$] and quality of life [$\beta=0.53$, CI (0.16, 1.11), $p=0.01$] were positively associated with higher exam scores. Depression, career satisfaction and daytime sleepiness were not significantly associated with exam scores.

Conclusion:

Absence of burnout and higher levels of EM trainee work engagement and quality of life were associated with higher in-training exam percentile scores. We did not find significant associations between depression, career satisfaction and daytime sleepiness with in-training exam scores, but these results may have been limited by the study's small sample size.

Impact:

Absence of burnout, increased work engagement, and increased quality of life are all associated with higher in-training exam scores. Residency training programs should implement programs to decrease burnout, increase work engagement, and increase quality of life in order to improve academic performance.

RESEARCH COMMITTEE COMMENTARY:

The authors of this study evaluated if there is a relationship between EM resident physician level of wellness and their ABEM In-Training examination score. Resident physician participants from a single residency program were scored on a burnout inventory and compared to their In-Training exam scores. They noted there was a significant correlation of burnout with lower examination scores. While this seems to make intuitive sense, a correlation does not necessarily imply causation, as other factors may

be contributing to the effect. In addition, these results were reflective of a small sample of resident physicians at a single institution and would benefit from a larger study population.

— *John Hafner, MD, MPH, FACEP*

Got Stress? Investigating Burnout Among Emergency Medicine Interns

Alison G. Wong, MD, Shu B. Chan, MD, Casey S. Collier, MD, Marc A. Dorfman, MD; Presence Resurrection Medical Center, Chicago, IL

Background:

Emergency medicine (EM) residents are exposed to many stressors beginning their first year of training. Understanding levels of burnout among EM interns has short-term and long-term implications in their physical and psychological well-being, personal learning, quality of patient care, and career satisfaction.

Objective:

To investigate the prevalence and trends of burnout among 13 EM interns across the first six months of their intern year.

Design/Methods:

In this prospective study, 13 EM interns of Presence Resurrection Medical Center's EM Residency Program anonymously completed the Maslach Burnout Inventory (MBI) at 3 time intervals: July 2015, October 2015, and January 2016. The MBI assesses the 3 proposed dimensions of burnout: emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). Means of the interns' sub-scores to

these 3 sections were calculated, and the differences in the sub-scores across time were compared by Student's t-tests.

Results:

From July 2015 to October 2015, EE means stayed "low" ($p=0.4936$) and PA means stayed at "moderate" ($p=0.4936$), but DP means increased from the "moderate" to "high" level of burnout ($p=0.4432$). From October 2015 to January 2016, EE means continued to stay "low" ($p=0.5802$) and DP means continued to stay "high," but PA means decreased from "moderate" to "low" ($p=0.3193$).

Conclusions:

While trends were seen, there were no statistically significant differences in burnout levels throughout the first six months of intern year. It is proposed that the increasing responsibilities and expectations of interns were balanced with increasing comfort with their role and skills. In addition, the push for better productivity in number of patients seen per hour may have led to feelings of insensitivity or cynicism towards patients. However, there was still a positive sense of self-worth and accomplishment with their daily work. Despite the rigors of EM intern year, with early incorporation of a wellness curriculum, residents can learn to be empathic yet competent and efficient providers, and also avoid burnout.

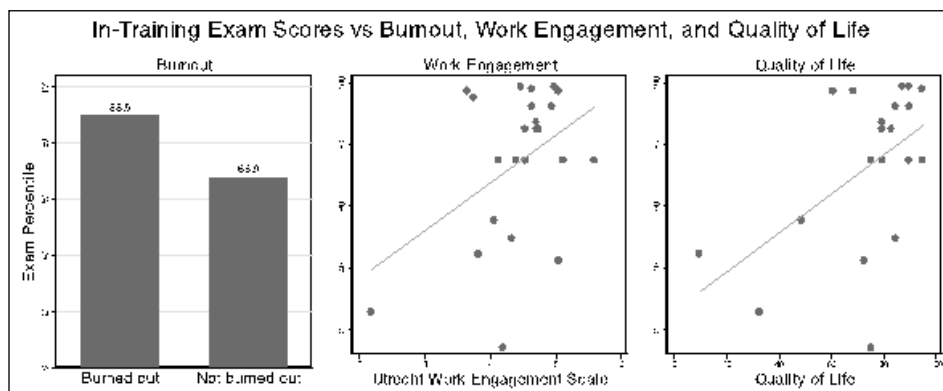
Impact:

This is a preliminary pilot study that has demonstrated the feasibility of using the MBI to measure residents' burnout levels during the course of their residency. Future studies should be larger and multi-centered with $n=158$ to achieve appropriate power.

RESEARCH COMMITTEE COMMENTARY:

Burnout is common in emergency medicine providers and the authors of this study sought to describe the prevalence of burnout among EM interns at a single institution. EM interns were administered a burnout survey three different times during their PGY-1 year. They noted no significant differences throughout their intern year, and interns were noted to have a positive sense of self-worth and accomplishment. These are intriguing findings but will require a significantly larger sample size to determine their applicability.

— *John Hafner, MD, MPH, FACEP*



News & Notes from National ACEP

New Epinephrine Labeling

There has been a change to the labeling of epinephrine. Epi 1:1000 used for anaphylaxis and asthma is now labeled 1.0mg/ml. Epi 1:10,000 used for cardiac arrests is now labeled 0.1 mg/ml. There has been concern that the current labeling caused confusion and inappropriate dosing.

New Crowding Solutions Resource

A new information paper on the causes, impacts and solutions to the crowding and boarding problem has been approved by the Board of Directors. Members are encouraged to distribute this reader-friendly paper to their hospital administrators or local policymakers who may benefit from a better understanding of why they must, and how they can, address this vexing and dangerous problem. A link to the new paper entitled "Emergency Department Crowding: High Impact Solutions" is available at: <https://www.acep.org/Clinical---Practice-Management/Emergency-Medicine-Crowding-and-Boarding/>

Blood Clot Information for Patients Developed, Resources Available from ACEP

ACEP (through an educational grant from Bristol Myers Squibb) is providing UNBRANDED resources to patients with newly diagnosed VTE/PE. The program provides text messages to connect patients to video based education which discusses the importance of taking medication and getting follow up. No product name is mentioned or implied. The program is called Know Blood Clots, and is explained on the website www.knowbloodclots.com. Patients can also text CLOTWEB to 412-652-3744 to sign up for the Know Blood Clots program. If you have questions, feel free to email sschneider@acep.org and I will try to supply further details.

For your convenience, we have created a smart phrase (dot phrase) that you can copy and paste into your electronic medical record then add to the discharge paperwork, which will provide your patients with this information:

"You have been diagnosed with a blood clot. You and your family/caretakers will likely have a lot of questions over the next few weeks. There is a program that that might help. It provides text messages to connect you to videos and other education. In addition the messages will remind you to make a doctor's appointment and get your medicine. Please go to www.knowbloodclots.com or text CLOTWEB to 412-652-3744. If you don't have a smart phone, perhaps a family member can enroll you. Normal text message charges may apply."

New Sections at ACEP

A sufficient number of members have come together to officially form three new Sections in the College. The Pain Management Section was formed earlier this year and is now being followed by the creation of the Medical Directors Section and the Event Medicine Section. The new Sections will meet at ACEP16 for the first time. Members interested in any of these topics are invited to attend the Section meetings and/or join the new Sections.

ICEP Calendar of Events 2016-2017

November 24-25, 2016

ICEP Office Closed
Thanksgiving Holiday

November 28, 2016

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

November 29, 2016

EM Board Review Intensive Course Committee Conference Call
10:00 AM - 11:00 AM

November 30, 2016

Ultrasound for Emergency Medicine Workshop
ICEP Conference Center
Downers Grove

December 7, 2016

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

December 7, 2016

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

December 9, 2016

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

December 12, 2016

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

December 12, 2016

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

December 23-26, 2016

ICEP Office Closed
Christmas Holiday

January 2, 2017

ICEP Office Closed
New Year's Day Holiday

January 10, 2017

Practice Management Committee Meeting
10:00 AM - 12:00 PM
ICEP Board Room
Downers Grove

January 17, 2017

Membership Committee Conference Call
1:30 PM - 2:30 PM

February 16, 2017

Emergency Medicine Update
Jump Trading Simulation & Education Center
Peoria

March 6, 2017

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

March 6, 2017

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

April 6-7, 2017

Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

April 21, 2017

Emergent Procedures Simulation Skills Lab
Grainger Center for Simulation and Innovation
Evanston

May 4, 2017

Spring Symposium & Annual Business Meeting
Northwestern Memorial Hospital, Chicago

May 23, 2016

EM4LIFE 2016 LLSA Article Review Course
ICEP Conference Center
Downers Grove

