

PRESIDENT'S LETTER

A Message from ICEP's New 2021 President



Christine Babcock, MD, FACEP

Last week, many of us were able to attend the ACEP21 Scientific Assembly either in person or virtually. This hybrid meeting was the first of its type for Emergency Medicine since the onset of the COVID-19 pandemic. I can attest to how refreshing it was to interface with EM colleagues from

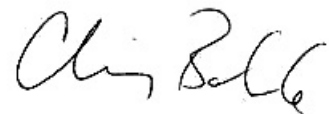
all over the country. The educational content was outstanding and significant work related to policy began. Members of the ICEP Council ardently advocated for the interests of EM physicians working and living in Illinois. The Board of Directors and ICEP Committees are motivated to continue to work on these issues throughout the coming year.

One of the salient issues discussed is germane to many of our current work environments. ED volumes are returning as the COVID-19 pandemic begins to ebb. Once again, many of us are witnessing significant ED crowding. ACEP21 promoted strong advocacy for this issue through adopted resolutions and educational sessions. A recent New England Journal of Medicine Catalyst article outlines best practices for the health care system. ED crowding has a negative impact on patient safety, medical error, provider well-being, and cost. The effective solution needs to be at the hospital and health system level. Attached is the link to the manuscript for more information on this important topic [here](#).

In early October, ICEP partnered with Lurie Children's Hospital to sponsor TEN-4 Day. Identifying patterns of abuse in young children is challenging for all providers regardless of practice setting. TEN-4-FACESp is a tool developed by the team at Lurie Children's Hospital to provide standardized guidelines to reduce potential bias in decision making about which children are at risk for abuse. Dr. Alisa McQueen, ICEP member, spoke at the event. In her words, "At ICEP, we are committed to the support, education, and training for Emergency Physicians across the state so we can take the best possible care of children, no matter where we encounter them. We are proud to join in acknowledging the TEN-4-FACESp rule as one of the tools we can use to provide this important care." With continued advocacy, Illinois will hopefully join other states with a proclamation by Governor Pritzker recognizing the importance of TEN-4 Day and best practices for caring for children and abuse. See the graphic on page 6.

On the education front, ICEP continues to provide outstanding courses for members. Due to the pandemic, ABEM changed the Oral Board Examination to a virtual format. Under the leadership of Dr. Deborah Weber, ICEP delivered successful virtual Oral Boards Courses which mirrored the ABEM exam dates. These courses received outstanding evaluations and have bolstered ICEP's financial stability. The Education Committee's goal for 2022 is to restore the former education platform. Expect new courses in various formats based on direct feedback from ICEP members.

As the cooler weather approaches, ICEP will continue to provide high quality education and sustained advocacy. My hope is that each of you will have time away from your busy practices to enjoy time over the holidays with friends and family. As always, I am excited to work on behalf of my outstanding colleagues in Illinois. Please feel free to contact me if there are issues or ideas that are important to you and your practice.



— **Christine Babcock, MD, FACEP**
ICEP President

InsideEPIC

November 2021 | Volume 4

White House Appoints ICEP member Garth Walker for Class of White House Fellows

■ page **2**

Counterfeit Opioid Pills and Fentanyl Overdoses, Northwestern Illinois, 2020

■ page **5**

Wisconsin EM Opportunities

■ page **6**

ACEP Strategic Plan

■ page **9**

White House Appoints ICEP member Garth Walker for Class of White House Fellows

ICEP member Garth Walker, MD, has been named White House Fellow, Office of the Surgeon General, Department of Health and Human Services.

He is an emergency physician at Jesse Brown VA Hospital and an Assistant Professor of Emergency Medicine at Northwestern University. In 2020, Dr. Walker was one of the featured speakers at the ICEP webinar series on Structural Racism and Social Justice. He spoke on physician-led advocacy efforts.

From whitehouse.gov: Garth is an academic public health expert and physician leader working to eliminate structural barriers which limit marginalized communities' access to quality healthcare. He is Deputy Director at the Illinois

Department of Public Health (IDPH), Assistant Professor in Emergency Medicine at Northwestern University, and an Emergency Physician at Jesse Brown Veteran Affairs Hospital. At IDPH, Garth leads on key statewide health issues. He drives strategy on men's health and co-leads the state's response to the opioid crisis. During COVID-19, he developed messaging to address vaccine hesitancy and established a statewide town hall program, targeting marginalized communities. To provide public health information about COVID-19, he has been featured on news networks, including MSNBC, ABC, and Yahoo. Garth has published for scientific journals addressing gun violence and opioids. He has also written various op-eds for The Chicago Sun-Times, Forbes, and other publications, with a focus on social determinants of health. Garth

is a mayoral appointment for Chicago's equity advisory board, an Economic Club of Chicago member, a Leadership Greater Chicago Fellow, and Urban League IMPACT Fellow. He earned his B.A. in Economics and M.D. from University of Illinois, his M.P.H. from Northwestern, and clinical training from University of Chicago.

Complimentary "Success in Medical School and Beyond_Mnemonics & Pearls Handbook

By: Steve C. Christos, DO, FACEP, FAAEM and William G. Gossman MD, FAAEM

In the spirit of "Giving" and "Education", Drs. Steve Christos and William Gossman are pleased to provide this complimentary 386 page "Success in Medical School and Beyond_Mnemonics & Pearls" handbook.

Designed for residents, medical students, nursing students and pre-hospital personnel, this book contains mnemonics that will assist you in rapidly learning the essentials in medicine. Each section contains some of the most frequently found mnemonics, collected from medical educators at some of the top medical training institutions. In addition, "pearls" have been gathered that will help you answer questions frequently asked in rounds or on board exams.

If you would prefer a link to purchase a hard copy you can find it [here](#).

The hard copy is \$19.99

[Click here](#) to access the free online version of the handbook.

If you have trouble accessing the book please reach out to Lora Finucane (loraf@icep.org) or Brittney Tambeau (brittneyt@icep.org).

Feel free to share this resource with your fellow students, residents, school clinical educators/coordinators and residency directors.



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Want to Partner with ICEP in 2022?

Exhibiting at an ICEP event brings you face-to-face with key decision-makers who evaluate your products and services and utilize them in daily practice at emergency departments across the nation.

The Illinois College of Emergency Physicians is the state medical society representing 1,478 emergency physicians in Illinois. As the state chapter of the American College of Emergency Physicians, ICEP is dedicated to advancing emergency care and committed to the interests of emergency physicians.

To learn more about exhibiting with ICEP in 2022 [click here](#).

Upcoming 2022 ICEP Courses:

EM Update

Thursday, February 10, 2022

EM4Life – 2021 Articles

Thursday, April 7, 2022

Virtual Oral Board Review Course (2 offerings)

Monday, April 25 – Tuesday, April 26, 2022

Emergent Procedures – Simulation Skills Lab (2 offerings)

Friday, April 29, 2022

Spring Symposium & Annual Business Meeting

Thursday, May 19, 2022

Resident Career Day

Thursday, August 25, 2022

Virtual Oral Board Review Course (2 offerings)

Monday, August 29 – Tuesday, August 30, 2022

Emergent Procedures – Simulation Skills Lab (2 offerings)

Friday, October 14, 2022

EM4Life – 2022 Articles

Tuesday, November 1, 2022

Ultrasound for Emergency Medicine

Wednesday, December 7, 2022

For more information such as locations for the approved courses [click here](#).





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Counterfeit Opioid Pills and Fentanyl Overdoses, Northeastern Illinois, 2020

Oxycodone is a common prescription opioid sold under brand names, such as Percocet, Oxycontin, or Roxicet, and are referred to by street names such as “Percs,” “Oxy,” and “Roxy,” respectively. Oxycodone has a unique pharmacologic profile in which the unbound drug level is three times higher in the brain than in the users’ blood. The enhanced central nervous system penetration can explain its high analgesic value. It can also explain why oxycodone is one of the most misused and abused prescription opioids relative to other comparators.

In 2020, the Illinois Poison Center and the Illinois Department of Public Health (IDPH) investigated clinical reports of young adults taking pills sold as oxycodone, Oxycontin, or Percocet. The common name of the drug used by reported cases was “M30.”

More than 30 occurrences of overdoses were collected from clinician reports and hospital emergency department (ED) and emergency medical services surveillance data. The most common case presentation was among 17- to 23-year-old males found unresponsive at social events. Emergency medical services (EMS) or ED staff determined patients had ingested small amounts of “Oxy” or “Perc” imprinted with “M30.” The patients were unresponsive, with pinpoint pupils and decreased respiration. Naloxone was administered in standard doses on the scene and at the hospital with no response. Some patients were intubated and admitted to the intensive care unit, and later awakened and were extubated.

Most case-patients were discharged 1-2 days after admission. However, some patients had complicated courses that progressed to multi-system organ failure with five reports of patient deaths.

Pills recovered through law enforcement investigations were tested and found to contain fentanyl and not oxycodone. Significant variation from 0.02 to 5.1 mg of fentanyl contained in M30 pills has been reported with 1 out of 4 pills having a lethal dose ([click here](#)), which may have increased the risk of overdose for the pills containing higher doses of the drug. Patient interviews by local health departments, and when possible, ED records and toxicology results, indicated that some patients used other substances, including cocaine, methamphetamine,

heroin, or MDMA, which can potentially contribute to the risk of overdose. IDPH in collaboration with the Centers for Disease Control and Prevention presented these findings and were alerted to other regions of the country that have reported similar counterfeit pills containing fentanyl, not the presumed prescription opioid medication, in overdose outbreaks.

Synthetic opioids, such as fentanyl and its analogs, are incredibly potent compared to other prescription opioids and are the main drivers of increasing death rates from opioid overdose. In 2020, 2,944 deaths were attributed to opioid overdose in Illinois, a 32.7% increase over 2019. Synthetic opioids accounted for 84% of the opioid fatalities and 70% of all drug fatalities in 2020.

A rising trend observed in Illinois and nationwide is polysubstance use, whether intentional (e.g., knowingly using multiple substances) or unintentional (e.g., using a product thought to be one substance but including others). Opioids were involved in 83% of all drug overdose deaths in 2020 and in the majority of overdoses with multiple substances. There are confirmed instances of fentanyl and other synthetic opioids being mixed with cocaine, and reports across the country have indicated a combined pill form contained fentanyl and methamphetamine. Additionally, new compounds of synthetic opioids, many of which are unscheduled, regularly enter Illinois. Synthetic opioids are commonly 100 times more potent than morphine, with the most potent synthetic fentanyl analog, carfentanil, estimated at 10,000 times more potent than morphine. Ingestion of synthetic opioids may require multiple administrations of naloxone to reverse an overdose or, as in the case above, naloxone administered on-site may provide no noticeable effect at all.

Emergency department (ED) response to clusters of opioid overdoses such as counterfeit pills. The EMS and ED response to an opioid overdose is multifaceted and can be broken down into acute reversal and treatment, harm reduction strategies, long-term care for opioid use disorder, recovery support, and reporting of and response to outbreaks as appropriate.

The first line treatment for an opioid overdose is reversal with an adequate amount of naloxone. Fentanyl binds avidly to the opioid receptors,

which makes the competitive inhibitory effects of naloxone less effective. Larger amounts of naloxone – up to 10 mg – may be needed to reverse the effects of potent synthetic opioids. If a patient has a classic opioid toxidrome of pinpoint pupils, coma, and respiratory depression and there is lack of effect from initial starting doses of naloxone, exposure to a synthetic opioid should be suspected and additional naloxone administration may be indicated. This is especially true if the history of a prescription opioid is involved, as the effects of commonly used prescription opioids, such as hydrocodone and oxycodone, should be easily reversed with initial starting doses of the reversal agent.

Harm reduction with take-home naloxone should be considered for every patient with an opioid overdose. Kits that patients can take home upon discharge from the hospital are preferred over a prescription for naloxone. Multiple studies show that most prescriptions for naloxone are not filled by ED patients, but at least half of patients and their families will accept a kit for home use in the event of another overdose. Furthermore, de-stigmatizing and affirming language should be used, with education and counseling, in order to reduce repeat overdoses and co-infection from high-risk injection drug use practices.

Referral to treatment should be provided to all patients who screen as at-risk for opioid use disorder (OUD). Many institutions have developed or are developing referral programs within the hospital system, while others have created partnerships with community organizations that provide OUD treatment for rapid referral and long-term care for patients with OUD. For patients who are emotionally and physically ready, provision of medication for opioid use disorder (MOUD) with buprenorphine can be started in the ED, regardless of x-waiver status. Physicians and advanced practice providers with an x-waiver can also give a prescription for buprenorphine in a sufficient amount to bridge the patient until the appointment for definitive care.

Reporting of overdose outbreaks that present to EMS or hospitals is important for public health officials to understand what is occurring in the community. Public health departments can respond with an investigation (sometimes work-

Continued on next page.

respond with an investigation (sometimes working with law enforcement), alerts to health care partners and community organizations involved with harm reduction, and treatment in the geographic area of the outbreak. Opioid overdoses that present to the ED are reportable to IDPH within 48 hours, and IDPH has established a reporting system to monitor trends at the state and local level. Automated alerts can be set up for opioid and heroin overdoses, as well as stimulant or any-cause overdose. When unusual increases are identified, the state or local health departments will engage partners to understand the full extent of the increase, any substance attributed to exposure, and partner response in the community. Outbreak reporting in combination with laboratory evidence can highlight emerging drug abuse trends within communities and the state. Together, these are important facets of surveillance that can lead to focused acute

care treatment and long-term care for affected individuals.

Overdose outbreaks can be reported to local health departments (county, city, or township) or the Illinois Poison Center at 1-800-222-1222.

References:

[Powerful 'M-30' Street Drug Linked To Rash Of Fatal Overdoses](#)

[Dangerous fentanyl masked as counterfeit oxycodone, 20,000 pills seized in the Bronx and Manhattan](#)

[Deadly blue 'Mexican oxy' pills take toll on US Southwest](#)

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Wisconsin EM Opportunities

Envision Physician Services, America's Leading Medical Group, is currently recruiting for Physicians in Chilton, Wisconsin.

Join their team at Ascension Calumet Hospital and enjoy a lifestyle in the Appleton/Oshkosh area while maintaining your Emergency Medicine skills. They are currently looking to add BC/BE EM Physicians or BC IM/FM Physicians with EM experience to our roster.

Ascension Calumet Hospital sees 57,000 patients through their ED annually and offers 12 hour shifts. If you are interested in learning more about this or their other Wisconsin opportunities, please contact Beth Zorn at beth.zorn@envisionhealth.com.

TEN-4-FACEsp

Bruising Clinical Decision Rule

When is bruising concerning for abuse?

If any of the 3 components (Regions, Ages, Patterns) are observed in a child **under 4 years of age**, strongly consider seeking evaluation by a medical provider with expertise in child abuse.

Torso | Ears | Neck



FACES

Frenulum
Angle of Jaw
Cheeks (*fleshy part*)
Eyelids
Subconjunctivae
(*whites of the eyes*)

REGIONS

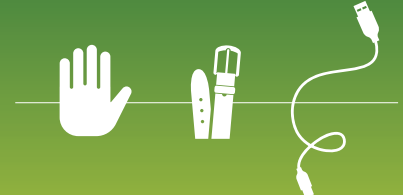
4 months and younger

Any bruise, anywhere



AGES

Patterned bruising



Bruises in specific patterns like slap, grab or loop marks

PATTERNS

See the signs

Unexplained bruises in these areas most often result from physical assault.

TEN-4-FACEp is not to diagnose abuse but to function as a screening tool to improve the recognition of potentially abused children with bruising who require further evaluation.

TEN-4-FACEsp was developed and validated by Dr. Mary Clyde Pierce and colleagues. It is published and available for FREE download at luriechildrens.org/ten-4-facesp.

Ann & Robert H. Lurie
Children's Hospital of Chicago





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EM4Life Happening In November 2021

Course Date: Tuesday, November 9, 2021.

To register and learn more [click here](#).

Location: Virtual on Zoom

The Illinois College of Emergency Physicians and noted author Deborah E. Weber, MD, FACEP, present the EM4Life program: a tool for emergency physicians preparing for the Life-long Learning and Self-Assessment (LLSA) component of ABEM's Continuous Certification process.

EM4LIFE review courses help you meet your MOC requirements by getting your LLSA done in just one day — including the exam! Sessions conclude with the opportunity to take the LLSA exam online in a group setting.

Course Objectives:

Each 8-hour course will define and describe the key points of each of the 2021 ABEM LLSA readings.

ACEP Council Meeting 2021 in Boston, MA

The ICEP delegation for the 2021 ACEP Council meeting was headed by President Chrissy Babcock, MD, FACEP and included 14 councilors from across the state. The Council considered over 80 resolutions which ranged from amendments to ACEP's bylaws to downcoding, social determinants of health, and the harms of marijuana.

ICEP had two candidates running for national positions. Kurtis Mayz, MD, JD, MBA, FACEP, was a candidate for Vice Speaker of the Council. ICEP Past President Henry Pitzele, MD, FACEP, ran for a seat on the ACEP Board of Directors. Although neither Illinois candidate prevailed, they ran thoughtful campaigns that generated much deliberation by the Council. We wish them the best in their future national elections.



ACEP Strategic Plan for 2020-2023

By: Mark Rosenberg, DO, FACEP, ACEP President & Sue Sedory, CAE, ACEP Executive Director

As ACEP reaches the end of our current strategic plan and with new leadership at the helm, we have begun building the roadmap to guide the next three to five years. We are taking this opportunity to look big and be bold as we think about how the College can best serve you as individual emergency physicians, both now and in the future.

Some of the questions we're seeking to answer include: How can we enhance connection and communication with you, our members? How can we tackle the challenges facing our specialty? What do our members need more from us?

The six-month process is being guided by a highly experienced facilitator of strategic planning and involves ACEP leaders, members, and staff to ensure the final product reflects the sentiments AND NEEDS of our diverse membership.

We cannot create an effective roadmap without

your input, so we are sharing the draft of a new strategic plan with members here. We will be incorporating stakeholder feedback into the final action plan, which we anticipate launching at the beginning of the year.

This is our unique chance to set the course for ACEP and your future as emergency physicians and we're excited about where we're going! We will keep you abreast throughout the process but please feel free to reach out if you have any questions or want to share initial thoughts.

Goal 1 - Improve the Delivery System for Acute Care

Objective A - Promote/advocate for efficient, sustainable, and fulfilling clinical practice environments.

Objective B - Develop and promote delivery models that provide effective and efficient emergency medical care in different environ-

ments across the acute care continuum, including rural areas.

Objective C - Promote the value of emergency medicine and emergency physicians as essential components of the health care system.

Objective D - Promote the quality and patient safety, including continued development and refinement of quality measures and resources.

Objective E - Pursue strategies for payment and practice sustainability to ensure patient access to care.

Objective F - Develop and implement solutions for workforce issues that promote and sustain quality and patient safety.

Continue reading [here](#). More on the ACEP strategic plan can also be found [here](#). Comments are due to ACEP by November 10, 2021.



ICEP Calendar *of* Events 2021

(Subject to change)

November 9, 2021

EM4Life

Via Zoom

April 7, 2022

EM4Life - 2021 Articles

Downers Grove, IL

June 6, 2022

BOD Meeting

TBD

October 14, 2022

Emergent Procedures

Evanston, IL

November 18 + 19, 2021

Virtual Oral Board Course

Via Zoom

April 25 + 26, 2022

Virtual Oral Board Course

Via Zoom

August 25, 2022

Resident Career Day

Chicago, IL

November 1, 2022

EM4Life - 2022 Articles

Downers Grove, IL

February 10, 2022

EM Update

Peoria, IL

April 29, 2022

Emergent Procedures

Evanston IL

August 29 + 30, 2022

Virtual Oral Board Course

Via Zoom

December 7, 2022

Ultrasound for Emergency Medicine

Downers Grove, IL

March 14, 2022

BOD Meeting

TBD

May 19, 2022

Spring Symposium & Annual Business Meeting

Chicago, IL

September 19, 2022

BOD Meeting

TBD

December 12, 2022

BOD Meeting

TBD

See the latest at [ICEP.org](https://www.icep.org) and follow on Facebook and Twitter!



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