

PRESIDENT'S LETTER

A Time to Reflect and Give Thanks



**Ernest Wang,
MD, FACEP**

It's that time of year again when we all should take a few moments to reflect and show appreciation for the good fortune we all have to be able to practice emergency medicine and make a huge difference in the world. As I flew back from Thanksgiving vacation with family,

I reflected on how extremely grateful I am to my colleagues for splitting up the holidays so that we can each celebrate some of the holidays with our loved ones. Now those of us who were off Thanksgiving will work the December holidays. It's tough to do when the work is 24/7/365 but EM is like that. We help each other out.

More importantly, I am grateful for the wonderful staff in the EDs: the RNs who save us each and every shift, the APPs, the ED patient care techs, the registrars, the security staff, the pharmacists, the radiology and lab techs — all the people that keep the ED running day and night so we can do our job. Take some time on your next shift to acknowledge your team (and I know you will). They truly deserve it.

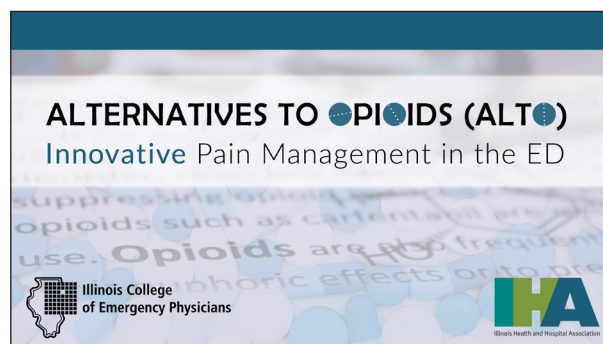
Finally, I am grateful for the important work that ICEP does in support of emergency physicians in our state. From education to leadership

and advocacy, ICEP's staff, its Board, its committee members, and the many physician volunteers who participate annually in ICEP courses and symposiums are doing the work necessary to support YOU so that you can take the best care of your patients.

Take, for example, the recent Alternatives to Opioids (ALTO) CME course released by ICEP. Illinois state law has recently mandated 3 hours of opioid education effective January 1, 2020. As an ICEP member, you can take this course and fulfill your requirement for free. That's membership value. Visit ICEP.org/ALTO to register.

More importantly, and likely overlooked, is the amount of dedication and collaboration that goes into getting something like this accomplished. Under Dr. Michael Wahl's (Past President of ICEP, current Medical Director, Illinois Poison Center) leadership, ICEP partnered with the Illinois Health and Hospital Association (IHA) and with the Wisconsin ACEP chapter to develop the content. The work of the collaboration led to the launch of the first pilot cohort of the Alternative to Opioids (ALTO) project.

The pilot involved 5 Illinois hospital emergency departments (EDs) over a six-month span with a goal of reducing the administration of opioids in those EDs by 15 percent. The cohort



participating sites achieved an average 22 percent reduction in the administration of opioids during those six months. The second cohort of 7 hospitals participating in the ALTO project is now live. ICEP is a partner through developing and implementing a course in ultrasound-guided nerve blocks to improve pain management and decrease the use of opioids. The free course will be presented next Tuesday, December 10, and spaces are still available for all ICEP members! Register at ICEP.org.

No less impressive is the significant amount of ICEP's budget that is dedicated to developing and putting on the many educational courses that afford Illinois emergency physicians opportunities to gain new knowledge, learn new skills, network, and make connections. From the best Oral Board Review Course in the nation to Resident Career Day, Spring Symposium, EM Board Review Intensive, EM4LIFE, EM Update, and ICEP's critically acclaimed

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A Time to Reflect and Give Thanks *from Page 1*

simulation and ultrasound labs, our educational programs are unmatched anywhere in the country. On behalf of the ICEP Board and staff, I want to personally thank each and every physician who volunteered their time to make these courses outstanding. A complete list of these individuals follows at the end of this article.

Advocacy is a big member benefit. ICEP staff and members are always working behind the scenes with our lobbyists to affect change in Springfield. In 2020, the spring Board of Directors meeting will be held in Springfield in conjunction with ICEP Advocacy Day on March 19, 2020. The Board is looking forward to the opportunity to actively participate in advocacy and promote more engagement throughout Illinois. We would love to have you join us for Advocacy Day! Registration is free for all members; RSVP online at ICEP.org/advocacyday.

In addition, ICEP supports the development of residents' and young physicians' leadership skills so that they can participate in advocacy at the state and national level. Each year, the ICEP Leadership Scholarship program awards three individuals with scholarship funds to attend ICEP Advocacy Day in Springfield and the ACEP Leadership and Advocacy Conference in Washington, DC. Our scholarship recipients in 2019 were Drs. Adriana Coleska, Tehreem Rahman, and Erik Wright.

Other notable advocacy initiatives ICEP endorsed in 2019 included support for the Women in Medicine Summit.

Each year, ICEP Councillors attend the annual ACEP Council at the Scientific Assembly to pass resolutions in support of emergency physicians. Working with our Executive Director, Ginny Kennedy-Palys, this year, ICEP actively advocated on many important topics:

1. Under Dr. Janet Lin's leadership (Immediate Past President), passed a resolution for ACEP to work with stakeholders to raise



In attendance at the 2019 ACEP Council Meeting from Illinois were (left to right) Drs. Vinay Mikkilineni, Henry Pitzele, Scott Heinrich, Kurtis Mayz, Chrissy Babcock, Deborah Weber, George Hevesy, Napoleon Knight, Amit Arwindekar, Ernest Wang, Yanina Purim-Shem-Tov, Janet Lin, Rebecca Parker, Susan Nedza, Howie Mell, Will Sharp, Cai Glushak, Chris McDowell, Jason Kegg, and Executive Director Ginny Kennedy Palys.

- awareness and advocate for research funding and legislation to curb gun violence and intimate partner violence.
2. Advocated for rational use of clinical judgment for crystalloid hydration in sepsis.
3. Opposed adding naloxone to the Prescription Drug Monitoring Program.
4. Advocated for the safe use of droperidol in the ED.
5. Advocated for promotion of the current ACEP policy statement that supports decreasing barriers, perceived or real, to physicians to feel safe seeking treatment for mental health, substance use, and other issues; and that ACEP work with the American Medical Association and state medical societies to advocate for a change at state medical boards for protections for licensure for physicians to seek help and treatment for mental health, substance use, and

other disorders.

6. Advocated for ACEP to support the elimination of non-medical exclusions for vaccines and make a public statement of support for the safety and efficacy of vaccines in preventing disease.

Looking forward to 2020, ICEP is partnering with the IHA to advocate on behalf of behavioral health patients who too often find themselves boarding in our EDs awaiting placement and psychiatric treatment services. ICEP leadership met with the IHA Medical Executive Forum in November and shared their perspectives on ED boarding of behavioral health patients. They discussed various innovative solutions including Crisis Stabilization Units, telepsychiatry, opportunities for increasing state-operated medical/psychiatric hospital bed availability, and 'care for the caregiver' programs targeting trauma to reduce staff burnout. Better solutions

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Illinois Adopts National Registry Exams for EMT Testing

Option to Use State Licensing Exams Ends April 1, 2020 for EMT, EMT-I, Paramedic Candidates

Illinois will join the majority of states when it transitions to the National Registry for emergency medical technician testing in 2020. Historically, Illinois has administered a state exam which most EMTs chose over the National Registry exam option. Effective April 1, 2020, the state exam will be phased out.

After this date, the Illinois State Licensing Exam will no longer be an option for EMT, EMT-I/AEMT, and paramedic candidates. When the transition is complete, there will no longer be an EMT-I exam, as the National Registry only offers AEMT.

Once the EMT, AEMT, or paramedic candidate takes and passes the NR exam, they must apply for the appropriate Illinois license. The National Registry is not a licensing agency, and Illinois licensure is still be required for practice. There is no minimum age requirement for testing set by NREMT, but 18 is the minimum age to obtain a license in Illinois.

If a candidate has failed the state exam prior to April 2020, they will be allowed to take the Na-

tional Registry exam after April 1, 2020.

National Registry Exam costs are \$85 for emergency medicine technicians, \$115 for advanced EMTs, and \$125 for paramedics. There will be more testing sites available in Illinois than previously when Continental Testing was used.

First Responders will continue to take the local system exam as their requirement for licensure. TNS exams will be given at the TNS site. PHRNs will take the National Registry paramedic assessment exam.

Other changes adopted by the State include a requirement for all paramedic programs to be accredited or in the process of becoming accredited by December 2020. Those not accredited before this deadline will also take the NREMT paramedic assessment exam.

The National Registry's mission is to provide a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers.

The NREMT cognitive exams are computer adaptive, meaning that the computer estimates the student's ability based on prior answers and item difficulty. Next questions are individually selected for a 50% of the individual answering it correctly. All items are challenging to all candidates, but as items are answered, the confidence interval becomes more precise.

The first-time pass rate for the EMT exam is 71%. The exam consists of 70-120 questions and two hours is permitted to complete the exam.

The first-time pass rate for the Paramedic exam is 74%. The exam consists of 80-150 questions and two hours and 30 minutes are permitted for completion.

The content of the exams is written by national SMEs and every question is pilot tested a minimum of 400 times to ensure that the question avoids regional bias, is appropriate for the level testing, and has only one correct answer.

ICEP Honors Legacy of Longtime Member Dr. Pat Lee with ACEP Council Resolution

The specialty of emergency medicine lost a beloved leader whose compassion and dedication to medicine were known throughout the City of Chicago when Patricia Lee, MD, FACEP, passed away on October 11, 2019 at the age of 68.

A memorial resolution was presented in her memory at the 2019 ACEP Council Meeting in October to honor the many contributions made by Dr. Lee as a brilliant, compassionate leader in emergency medicine.

Dr. Lee overcame many obstacles to achieve her dream of becoming a physician and entered



**Patricia Lee,
MD, FACEP**

medical school at the UT Southwestern Medical School in Dallas at age 36.

Dr. Lee completed her residency at the University of Illinois at Chicago in 1993 where she stood out for her maturity and intellectual brilliance.

After completion of residency, Dr. Lee became an attending physician at Advocate Illinois Masonic Medical Center, a Level I trauma center in Chicago, where she continued to care for patients for 26 years while also teaching and mentoring residents.

Dr. Lee was appointed chair of the Masonic

emergency department in 2009 and remained in that position until the time of her passing, one of the few female chairs of emergency departments across the country.

Dr. Lee was an active and contributing ICEP member whose sparkling wit and good humor were evident in the educational programs she chaired for the College. She received the ICEP Meritorious Service Award in 2000.

Dr. Lee was also a mentor and guiding spirit for many in emergency medicine, especially female residents and attending physicians. When colleagues were faced with a difficult situation, they would often ask: "What would Pat Lee do?" and be reminded of her grace, ability to think clearly and assess the situation. She will be greatly missed.

Register Now for 2020 EM Update and Sim Lab in Peoria on February 13

Join us for ICEP's Emergency Medicine Update on Thursday, February 13, 2020, 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.

On the 2020 agenda:

- Vaping Associated Lung Injury, presented by Joseph Leary, DO, with a focus on key history and exam features that point toward a diagnosis of vaping associated lung injury (VALI) as well as a discussion of the CDC's interim guidelines for clinical evaluation, criteria for hospital admission, treatment, follow-up, reporting requirement, and high-risk groups.
- The Next Generation Chest Pain Evaluation Using High Sensitivity Troponin, presented by Ernest Wang, MD, FACEP, illustrating the limitations of chest pain evaluation using the HEART score and high sensitivity troponin, as well as discussion of the clinical scenarios that allow for safe discharge from the ED when high sensitivity troponin is used.

• Vaccine Preventable Illness, presented by Greg Podolej, MD, identifying key history and exam features that identify relevant vaccine preventable illnesses. This session will also discuss reporting requirements for the state of Illinois and describe quarantine requirements of relevant vaccine preventable illnesses.

• The Top 10 EM Articles from 2019, presented by John Hafner, MD, MPH, FACEP, reviewing key advances in EM practice from recent research.

A virtual reality lunch seminar will be presented by Med Learning Group, focusing on the role of emergency physicians in the management of immune-related adverse Events in patients treated with immuno-oncology agents.

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*™.

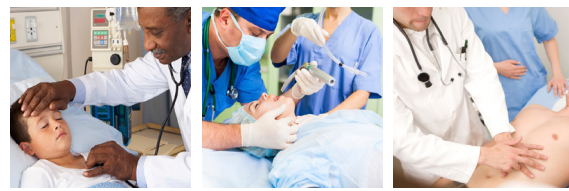
EMERGENCY MEDICINE *Update*

February 13, 2020
Peoria, Illinois

Focus on:

Vaping Associated Lung Injury • Chest Pain Evaluation with High Sensitivity Troponin • Vaccine Preventable Illness • Top 10 EM Articles of 2019 • Oculus Virtual Reality View: Immune-related Adverse Events • ICEP Update

Plus: Simulation Skills Workshop Earn extra pediatric & trauma hours!
Pediatric Trauma Simulation • Pediatric Sepsis Simulation



Modules focus on pediatric trauma and pediatric sepsis. The cost of the Simulation Skills Lab is \$99, and you may register for this program in addition to EM Update or attend separately.

The course brochure is available at ICEP.org and registration will open online shortly. Secure your spot by calling ICEP at 630.495.6404. Registration is limited for the Simulation lab.

Fulfill Trauma CME Hours Requirement By Year End with ITLS eTrauma Online Course

Do you need trauma CME hours to fulfill your annual requirements? ICEP has partnered with International Trauma Life Support to secure 8.0 *AMA PRA Category 1 Credits*™ for the 8th Edition ITLS eTrauma online course.

ITLS' online trauma course is an easy opportunity to earn trauma hours with 13 topic-focused lessons (head, spinal, thoracic trauma, and more). New course content focuses on updated SMR guidelines, hemorrhage control and TXA, mass shooting events, and more. The program is flexible and self-paced to complete on your own timeline.

ITLS is the world's leading provider of emergency trauma care education. ITLS training stresses rap-

id assessment, appropriate intervention and identification of immediate life threats. The ITLS framework for rapid, appropriate and effective trauma care is a global standard that works in any situation.

There are three options for purchasing eTrauma to earn CME: a value pack that includes course access, hard copy textbook, and eTextbook for \$133; course access with the eTextbook embedded for \$107; and course access only for \$75. Get started now at ITRAUMA.org/etrauma.

Note that two purchases are required to obtain CME. You must purchase one of the course options noted above, and then you must purchase

Need trauma CME hours?

8th Edition **ITLS**
eTrauma
Taking Trauma
Training Online

International Trauma Life Support's online trauma course now available with physician CME credit!

CME credit separately for \$60 from ITRAUMA.org/etraumaCME prior to starting the course online. After course completion, you will claim your CME hours and request your CME certificate.



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Updates On Care of Sexual Assault Patients: What Illinois EPs Need to Know, Part 3

*By Monika Pitzele, MD
ICEP Representative, SASETA Implementation Task Force*

In the January and May issues of EPIC we talked about SASETA changes that will affect our practice. As a short recap, the main change is a requirement that after January 1, 2022, every sexual assault survivor needs to be cared for by a Qualified Medical Provider (QMP) available within 90 minutes from the survivor's arrival to the Emergency Department (ED).

A QMP for adults/adolescent patients can be an Adult/Adolescent Sexual Assault Nurse Examiner (SANE) or a physician/physician assistant who has obtained training to qualify them as a Sexual Assault Forensic Examiner (SAFE). A QMP for pediatric patients (12 years old and under) can be a pediatric SANE/SAFE or a board certified/board eligible child abuse pediatrician.

Based on which providers are available in the hospital, the hospitals need to choose their designation under SASETA as one of the following:

1. Treatment Hospital (providing care for adult, adolescent and pediatric sexual assault survivors)
2. Transfer Hospital (all sexual assault survivors are transferred to a Treatment Hospital with which the Transfer Hospital has a written agreement. Adult/adolescent survivors can be transferred to Treatment Hospital with Approved Pediatric Transfer if it is closer than a Treatment Hospital.)
3. Treatment Hospital with Approved Pediatric Transfer, which is a new category (providing care for adult and adolescent sexual assault survivors and transferring the pediatric patients). This option also requires a written agreement with a Treatment Hospital that would accept transfers of all the pediatric sexual assault survivors.

Current list of hospital designations

All the hospitals were submitting their current designations to IDPH this May and June. The list can be found at: <http://www.dph.illinois.gov/sites/default/files/publications/sexual-assault-hospital-approved-facilities.pdf>

Number of sexual assault survivors in Illinois
IDPH recently published the first set of data regarding treatment of sexual assault survivors. All hospitals submitted their numbers of patients who presented with complaint of sexual assault from January 1 to June 30, 2019, as well as the number of kits offered (all ages and pediatric), and the number of kits completed or declined. In the entire state of Illinois, there were 2,537 patients who presented with the complaint of sexual assault during the first 6 months of the year. Of this number, 2,124 patients (84%) were offered the forensic evidence collection kit (it is possible the remaining 16% was out of the time window for evidence collection, but we do not have this information). Pediatric patients accounted for 490 kits, or 23% of kits offered. Therefore, on average statewide, we have 14 sexual assault patients presenting every day, emphasizing the need to have a system in place to provide good care. All the numbers can be found at: <http://www.dph.illinois.gov/sites/default/files/publications/sexual-assault-hospital-approved-facilities.pdf>

How can we facilitate the process

Many hospitals already started development of SANE programs. Something we can all do at our institutions is to advocate for financial and administrative support for program development, as well as personally support the training of the nurses. During their training process SANEs need a number of specialized genital exams and we could help them with exams and sign off on their training logs. The training log, including the techniques and anatomy that they are responsible for (probably more detailed than usual emergency medicine teaching), can be found at http://www.illinoisattorneygeneral.gov/victims/sanetraining/AA_SANEClinical-Log2018.pdf.

If you are interested in becoming a SAFE, training is nearly the same as SANE training; the classroom requirement is the same, but the clinical log would be modified for you and not include everything that is required for nurses. SANE training is free of charge and open to physicians and advanced practice providers.

The Adult/Adolescent SANE course has been held at Christ Hospital in Oak Lawn several times in 2019 (more days anticipated in 2020). It includes three 8-hour classroom days and

requires completion of 16 hours online prior to the course. The material covered includes a significant amount of information outside of the usual scope of physician practice, such as legislation, criminal investigation, legal proceedings, patient advocacy and survivor resources.

Personally, after completing the course, I found I had learned a lot that improves my care of this population. If you are interested, the application can be found at <http://www.illinoisattorneygeneral.gov/victims/sane.html>.

Requirements that are already in place and we should be following (if you are in a Treatment Hospital or Treatment Hospital with Approved Pediatric Transfer) :

- Every survivor needs to be offered photography (that means your ED should have a camera, forensic photography policy, consent forms and appropriate storage methods, as well as providers trained in the basics of forensic photography).
- Survivors cannot be billed for services.
- Survivors should be offered a shower at no cost after completion of evidence collection, and it should be documented that the shower was offered.
- Survivors should be offered medical advocacy services provided by a rape crisis counselor.
- Survivors should receive written information required by the law.
- Clinical staff working in the emergency department (physicians, advance practice providers, registered nurses) should complete 2 hours of clinical training biannually regarding care of sexual assault survivors (see May issue of EPIC for more detailed explanation.)

Resources available:

Office of Attorney General educational materials: <http://www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce.html>

For questions regarding above materials, or issues regarding to SANE email sane@atg.state.il.us

Or contact your ICEP representative on the Implementation Task Force at monika.pitzele@sinai.org



New Stroke Intervention and Technology: Beyond the Six-Hour Window

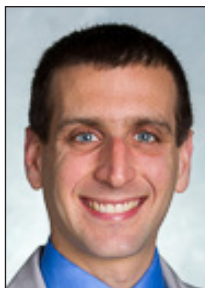
By **Jeremy Smiley, MD, FACEP, CHCQM**
NorthShore University HealthSystem

Strokes are common during any ED shift, including my own. The Center for Disease Control reports that every 40 seconds, someone in the U.S. has a stroke. Though many are mild, some present with large, life-altering deficits. There are times when a patient with complete hemiparesis will arrive in the department, tPA is given, and I see evolving recovery while still in the ED. The joy I see on the patient's face and family members' faces when he/she can now use a hand again, or speak normally, is something I always remember.

Compounding this frequency in stroke cases is the opioid crisis. A recent study on stroke by the American Heart Association demonstrated an increase in stroke associated with infective endocarditis, starting in 2008, which also coincides with the opioid epidemic.

For those beyond the six-hour window, our treatment options have been historically limited. Yet recent developments with new technology have created more options for patients, as they receive treatment beyond that window – even days later – with better outcomes.

I've recently learned about some new technology in neurosurgery that is significantly changing patient outcomes. Shakeel Chowdhry, MD, FAANS, FACS, FAHA, neurosurgeon at the



Jeremy Smiley,
MD, FACEP, CHCQM



Shakeel Chowdhry,
MD, FAANS,
FACS, FAHA

NorthShore Neurological Institute, offers his insight into the latest in stroke treatment and intervention.

Q [Dr. Smiley]: Stroke mimics are always very surprising and quite humbling. We are all taught about hypoglycemia, but in the last several years, I have seen very striking lateralizing deficits from illicit drugs including marijuana and opioids. My last unusual case was a younger woman who presented with a painful lower extremity. On her exam it appeared like critical limb ischemia. Her neuro exam, however, demonstrated weakness in both her arm and leg, prompting neuro imaging. It turned out she had infective endocarditis (IE) that caused septic emboli to her head and extremity. A recent study demonstrated an increase in stroke associated with IE starting in 2008, which coincides with the opioid epidemic. How can we more

efficiently assess stroke in cases such as these?

A [Dr. Chowdhry]: These cases can be difficult to diagnose. In cases such as this one, the stroke is secondary to a serious underlying condition, and sometimes the symptoms of stroke can be difficult to illicit with a complicated exam. It is always important to remember that lateralizing signs and cortical signs can help point to an evolving stroke. High clinical suspicion in these types of cases can help to identify the evolving stroke sooner.

Q: For the patients we see who have experienced a stroke more than six hours ago, the patient would have an immediate non-contrast CT head, and the case would be discussed with the stroke neurologist. If the renal function is OK, this patient would likely be sent for a CTA head/neck. If this demonstrates a large vessel occlusion, then the patient would be transported to the tertiary hospital for neurosurgical intervention. That's where your team – and innovative technology – comes in. Can you describe this new approach?

A: Technology is helping to improve the way we assess patients who come into the ED after a stroke, even beyond the traditional six-hour window. We are using technology, including CT perfusion, MRI and MR perfusion, to determine

■ CONTINUED ON PAGE 8

Join ICEP for Free CME Lunch on Dec. 9

Join the ICEP Board of Directors next week, Monday, December 9, for a complimentary product showcase lunch presentation to earn 1 hour of CME.

The presentation is held in conjunction with the quarterly ICEP Board meeting at the ICEP Conference Center in Downers Grove. There is no cost to attend, and a box lunch is included.

The topic is "Emergency Medicine and Immuno-Oncology Intersect: Recognizing and Managing Cancer Immunotherapy-Related Adverse Effects in the Emergency Department." Daniel

Pallin, MD, MPH, of Cambridge, Mass., will describe the spectrum of the more and less common immune-related adverse effects (irAEs) associated with the immune checkpoint inhibitors and combinations, including incidence and presentation, with emphasis on those most likely to be encountered in the emergency department.

RSVP online at: ICEP.org/dec9CMElunch

The program is approved for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Registration is free and open to all who are interested in attending; please feel free to bring a colleague!



New Stroke Intervention and Technology: Beyond the Six-Hour Window

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if stroke patients can be treated after the traditional six-hour period. I will first use CT or MRI imaging to look for evidence that a stroke has not completed and compare that against the clinical exam for the expected region at risk (which can also be done with perfusion imaging). If there are signs that a significant portion of the brain at risk is still viable, we'll intervene. We will treat the person with the goals of regaining function and essentially turning a large stroke into a smaller stroke.

Minimally invasive surgical (MIS) technologies – coupled with diffusion tensor imaging and 3D imaging – are showing promise, especially for the most common of hemorrhagic strokes: Intracerebral hemorrhage (ICH). Neurosurgeons can better navigate and visualize the brain to access the critical subcortical space more precisely and safely, resulting in improved patient outcomes for ruptured vessels and brain bleeds. Current multicenter randomized national trials are ongoing to assess benefit for this type of surgical intervention, and we at NorthShore are participants in these very important trials.

Q: Often times patients' families ask about the odds of full recovery, and what can be done to treat stroke. If the patient was outside the tPA window, they often continue to wonder why a 'clot buster medication' wasn't given. How have new interventions changed the outcomes of patients who have experienced stroke, but didn't recognize the signs until much later, more than six hours after initial signs?

A: Research studies include the DEFUSE 3 study, a multicenter clinical trial of imaging and endovascular therapy for patients with ischemic stroke, which accounts for 87% of all strokes. Study findings show some patients that had a clot removed up to 16 hours after the initial stroke had better outcomes than standard treatment with medication. The degree of disability three months post stroke was reduced. Select surgeons use technology, including CT perfusion, MRI and MR perfusion, to determine if stroke patients can be treated after the traditional 6-hour window of time.

I can recall one patient, a male in his 40s, with whom we intervened seven days after he vis-

ited an emergency department when on vacation in Florida. The Florida team discovered a tear in the patient's neck and a clot in the back of his brain resulting in an active stroke that was successfully reversed. Once he was treated with blood thinners and changed his medication, he was allowed to fly home to Chicago. After returning home, he woke up from a nap and had a number of serious side effects due to the stroke, including double vision, blindness in one eye, drooping facial muscles, and an inability to lift one leg and one arm.

Six days after his visit to the ED in Florida, he was brought into NorthShore's ED where our team discovered an occlusion of the large artery at the back of the brain. The large blood vessel in the back of his brain was opened, and the torn artery in his neck was fixed with stents. The patient's side effects disappeared within hours, and he now has a complication rate of near zero.

When it comes to intervening after the traditional window of time, a patient's age is not a factor. Rather, we treat based upon baseline function prior to the onset of stroke symptoms. I treated another patient recently who suffered a stroke at 96 years old. After surgery, she returned to her normal functioning post-surgery.

Q: There are many different ways strokes can present. Some patients arrive with weakness in an arm or leg, others might have trouble speaking or forming words, and other times patients might report symptoms of vertigo. We as emergency physicians need to quickly assess potential dangers, and quickly page the on-call stroke neurologist who can aid in tPA decisions. But we are now able to incorporate brand new technology – which I've experienced firsthand. Can you tell us more about that?

A: Yes, there are several new tools available to aid in diagnosis of a stroke, particularly one that has an atypical presentation. In some situations, a stroke neurologist may be at hand to help with the evaluation, but in many cases there is not one immediately available in the emergency room. Telestroke has allowed a clinical evaluation of a patient with a suspected stroke to occur quickly by allowing the

vascular neurologist to connect via a videoconference monitor to talk with the ED team and patient as well as observe the exam. This can help in making decision about tPA in a timely manner.

Q: What's next on the horizon for stroke intervention?

A: We know that with the expanded windows for treatment, patients will do best the sooner that stroke is identified and treated. Artificial intelligence processing of noninvasive arterial and perfusion imaging can mean useful data within seconds of scan completion, potentially before the patient could be brought back to their room. Additionally, some centers are looking to accelerometers to assess brain pulsation changes within the skull to identify stroke using a small helmet that could be placed by EMS at the scene to identify a large vessel occlusion and its location to allow for faster treatment.

References:

1. <https://www.cdc.gov/stroke/facts.htm>
2. <https://www.ahajournals.org/doi/10.1161/STROKEAHA.118.024436>
3. <https://www.ncbi.nlm.nih.gov/pubmed/28946832>

Authors:

Jeremy Smiley, MD, FACEP, CHCQM, is board certified in Emergency and Internal Medicine and works in the Emergency Department at NorthShore University HealthSystem. He is the physician advisor program lead and sits on multiple hospital committees. He is a Clinical Assistant Professor of Emergency Medicine at the University of Chicago Pritzker School of Medicine.

Shakeel Chowdhry, MD, FAANS, FACS, FAHA, is a dual fellowship trained and board-certified neurosurgeon at NorthShore University HealthSystem. He heads NorthShore Neurological Institute's Cerebrovascular and Endovascular Services. He also is Clinical Assistant Professor in the Division of Neurosurgery at the University of Chicago Pritzker School of Medicine.



A Time to Reflect and Give Thanks

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to this increasing dilemma will only help us on the front lines in the long run.

Recognition

Each year, ICEP honors individuals who have dedicated a substantial portion of their professional careers to advancing emergency care in Illinois. This year the following individuals were recognized for their selfless contributions:

Bill. B. Smiley Award

Dr. Dino Rumoro was the recipient of the Bill B. Smiley Meritorious Service Award, which honors individuals who have made significant contributions to the advancement of emergency medicine in Illinois. The Bill B. Smiley award is ICEP's highest honor.

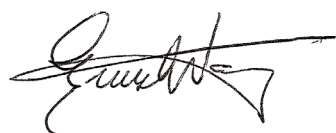
ICEP Meritorious Service Award

Dr. Stuart Reingold, of Chicago, was the recipient of the ICEP Meritorious Service Award, honoring his significant contributions to the advancement of emergency medicine by exemplary service.

Downstate Member Service Award

Dr. David Griffen, of Springfield, was the recipient of the Downstate Member Service Award, which recognizes an ICEP member from outside the metropolitan Chicago area who has made a consistent effort to advance emergency medicine in Illinois despite lengthy travel.

So as 2019 comes to a close, I want to wish all of you a happy and safe holiday season, as well as all the health and inspiration you need to continue to make a difference for your ED patients and colleagues. Here's to a great 2020.



— Ernest Wang, MD, FACEP
ICEP President

2019 COURSE FACULTY

* - Course Director

EM Board Review Intensive

Henry Pitzele*
James Waymack*
Thomas Alcorn
Christine Babcock
Brian Barbas
Brandon Bleess
Brad Bunney
Paul Casey
Victor Chan
Chris Colbert
Joseph Colla
Brian Donahue
Marc Dorfman
Wesley Eilbert
Carl Ferraro
Matthew Fischer
Bopha Sarha Hang
Benjamin Heilbrunn
Scott Heinrich
Sara Krzyzaniak
Alisa McQueen
Timothy Meehan
Theresa Nguyen
Melissa Rice
Rob Rifenburg
Daniel Robinson
Adam Rodos
Michael Schindlbeck
Jay Sharp
Scott Sherman
David Snow
William Sullivan
Henry Swoboda
Midori Takeyasu
Carissa Tyo
Deborah Weber

EM Update

John Hafner*
Gregory Podolej*
Brian Bamberger
Benjamin Kemp
Janet Lin
Michael Mullins

Emergent Procedures Sim

Tim Heilenbach*
Jared Novack*
Michael Amer
Serena Baqai

Navneet Cheema
Tony Cirrincione
Clare Desmond
Nancy Garofalo
Michael Gottlieb
Adam Haag
Sara Hock
Michelle Hughes
Basem Khishfe
Caitlin Krull
Nathan Olson
Cliff Rice
Jeremy Smiley
Ashlea Winfield
Diana Yan
Kenneth Young

Oral Board Review

Deborah Weber*
Thomas Alcorn
Amy Allegretti
Scott Altman
Dhara Amin
Sheba Ampalloor
Sobia Ansari
Amit Arwindekar
Christine Babcock
Serena Baqai
Cindy Bitter
Brandon Bleess
Brad Bunney
Andrea Carlson,
Victor Chan
Cindy Chan
Shu Chan
Neeraj Chhabra
Randolph Christianson
Steve Christos
Joni Claville
G. Carolyn Clayton
Darien Cohen
Christopher Colbert
Casey Collier
Nicole Colucci
Eileen Couture
Vinodine Dissanayake
Kristen Donaldson
Joe Eggebeen
Wesley Eilbert
Ila Englof
Mila Felder
Claudine Feliciano
Edward Fieg
Matthew Fischer
Ardena Flippin
Erik Frost
Susan Fuchs
Lisa Gehm

Cai Glushak
Katarzyna Gore
Stephen Gore
Michelle Grant Ervin
Pilar Guerrero
Marilyn Hallock
Lucy Hammerberg
Scott Heinrich
Sarah Herron
George Hevesy
Sara Hock
J. Patrick Hoffman
Dallas Holladay
Louis Hondros
George Hossfeld
Matthew Hysell
Ralf Joffe
Michael Joo
Belinda Kakos
Abhishek Katiyar
Jason Kegg
Basem Khishfe
Matthew Kuhns
Amy Kule
Moses Lee
Leland Lenahan
Janet Lin
Jennifer Liu
Michael Logan
Christina Long
Elise Lovell
Shannon Lovett
Monika Lusiak
Kristen Maguire
Andrew Makowski
Julie Martino
Christopher McDowell
John Moustoukas
Laura Napier
Trac Nghiem
Theresa Nguyen
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Paula Oldeg
Jon Olsen
Margaret Paik
Jason Palmatier
Joe Palter
Rebecca Parker
Valerie Phillips
Liza Pilch
Monika Pitzele
Henry Pitzele
Gregory Podolej
Art Proust
Yanina Purim-Shem-Tov
Maggie Putman
Nauman Rashid
Shana Ross

Rachel Rubin
Ebony Rucker
Jessen Schiebout
Benjamin Schoener
Meeta Shah
Willard Sharp
Lydia Sharp
Scott Sherman
Leah Skjei
Edward Sloan
Jeremy Smiley
Ryan Snitowsky
Colette Solatka
Helen Straus
William Sullivan
Michael Tang
Karis Tekwani
Seth Trueger
Michael Wahl
Edward Ward
Hannah Watts
James Waymack
Jack Wu
Hashim Zaidi
Carolynn Zonia

Spring Symposium

Christine Babcock*
Janet Lin*
Christopher Barsotti
Shu Chan
Aisha Liferidge
John Lumpkin

EM4LIFE

Deborah Weber*

Resident Career Day

Paul Casey
William Jaquis
Janet Lin
Ernest Wang

Ultrasound for EM

Rob Rifenburg*
Katharine Burns
Kayla Castellani
Michael Gottlieb
Joseph Peters
Jennifer Rogers
Mounica Robinson

Ultrasound-Guided Nerve Blocks

Michael Gottlieb*
Dallas Holladay
Basem Khishfe
Mark Chottiner
Monika Lusiak

ICEP Calendar *of* Events 2019-2020

December 9, 2019

Finance Committee Meeting

9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 9, 2019

Board of Directors Meeting

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

December 10, 2019

**Make It a Pain-Free ED:
Ultrasound-Guided Nerve
Blocks Workshop**

ICEP Conference Center
Downers Grove

December 9, 2019

EMS Committee Meeting

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

December 9, 2019

EMS Forum

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

December 24-25, 2019

**Christmas Holiday
Office Closed**

January 1, 2020

**New Year's Day
Office Closed**

February 13, 2020

**Emergency Medicine
Update**

Jump Trading Simulation
and Education Center,
Peoria

April 6-7, 2020

Oral Board Review Courses

Chicago O'Hare Marriott
Hotel, Chicago

April 17, 2020

**Emergent Procedures
Simulation Skills Lab**

Grainger Center for
Simulation and Innovation,
Evanston

May 7, 2020

**Spring Symposium &
Annual Business Meeting**

Northwestern Memorial
Hospital, Chicago

May 19, 2020

**2019 EM4LIFE LLSA Article
Review Course**

ICEP Conference Center,
Downers Grove

June 1-5, 2020

**Medical Spanish in the
Emergency Department**

ICEP Conference Center,
Downers Grove

August 27, 2020

Resident Career Day

Northwestern Memorial
Hospital, Chicago

September 10-11, 2020

Oral Board Review Courses

Chicago O'Hare Marriott
Hotel, Chicago

October 2, 2020

**Emergent Procedures
Simulation Skills Lab**

Grainger Center for
Simulation and Innovation,
Evanston

November 17, 2020

**2020 EM4LIFE LLSA Article
Review Course**

ICEP Conference Center,
Downers Grove

December 2, 2020

**Ultrasound for Emergency
Medicine**

ICEP Conference Center,
Downers Grove

Register for all courses online at ICEP.org!



Illinois College of Emergency Physicians

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Downers Grove, IL 60515

