

## PRESIDENT'S LETTER

# 'And All At Once...': Seasons of Change



**Janet Lin,  
MD, MPH, FACEP**

"AND ALL AT ONCE, SUMMER COLLAPSED INTO FALL..." – OSCAR WILDE

...And just as suddenly, fall collapses into winter, as Midwest weather over the past weeks seems to be proving. A few short months ago, ICEP held a strategic

planning retreat that gathered 30 current board members and past leaders (*photo, top right*) for a day-long session to help pave the way for the future of ICEP and determine 'what is the value of membership in organized emergency medicine.' This is a salient question that I heard time and time again at the ACEP18 Scientific Assembly and Council Meeting in San Diego.

Our specialty (amongst others) faces a myriad of assaults to the way we practice medicine and serve the health of the population. As an organization, we are and can be the Innovators who Collectively Engage emergency Physicians — ICEP — and be the voice for all our patients. More than ever, we need to focus on: Advocacy. Engagement. Education. Research.

### Advocacy

In the past year, we have had the opportunity to impact legislation in Illinois and nationally. Two ACEP-developed bills to address the opioid epidemic in the emergency department



passed into law (ALTO and POWER) in October. A federal advisory committee recommended an ACEP-proposed Alternative Payment Model for consideration by the Department of Health and Human Services. We have member representatives who are participating in task-forces to assist hospitals with the implementation of changes made by a recent amendment to the Sexual Assault Survivors Emergency Treatment Act (P.A. 100-0775) and implementation of opioid treatment alternatives.

However, many more opportunities exist for ICEP members to play key roles in informing the dialogue and current legislative issues in Illinois. To that end, one outcome of our planning retreat is to develop a speakers' bureau to function as a resource and to better link our legislators with thought leaders and experts who can provide essential information and perspectives in our respective areas of subspecialty. Amongst ICEP, all of us as physicians hold unique positions that can impact legislation and advocate for our patients, friends, families, and colleagues.

### Engagement

The 50th year anniversary celebration of ACEP drew many previous national and Illinois leaders in emergency medicine together. I had the honor to have lunch with former ACEP president Bob Anzinger, and ACEP speaker John Lumpkin, who hail from Illinois. Both reminded me that we have a rich history to be proud of and to learn from. As we ponder the question of 'what is the value of organized medicine',

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Dr. John Lumpkin and Dr. Bob Anzinger, both formerly of Illinois, at ACEP18.

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# Illinois Dept. of Public Health Issues 2018 Clinical Advisory on Acute Flaccid Myelitis

The Illinois Department of Public Health (IDPH) is reporting that of the 16 people under investigation for Acute Flaccid Myelitis (AFM) in Illinois this year, the Centers for Disease Control and Prevention (CDC) has confirmed three cases, classified one as probable AFM, and declared two not to be AFM cases. Ten cases remain under investigation.

The 16 individuals are from northern and central Illinois, and all but one patient is under 18 years of age. Additional information, including specific location, is not available.

AFM is a very rare neurological condition characterized by acute onset of flaccid limb weakness and magnetic resonance imaging (MRI) showing lesions in the gray matter of the spinal cord. The underlying cause(s) of AFM is not known.

Earlier this fall, IDPH put out a clinical advisory



on the condition to update clinicians on current AFM case counts nationwide and statewide, to provide information and resources regarding identification and management of AFM cases, and to remind providers and local health departments to remain vigilant in identifying cases. The full IDPH advisory is available for download from ICEP.org.

IDPH continues to work with health care providers to collect necessary information to send to CDC, which reviews the information to confirm if the case will be classified as AFM. IDPH encourages providers to report suspected cases to their local health department.

For the 2018 season, as of October 26, 2018, the

CDC has received a total of 191 reports of Patients Under Investigation (PUI). Of these, the CDC has confirmed 72 cases of AFM from 24 states. Similar to prior years, the vast majority of cases have occurred in children.

Symptoms of AFM include:

- Sudden onset of arm or leg weakness and loss of muscle tone and reflexes,
- Facial droop/weakness,
- Difficulty moving the eyes,
- Drooping eyelids, or
- Difficulty swallowing or slurred speech

## Diagnosis and Reporting

Clinicians suspecting AFM in patients meeting the probable or confirmed case definition (irrespective of laboratory testing results) should report these cases to their local health department, or to the IDPH Communicable Disease Control

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## ‘And All At Once...’: Seasons of Change

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I cannot help but reflect upon the stories that people like Bob and John tell not only about their career path, but also about continued passion in pursuit of better health and life. I believe that these stories need to be told and shared with current, new, and aspiring emergency physicians. ICEP will be launching an initiative to document just that, in leveraging the power of media and creating a video compendium of past leaders in ICEP to accelerate engagement.

### Education and Research.

Riding on the coattails of an invigorating social emergency medicine section meeting at ACEP and hearing from national leaders who have helped to define social emergency medicine, ICEP kicked off its new Social Emergency

Medicine Committee at the end of October. The importance of social context and structures in the practice of emergency medicine is increasingly being recognized as an area for education and research. We can view emergency care as a crossroads for people who seek care. Based on this year’s membership survey, the top three issues identified for Illinois emergency physicians are psychiatric and general boarding and wellness. Social emergency medicine and population health intersects with these practical challenges we face. So, this year, we will aim to incorporate these themes into ICEP activities.

Looking ahead, Aisha Liferidge, current ACEP Board member and a staunch advocate for health equity as well as inclusion and diversity, will be a keynote speaker for Spring Symposium.

Throughout the year, I hope to catalyze conversations about the daily challenges that we face in order to uncover workable solutions.

As the fall season winds down and the new year approaches, let’s get invigorated to be part of meaningful change.

— Janet Lin, MD, MPH, FACEP  
ICEP President



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# February EM Board Review Course Date Added in 2019: Two Options for Review

To align with the new exam schedule implemented by ABEM, ICEP will now offer two EM Board Review Intensive course options in 2019 for ConCert and Qualifying exam prep.

The course will be presented on February 5-8 and August 13-16, 2019, in Downers Grove. Call ICEP staff to register at 630-495-6400; online registration opens next week!

ICEP's powerful course prepares you for initial certification or recertification exams in emergency medicine with a focused 4-day program to help you pass your Boards.

## Focus on Questions for Maximum Review

EM Board Review Intensive maximizes your study time with supplemental question sessions:

- 50-minute morning reviews with board exam specialist Dr. Deborah Weber
- 3 days of Evening Question Review included with 4-day registration
- Daily photo quizzes test learning as you go



## Comprehensive Review Materials

Our package of review materials included with course registration lets you continue your high-impact studying after the course in a variety of formats:

- 2-volume Syllabus Book Set with 900+ pages of detailed topic outlines and key-points “pearls”
- Access to Self-Study Online, our exclusive web-based bank of 650+ multiple-choice, Board-format questions
- Study Pearls for EM Board Review Audio CDs with 6 hours of audio-book-style questions and answers (more than 550 total)

## Evening Question Review

If your schedule is too packed for our full 4-day review, consider the Evening Question Review stand-alone option — perfect for ICEP members within driving distance of Downers Grove. Join us after dinner on Tuesday, Wednesday and Thursday in February or August for a 3-hour “rapid-fire” question session with expert faculty. The fast-paced, interactive format will keep you on your toes as you maximize your study time. The full 3-day Evening Question Review program is \$199 for ACEP members, or you can register for individual evenings for \$99 per evening.

# Still Time to Register for Free CME Lunch Seminar on Opioid Use on December 10

ICEP has partnered with the STR-TA Consortium (State Targeted Response Technical Assistance) and ACEP to present a free one-hour CME presentation on Opioid Use Disorder on December 10, 2018, at the ICEP Conference Center in Downers Grove.

Lunch will be provided during the presentation. The seminar is free and open to all, but advance registration is required. Please RSVP online at [ICEP.org/opioidseminar](http://ICEP.org/opioidseminar).

Eric Ketcham, MD, MBA, FACEP, FASAM, FACHE, Medical Director for the New Mexico Treatment Services opioid addiction treatment clinic in Farmington and Espanola, New Mexico, and a staff emergency physician at Los Alamos Medical Center in Las Alamos, New Mexico, will discuss considerations for treatment of patients with opioid use disorder, including:



- The fundamentals of MAT (Medical Assisted Treatment) for patients with Opioid Use Disorder
- Buprenorphine prescribing rules, the “72 hour rule”, and DEA license “X-waiver”
- Indications, algorithms, and potential complications of buprenorphine in the ED
- The differences between buprenorphine and methadone
- How the “three day rule” enables physicians to stabilize patients and ensure a warm hand-off to an opioid addiction clinic
- Rationale and evidence for community naloxone distribution, including a discussion of common misconceptions about this medication

- The opportunities to make a long-term, life-saving impact on patients with Opioid Use Disorder

At the conclusion of the lunch-and-learn presentation, participants will be eligible to claim a maximum of 1.0 *AMA PRA Category 1 Credit™* provided by ACEP.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816 from SAMHSA.

RSVP online now to reserve your space. The meeting will be held in conjunction with the ICEP Board of Directors meeting.



# ICEP Leadership Scholarship Application Process Open Through January 15, 2019

ICEP is pleased to announce the Leadership Scholarship program is continuing in 2019. The program is open to all Illinois member residents and young physicians (out of residency five year or less).

Three scholarships are available! Applications are due January 15, 2019.

## ICEP Leadership Scholarship Program Overview

ICEP will award three \$750 Leadership Scholarships in 2019. The scholarship recipients will be required to use the scholarship funds to do each of the following:

- Attend ICEP Advocacy Day in Springfield, Illinois (date TBD - planned for April 2019)
- Attend ACEP Leadership and Advocacy Conference on May 5-8, 2019 in Washington, DC

Scholarship recipients will also be required to submit short reports about their experience at each event that will be published in the Illinois EPIC newsletter.

ICEP Advocacy Day is a half-day program where members travel to Springfield for a briefing with ICEP's lobbyists and then spend the



afternoon connecting with their legislators at the Capitol.

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.

### How to Apply

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

To apply, please email ICEP staff member

Kate Blackwelder at [kateb@icep.org](mailto:kateb@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 Tuesday, January 15. Notifications will be made by February 15.

### 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!

## Illinois Members Recognized with EMRA Awards

Four members from Illinois were recognized with EMRA awards for the fall 2018 cycle. Several awards helped the recipients attend ACEP18 in San Diego.

Emil Klosowiak, a 2019 medical student graduate from the University of Illinois at Chicago, was the winner of one of the ACEP18 Travel Scholarships sponsored by ACEP.

Mustafa Alam, a 2019 medical student graduate from Howard University, was one of two winners of the ACEP18 Travel Scholarship sponsored by Evidence Care.

Maureen Canellas, MD, a 2019 resident graduate from the University of Chicago, was the winner of the EDPMA Scholarship. Dr. Canellas was the sole recipient of the scholarship in 2018, which



allows a resident or fellow to serve on a committee of the Emergency Department Practice Management Association (EDPMA), receive mentorship from EDPMA leaders, and attend their annual conference, the EDPMA Solutions Summit.

Rebecca Parker, MD, FACEP, past ACEP president, past ICEP Board members, and EMRA

Alumni, was honored with the Joseph Waeckerle Alumni Award. This award honors a physician who has made an extraordinary, lasting contribution to the success of EMRA and is selected based on service to EMRA, leadership, commitment, and EMRA membership. A \$1,000 donation in Dr. Parker's name was made to the Emergency Medicine Foundation (EMF) in recognition of the award.

Congratulations to all our ICEP members! EMRA is now accepting applications for the Spring Awards cycle, with applications due January 15, 2019. Two opportunities are also available (for the EDPMA Scholarship and LAC Travel Scholarships) with applications due December 15, 2018. For full details and to apply, visit [https://www.emra.org/be-involved/awards/?\\_SpringAWARDS=FP](https://www.emra.org/be-involved/awards/?_SpringAWARDS=FP).





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# Save the Date for Emergency Medicine Update and Sim Lab in Peoria on Feb. 14

Save the date for ICEP's Emergency Medicine Update on Thursday, February 14, 2019, at the Jump Trading Simulation & Education Center in Peoria.

ICEP's winter CME program is a multifaceted educational program open to all levels of emergency care providers and provides a great opportunity to earn pediatric and trauma hours that help fulfill state licensing requirements. Registration will open online in December.

On the 2019 agenda:

- ED Boarding, presented by Benjamin Kemp, MD, FACEP, with a focus on key drivers of boarding, the impact on patient outcomes, and best practices to improve boarding in the ED and hospital-wide
- Innovations in Emergency Care: Safety Nets and Crossroads of Care, presented by Janet Lin, MD, MPH, FACEP, examining technology and linkage to care for HIV

screening, Hepatitis C, and diabetes

- The Top 10 EM Articles from 2018, presented by John W. Hafner, Jr., MD, MPH, FACEP, reviewing key advances in EM practice from recent research
- Tainted Spice: Superwarfarins and Management of Vitamin K Antagonist Related Bleeding

After the conclusion of the morning program, join ICEP in the afternoon in the sim lab for hands-on skills practice on simulated patients. Spend 90 minutes at each module and earn a maximum of 3 *AMA PRA Category 1 Credits™*. Modules focus on pediatric trauma and pediatric resuscitation. The cost of the Simulation Skills Lab is \$99 for all providers, and you may register for this program without attending EM Update.

## EMERGENCY MEDICINE *Update*

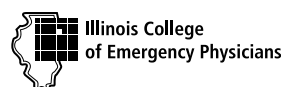
February 14, 2019  
Peoria, Illinois

ICEP's winter CME conference in Peoria is better than ever. **Emergency Medicine Update** is a multifaceted educational program with something for every emergency care provider.



This activity has been approved for *AMA PRA Category 1 Credit™*

Thursday, February 14, 2019  
Peoria, Illinois



# Oral Board Faculty: Put 2019 Dates on Calendar

If you are interested in serving as a faculty examiner at ICEP's Oral Board Review Courses in the spring or fall, put these dates on your calendar:

**Friday, April 12, 2019**  
**Friday, September 6, 2019**  
**Chicago O'Hare Marriott**

Largely because of the excellent faculty, ICEP has the reputation for presenting the nation's premier oral board review courses. It's a great way to give back to the specialty while networking with colleagues from around the country.

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 them feedback on their performance. The courses are intensive -- with a one-to-one candidate to faculty ratio. The honorarium is \$200 per full course day.

ICEP's Oral Board Review courses are held at the Chicago O'Hare Marriott Hotel and run



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## ORAL BOARD REVIEW COURSES



**April 11-12, 2019**  
**September 5-6, 2019**  
**Chicago O'Hare Marriott**

Course Director: Deborah E. Weber, MD, FACEP

from approximately 7:45 am - 6:15 pm with coffee and lunch breaks.

NOTE: A few faculty will also be needed to serve on Thursday, April 11 and Thursday, September 5 in the afternoon. ICEP staff will be contacting faculty to review their availability for the afternoon of these days.

### How to Sign Up to Teach

We are asking for your commitment early because the courses are very popular, and we want to continue providing this important service to those who request it.

Please complete the Faculty Participation Form online now at [ICEP.org/obrfaculty](http://ICEP.org/obrfaculty). ICEP asks that even if you are unable to teach in 2019, you complete the form so that we maintain the most current data on all of our faculty.

We are always looking to expand our network of expert faculty, and want to provide any assistance that we can. Connect directly with Lora Finucane:

- If you know someone that you would like to nominate to teach at the course, or
- If you are new faculty with questions

We look forward to having you and/or your colleagues join us!



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

*The Statewide Research Showcase Abstract Round-Up is back. Each issue of EPIC will feature abstracts that were selected for oral presentation at the Statewide Research Showcase at the 2018 Spring Symposium, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Casey Collier, MD, FACEP, and Hannah Watts, MD, FACEP.*

## ***The Effect of Patient Education and a Primary Care Connection Model on Non-Urgent Emergency Department Utilization***

***Karis L. Tekwani MD, FACEP, Mila L. Felder, MD, FACEP, Trushar Naik, MD, Anita Shroff, MD, Maddelynn M. Hawkins, MD, Michael P. Logan, MD, Alex Andrade; Advocate Christ Medical Center, Oak Lawn, IL***

### **Background**

Studies exploring the use of primary-care related interventions to decrease emergency department (ED) utilization have demonstrated variable results. Several have shown that implementing patient care navigators in frequent ED users has decreased the number of ED visits, and increased primary care physician utilization. However, this has not been consistently demonstrated among the non-frequent ED utilizers, and does not clearly differentiate between necessary and unnecessary ED visits. In 2016, our hospital implemented a Primary Care Coordination Initiative (PCCI) with the goal of improving access to care. Community health workers performed a health needs assessment and addressed social barriers to care. They arranged primary care follow up and educated patients on appropriate ED usage.

### **Objectives**

We sought to determine the effect of PCCI on non-urgent ED utilization in low acuity ED patients. We hypothesized that after implementation of the PCCI healthcare navigation and care coordination, there would be a decrease in non-urgent ED utilization.

### **Methods**

We reviewed the first 250 low acuity patients (both adult and pediatric) enrolled in the PCCI. We recorded the total ED visits, as well as the

total unnecessary visits as determined by the Minnesota algorithm, one year pre- and one-year post-intervention. A Wilcoxon signed rank sum test was performed in order to identify significant differences in overall median difference of unnecessary visits before and after the intervention.

### **Results**

The 250 patients had 430 total visits pre-intervention of which 303 were unnecessary. There were 237 total visits post-intervention of which 182 were unnecessary. Mean age was 16 (SD  $\pm 15.8$ ). The most common complaints were orthopedic (26%), respiratory (18%), ear, nose and throat (14%) and skin (14%). An overall significant median difference of 1 unnecessary visit was identified ( $p$ -value $<0.0001$ ), with 1 median unnecessary visit pre-intervention (1.00-2.00) and 0 median visits after the intervention (0.00-1.00).

### **Conclusion/Impact**

A significant decrease of 1 median unnecessary visit was seen in the year following implementation of the PCCI. Improved care coordination, education, and health care navigation has the potential to improve appropriate ED utilization.

### **Commentary from ICEP Research Committee:**

The Minnesota algorithm classifies unnecessary ED care as non-admitted patients with Level 5 charts or Level 3 and 4 charts without ED procedures. Essentially these cases could be handled in a primary care office visit. This retrospective study attempts to show success of the Care Coordinator Initiative to improved ED utilization. A Care Coordinator helped reduce the total number of unnecessary visits. However, it did not reduce the percentage of visits that were unnecessary (70% pre, 76% post) as the total number of visits dropped as well (430 to 237). The total visit decrease is not accounted for in the abstract. I would also like to see data on how many contacts the PCCs had with patients, if more was better, and if Primary Care offices saw a corresponding increase in volume in the post-initiative period.

— **Casey Collier, MD, FACEP**

## ***The CHAMPIONS NETWork: Community Health and eMPowerment Through Integration of Neighborhood-Specific Strategies Using a Novel Education and Technology-Leveraged Workforce***

***Sara Heinert, MPH, Marina Del Rios, MD, MSc, Arjun Arya, MSc, Ramin Amirsoltani, MPH, Nasseef Quasim, BS, Lisa Gehm, MD, Natalia Suarez, MA, Selina Kowalski, MPH, Terry Vanden Hoek, MD; University of Illinois at Chicago, Chicago, IL***

### **Background**

In Chicago, major disparities exist across common chronic conditions and access to care. Concurrently, many of Chicago's youth are unemployed and the number of minorities pursuing health professions is low. The CHAMPIONS NETWork program was implemented in an effort to eliminate this health equity gap.

### **Objective**

The goals of the CHAMPIONS NETWork program were to empower underserved youth, expose them to careers in the health sciences, and improve population health in underserved communities. The purpose of this study was to determine the benefits of the

program for participating students.

### **Design/Methods**

Twenty-seven rising juniors and seniors from five Chicago high schools in underserved neighborhoods participated in the program. Students completed a four-week didactic curriculum in interdisciplinary health education, with an emphasis on cardiovascular disease (CVD) and cancer. Students then participated in a two-week internship in the emergency department (ED), where they screened and educated patients on CVD and cancer risk. They also connected at-risk patients to primary care appointments at the federally qualified health center that was affiliated with the ED. Students completed written questionnaires at the start and end of the six-week program.

## **Want more?**

Download the 2018 Statewide Research Showcase eBook for all research submitted to Spring Symposium:  
**[ICEP.org/spring](http://ICEP.org/spring)**

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# PHYSICIAN OPPORTUNITY

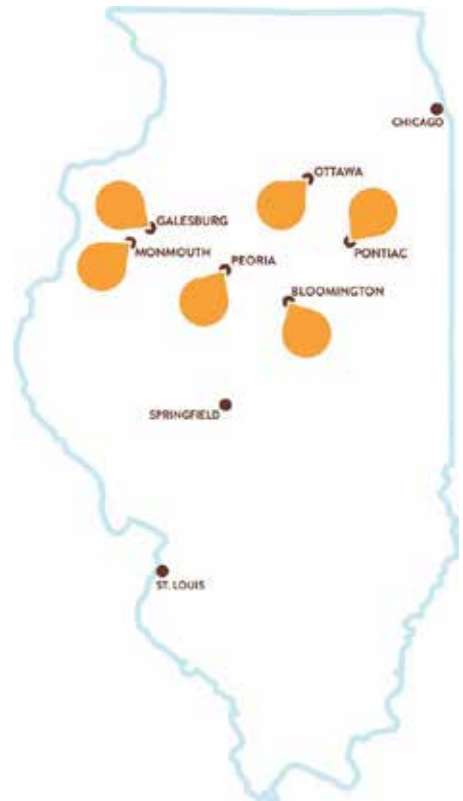
## Illinois

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- Loan repayment and signing bonus options

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#### Please contact or send CV to:

Lindsey Weinberg, OSF HealthCare Physician Recruitment

Ph: (309) 683-9353 or (800) 232-3129, press 8

Fax: (309) 683-8353

E: [Lindsey.M.Weinberg@osfhealthcare.org](mailto:Lindsey.M.Weinberg@osfhealthcare.org)  
[osfhealthcare.org](http://osfhealthcare.org)

EOE/Minorities/Females/Veterans/Disabled



# ICEP Members Recognized with Fellow Status at ACEP18 Ceremony

Congratulations to the ICEP members who were recently recognized at ACEP18 with newly granted Fellow status. Some of the members received this designation in 2017 but were not recognized at ACEP17, and others just received the status in 2018. All were recognized at the President's Gala held at ACEP18 in San Diego.

- Matthew Albrecht, MD, FACEP
- Thomas Ryan Alcorn, FACEP
- Victor Wai-Yuen Chan, DO, FACEP

- Brian Doane, MD, FACEP
- Abra Leigh Fant, MD, FACEP
- Sumesh Jain, MD, FACEP
- Howard S. Kim, MD, MS, FACEP
- Vivian Lau, DO, FACEP
- Rebecka Lopez, MD, FACEP
- Nicholas Edward Mazur, DO, FACEP
- Ryan Kilpatrick Misek, DO, FACEP
- Daniel P. Montemayor, MD, FACEP
- John N. Moustoukas, MD, FACEP
- Trushar Naik, MD, FACEP

- Charles A. Nozicka, DO, FACEP
- Adriana Olson, MD, FACEP
- Benjamin A. Savitch, MD, FACEP
- Jeremy L. Smiley, MD, FACEP
- Jennifer N. Smith-Garcia, MD, FACEP
- David C. Snow, MD, FACEP
- Thomas F. Spiegel, MD, FACEP
- Sarah Stewart de Ramirez, MD, FACEP
- Jon P. Strotkamp, DO, FACEP
- Jenny M. Tristano, MD, FACEP
- Irena Vitkovitsky, MD, FACEP

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

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### Results

From program start to end, students' average CVD and cancer knowledge scores increased from 53% to 82% and 43% to 94%, respectively. Students' self-efficacy increased from 33% to 62%. Students' confidence in their ability to make good health decisions increased from 1% to 35%. Their self-reported firsthand experience about what it is like to have a career as a health professional increased from 7% to 50%.

### Conclusion

By engaging students to become part of the health care team, our findings show that participating students retained health knowledge, increased self-efficacy, had an increased interest in health careers, and increased their own healthy habits.

### Impact

The CHAMPIONS NETWork can incur cost savings for health systems by keeping their patient population healthy, while providing young adults with culturally-competent hands-on health career opportunities. Expansion of the CHAMPIONS NETWork program could be a mutually beneficial collaboration between communities, schools, and health systems and could

improve the health in underserved communities while empowering students in a novel way.

### *Commentary from ICEP Research Committee:*

As emergency physicians, we are reminded on a daily basis that health disparities and access to care exist in underserved communities. The CHAMPIONS NETWork gave students from 6 Chicago high schools in underserved areas the unique experience of participating in a 6-week summer internship that trained them to be health advocates, allowed them to shadow healthcare professionals, and they acquired Basic Life Support certification. In this prospective observational cohort study, the authors sought to determine the benefits of the program for the participating students and found that students who participated in the program had increased medical knowledge, increased ability to make good health decisions and improved understanding about what it means to work in health care. This novel program has the potential to have a net benefit for the students, the hospitals, and their communities by empowering young adults to bring home healthy behaviors and medical knowledge further improving the health of their communities. It additionally provides them with meaningful experiences in health care that may lead to careers in the medical field.

— **Hannah Watts, MD, FACEP**

## IDPH Issues AFM Advisory for Clinicians

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Section at 217-782-2016.

Clinicians should consult with their clinical laboratory and local health department regarding laboratory testing of CSF, blood, serum, respiratory, and stool specimens for enteroviruses, West Nile virus, and other known infectious etiologies.

The CDC AFM Patient Summary Form should be completed for cases classified as confirmed or probable and submitted to their local health department via secure fax.

Clinicians or infection control practitioners should have access to enter reportable diseases into the Illinois National Electronic Disease Surveillance System (I-NEDSS). Those without access can report case information by fax or phone to their LHD and visit [idphnet.illinois.gov](http://idphnet.illinois.gov) to sign up for I-NEDSS.

For more information, including specimen collecting, laboratory testing, and further resources, please read full IDPH Health Advisory on AFM at [ICEP.org](http://ICEP.org).



# New Joint Guidelines Published in Annals of EM for ‘Pediatric Readiness in the ED’

ACEP in collaboration with the American Academy of Pediatrics (AAP) and the Emergency Nurses Association (ENA) recently published the updated joint guidelines, “Pediatric Readiness in the Emergency Department,” that recommend ways health care providers can make sure every injured or critically ill child receives the best care possible.

Read the guidelines at:

[https://www.annemergmed.com/article/S0196-0644\(18\)31167-3/fulltext](https://www.annemergmed.com/article/S0196-0644(18)31167-3/fulltext)

The joint policy statement, published in December 2018 edition of *Annals of Emergency Medicine*, represents a revision of the 2009 policy statement and highlights recent advances in pediatric emergency care that may be incorporated into all emergency departments that care for children. The statement emphasizes the importance of evidence-based guidelines and includes additional recommendations for qual-

ity improvement plans focusing on children and disaster preparedness.

The majority of children are brought to community hospital emergency departments (EDs) by virtue of proximity. It is, therefore, imperative that all EDs have the appropriate resources (medications, equipment, policies, and education) and capable staff to provide effective emergency care for children. The policy statement outlines resources necessary for EDs to stand ready to care for children of all ages. The recommendations are consistent with the recommendations of the Institute of Medicine (now called the National Academy of Medicine) in its report “The Future of Emergency Care in the United States Health System.”

Although resources within emergency and trauma care systems vary locally, regionally, and nationally, it is essential that ED staff, administrators, and medical directors seek to meet

or exceed these recommendations to ensure high-quality emergency care is available for all children. The updated recommendations are intended to serve as a resource for clinical and administrative leadership of EDs as they strive to improve their readiness for children of all ages.

According to the 2014 National Hospital Ambulatory Medical Care Survey, there were approximately 5,000 emergency departments in the United States. Of the more than 141 million emergency department visits, an estimated 20 percent were for children younger than 15 years. As many as 83 percent of children in need of emergency care go to a community emergency department versus a pediatric emergency department.

ACEP, AAP, and ENA are longstanding partners in the shared effort to optimize high-quality, family-centered care of children in emergency departments.

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# ICEP Calendar *of* Events 2018-2019

**November 22-23, 2018**

**Thanksgiving Holiday**  
ICEP Office Closed

**November 28, 2018**

**Ultrasound for Emergency Medicine Workshop**  
ICEP Conference Center  
Downers Grove

**December 3, 2018**

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

**December 6, 2018**

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

**December 6, 2018**

**EMS Forum**  
1:15 PM - 3:00 PM  
ICEP Conference Center  
Downers Grove

**December 7, 2018**

**ITLS Illinois Advisory Committee Meeting**  
10:00 AM - 12:00 PM  
ICEP Board Room  
Downers Grove

**December 10, 2018**

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

**December 10, 2018**

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

**December 10, 2018**

**STR-TA Consortium Opioid Use Disorder State Targeted Response Lunch Seminar**  
12:00 PM - 1:00 PM  
ICEP Conference Center  
Downers Grove

**December 24-25, 2018**

**Christmas Holiday**  
ICEP Office Closed

**February 5-8, 2019**

**EM Board Review Intensive**  
ICEP Conference Center  
Downers Grove

**February 14, 2019**

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

**March 11, 2019**

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

**March 11, 2019**

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

**April 11-12, 2019**

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

**April 26, 2019**

**Emergent Procedures Simulation Skills Lab**  
NorthShore University HealthCare Evanston Hospital, Evanston

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