

PRESIDENT'S LETTER

A Farewell and a Year in Review



Jason Kegg, MD,
FACEP

I hope this finds you well and with your summer in full swing! This is my final entry in EPIC as president and I'm amazed at how quickly the last year has flown! I'm so grateful for all the mentorship from past presidents and the help from our amazing ICEP staff in making

my time so formative. In recent years, I've certainly gained an appreciation for the adage "the days are long, but the years are short" and nothing highlighted this better than celebrating ICEP's 50th year.

The Ginny Kennedy Palys Annual Symposium was just as golden as ICEP's anniversary, as attendees gathered at Northwestern Memorial Hospital to do what we do best – come together to celebrate our history and the work we do as a community. The tireless work by our program coordinators and ICEP staff truly shone through!

Always a worthwhile event, the Symposium emphasized the academic programs and stellar academic work being done throughout Illinois as highlighted by the oral and poster presentations at the Statewide Research Showcase. The talent displayed here is a testament to our drive to improve how we can deliver care to our patients and advance the future of our specialty.

With a highlight on our history, we had poignant and encouraging sessions from our speakers

that covered EM's rich history. Dr John Lumpkin detailed emergency medicine's early years and establishment as the "missing piece" in the house of medicine. Dr John Hafner chronologically lead us through some articles that changed the practice of EM and served as the foundations for how we practice today. Dr Chris Kang discussed the current state of ACEP and where the vision will take us into the future.

Honoring those that contributed so much to ICEP, the following awards were presented:

2023 ICEP Downstate Member Service Award:

Scott H. Pasichow, MD, MPH, FACEP, FAEMS

2023 ICEP Meritorious Service Award:

Janet Lin, MD, MPH, MBA, FACEP

2023 ICEP Bill B. Smiley Meritorious Service Award:

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

Continuing our vision of ICEP's past and its future, we thanked the outgoing Board for its years of service while installing and welcoming several newly elected ICEP Board Members. We look forward to working with them!

- Joseph Palter, MD – Chicago
- Robert Tennill, MD, CHSE, FACEP – Springfield
- Kristen Donaldson, MD, MPH, FACEP – Chicago
- Monika Pitzele, MD, PhD, FACEP – Chicago
- Trenika Williams, MD – Chicago, Resident Member

On the topic of the future, the ceremonial passing of the gavel saw Howie Mell, MD, MPH, CPE, FACEP welcomed as ICEP President for the coming year.

To summarize the past year, the ICEP Update shed light on the recent advocacy and legislative issues fought for on behalf of Emergency Physicians:

ICEP Advocacy Day - Over 40 ICEP members were in attendance for our ICEP Advocacy Day held Thursday, March 9 in Springfield. This was the first in-person Advocacy Day held in the last few years. Attendees included attendings, residents, and fellows along with ICEP's Lobbyist and Executive Director. The program included a diverse range of invited speakers, thoughtful discussions, an overview of how to connect with legislators, and briefing the legislative issues of focus: violence in the ED, boarding & crowding, physician expansion, and related EMS bills. Senator Jill Tracy (R), 50th District, joined the program to speak about the ICEP initiatives related to violence in the ED. After the program and lunch, the group headed over to the Capitol for their scheduled visits.

We look forward to continuing these efforts and thank everyone for their efforts in connecting with their local representatives to give EM a voice in Springfield!

ACEP's Leadership & Advocacy Conference (LAC) – The LAC celebrates emergency

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medicine's accomplishments and advocates in person to policymakers for a better environment for our specialty and our patients. Advocacy isn't just about Congress, though. ICEP funds a scholarship to allow interested residents to attend LAC and immerse themselves in advocacy efforts. The ICEP Scholarship Program provides leadership development training to residents and young physicians in Illinois so they can participate in advocacy efforts at the local, state, and national levels. The program also provides opportunities to gain lifelong connections, education mentoring, advocacy, and legislative experience.

Programming this year included a focus on how EM Physicians can also advocate for themselves, even within the workplace, to improve your livelihood. This year's LAC was held in Washington, DC with over 15 ICEP members in attendance along with the ICEP Executive Director. Members met with their local House representatives and meeting with our State Senators to advocate for 3 key issues: *ED boarding, workplace violence, and Medicare reimbursement.*

National ACEP released some highlights on what they have been hard at work on over the past year and most recently:

- **CMS Revises No Surprises Act** - In late March, CMS released new guidance removing flaws from the No Surprises Act IDR process, and resuming a fairer process for all claims. This is a major [#ACEPAD-vocacy](#) victory that wouldn't be possible without the support of our members. On April 27, HHS, Labor, and Treasury issued reports on the No Surprises Act Independent Dispute Resolution process. The [quarterly report](#) shares the same data elements as the initial report released last December for the fourth quarter of 2022. The [status update](#) provides additional summary data up to March 31, 2023. Of note, providers have won 71 percent of the IDR disputes thus far.
- **Medicare Reimbursement** - Rather than face a yearly scramble to address steep payment cuts, emergency physicians welcome

the opportunity to work with Congress to identify policy solutions that will provide long-term stability for Medicare beneficiaries and the physicians who manage and provide their health care. ACEP is asking legislators to co-sponsor and support the bipartisan "Strengthening Medicare for Patients and Providers Act" ([H.R. 2474](#)), which will establish an inflationary update in the Medicare Physician Fee Schedule (PFS) based on the Medicare Economic Index (MEI).

- **Help Advocate for ED Boarding Bill** - Tell Congress that our nation's safety net is on the verge of breaking beyond repair. Your letter will ask legislators to 1) support the bipartisan congressional "Dear Colleague" letter asking Congress to convene an ED Boarding Task Force; and 2) sponsor the bipartisan "Improving Mental Health Access from the Emergency Department Act."
- **ACEP, ENA Urge Congressional Action to Address ED Violence, Improve Mental Health Care** - On May 3, ACEP and the Emergency Nurses Association (ENA) held a press event outside the Capitol to support recently introduced legislation that would help address ED violence and close gaps in mental health care.

ICEP Statewide Efforts

- **Illinois Network Adequacy & Transparency Act** - ICEP has signed on with ISMS along with other state and national medical related and specialty societies in support of House Bill 311: Ensure Access to Health Care by Establishing Meaningful Network Adequacy and Transparency Standards.

Violence in the ED - Violence against health-care workers is has been significantly increasing in the past few years, and the Emergency Department (ED) is at the forefront of workplace violence. Nearly all ED staff has been assaulted, and significant numbers have been injured. This has added pressure to an already understaffed emergency medical system, caus-

ing further staffing shortages, delays, and dangerous gaps in care which will only increase further in the coming months and years. One of the significant causes is the complete lack of consequence for assaulting ED staff in Illinois. ICEP is pursuing the following legislation:

- **Senate Bill 1621** - Amends the Health Care Violence Prevention Act to require the health care facility to report any incident of verbal aggression or physical assault of a health worker in an emergency department to the Illinois Department of Public Health. These incidents should be tracked to better assess how each institution is doing on systemically limiting this behavior.
- **Senate Bill 1622** - Sets a significant minimum penalty for assaulting healthcare staff. Specifically, the bill sets penalties for attacks on ED staff which mirrors the consequences for attacks on peace officers—specifically, raising the penalty for battery on ED staff to the level of a felony. Just as in the legislation for attacks on police officers, the law should not protect assailants who are intoxicated—this is not an acceptable excuse. We are hoping to join the many other states who have already passed such legislation in demonstrating that the citizens of Illinois value and support their ED healthcare workers as strongly as we support police, and that neither group should face danger to their person just for performing their extremely necessary work.

Emergency Physicians say ED violence has resulted in an increase in wait times and often patients leave without being seen or treated by a doctor. Physical violence, intimidation, and threats are not accepted in any other workplace, and they shouldn't be allowed or tolerated in a health care setting. Emergency departments should be a safe space where patients are guaranteed they have the full attention and dedication of their care team to treat their ailments.

I have been so fortunate to have served this organization for the past year. None of it would've been possible if not for the support



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of my family, my colleagues, the amazing ICEP staff, past ICEP presidents and leadership, our long- serving Executive Director Ginny Kennedy-Palys, and our newest Executive Director Bailey McMurray. I hope and plan to stay involved in the foundational efforts begun and continued by those that have carved out this place in the house of medicine. I am exceedingly proud of what this specialty stands for and it's commitment to care for anyone, at any time, for any reason. I know that we can continue this fight and calling together.

Thank you for all that you do!



— **Jason Kegg, MD, FACEP**
ICEP President

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Minnesota doctors sound alarm over 'boarding' of psychiatric patients in ERs

A physician task force is calling for more than a dozen reforms to mental health care in Minnesota — including more beds in hospitals and residential treatment facilities — to deal with the persistent problem of [psychiatric patients languishing in emergency departments](#) for days or weeks.

For years, doctors and advocacy groups have decried how ER "boarding" can be linked to worse patient outcomes. The problem persists due to its "dispiriting complexity," concluded [a report from the task force, which was released Wednesday](#).

The task force, created by the Minnesota Medical Association and the Minnesota chapter of the American College of Emergency Physicians, compared the ER boarding problem to a freeway jammed with traffic; there aren't enough "off-ramps" at discharge and too many patients are coming into the system due to a lack of access to preventive, outpatient mental health services.

"This is a critical issue. Many Minnesotans have to spend days, and sometimes weeks, in emergency departments waiting for available hospital or residential treatment beds," Dr. Dionne Hart, co-chair of the task force and a member of the medical association's board of trustees, said in a news release. "Taking action is long past due."

The task force said patients spending six hours or more in an emergency room are exceeding the boarding threshold. While the report described "alarming rates" of boarding among patients with psychiatric diagnoses, doctors said better data is needed to understand the problem.

"The recommendations that our task force developed offer up a game plan on addressing this complex issue," co-chair Dr. Drew Zinkel, a past president of the Minnesota chapter for the emergency physicians group, said in a statement. "It's a big lift but desperately needed."

The report concluded that "in the absence of a coordinated and comprehensive American mental health system, a dizzying patchwork of solutions and services has been sewn by a dizzying array of health systems, governments and advocacy organizations. To complicate matters further, boarded patients are not homogenous, and neither are the obstacles that stall ED throughput."

In 2019, patients with psychiatric diagnoses at two Minnesota health systems had average stays in the emergency department that exceeded 15 hours. By comparison, all ER patients at those same health systems averaged between 3.4 hours and nearly six hours, the task force found.

At a third health system, waits for psychiatric patients also exceeded the six-hour boarding threshold though average length-of-stay was even longer for all ER patients. Three other health systems did not break out data for mental health patients.

Mental health boarding is compounding the problem of overcrowding caused by patients with other health problems. Before the pandemic, Minnesota ranked among the best states for emergency room efficiency, although the state's [performance slipped with longer wait times by 2021](#).

The Minnesota Hospital Association reported in January that some patients [wind up boarding in ERs](#) due to backups when they can't be discharged to step-down facilities that are already full — a theme echoed by the report Wednesday.

Affordability of mental health care is also an issue, the task force said. People with employer-sponsored health plans — the largest type of health insurance coverage in Minnesota — often must pay significant sums out-of-pocket when getting care. The report gave an example of a patient who would pay \$2,490.65 a year for therapy every other week.

[Full story can be found here.](#)



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ACEP Speaks Out Against Bill to Expand Nonphysician Scope of Practice

ACEP strongly opposes the “Improving Care and Access to Nurses (I CAN) Act (H.R. 2713).

Standing with nearly 100 physician organizations, ACEP signed onto a June 1 letter to Congress outlining [significant concerns](#) that this bill would allow nurse practitioners, physician assistants, and others who are not physicians to perform duties outside their education and training.

In an emergency, patients expect and deserve the most qualified available member of the care team, an emergency physician, to lead their medical care.

Multiple studies reinforce concerns that permitting nurse practitioners, physician assistants, or others who have not obtained the training or education of a physician to practice independently can result in lower quality and higher cost care.

Nonphysician practitioners “tend to prescribe more opioids than physicians, order more diagnostic imaging than physicians, and overprescribe antibiotics—all of which increase health care costs and threaten patient safety,” the letter cites.

[Additional evidence](#) is detailed in a working paper published by the National Bureau of

Economic Research. This study concluded that nurse practitioners delivering emergency care without physician supervision or collaboration increase lengths of stay by 11% and raise 30-day preventable hospitalizations by 20% compared with emergency physicians.

ACEP firmly believes an emergency physician should be in charge of the care delivered at every emergency department in the country. We will [continue to speak out](#) in support of emergency physician-led teams.

Direct source: acep.org

ACEP Modest Dues Increase to Catch Up with Inflation

ACEP is adjusting regular dues for the first time in almost a decade. Starting with the June renewal statements, some regular members* will see a dues increase of \$60 - that's only \$5 a month.

You are facing unprecedented battles on multiple fronts. These problems are complex, but one thing is clear - ACEP continues to escalate our defense of your unique role.

But staying in the fight costs money. We have invested your dues to create clinical resources, wage legal battles and build an EM data system while employing the best professional staff.

Why Stay with ACEP?

There may be other groups to join, other choices you can make. Some may appear less expensive or seem to offer different value, but actions speak louder than words.

ACEP is the only EM organization:

- With a seat at the table on the RUC, protecting your reimbursement
- With a DC office of nine full-time staff working exclusively for you
- Fighting state by state to protect your jobs from NPs and PAs

- Who has been involved in nine amicus briefs last year to protect your autonomy
- Who sued the government on your behalf to ensure you are paid appropriately
- Who lawmakers and regulatory agencies contact first when their decisions impact your job

[Join or renew your membership by clicking here.](#)

**Dues increase does NOT apply to medical students, residents, members in first three years post-residency, retired, military, or international members.*

Free Lyme Disease Course

Join infectious disease specialist Alfredo J. Mena Lora, MD, from the University of Illinois at Chicago as he provides an update on the increasing prevalence of Lyme disease in Illinois, and reviews the latest updates to evidence-based clinical practices guidelines for the prevention, diagnosis, and treatment of Lyme disease.

Course Description:

Join infectious disease specialist Alfredo J. Mena Lora, MD, from the University of Illinois at Chicago as he provides an update on the increasing prevalence of Lyme disease in Illinois, and reviews the latest updates to evidence-based

clinical practices guidelines for the prevention, diagnosis, and treatment of Lyme disease.

Learning Objectives:

At the conclusion of this learning activity, participants will be able to:

- Describe why the growing prevalence of Lyme disease and tick-borne pathogens are a threat to public health.
- Identify risk factors and recognize the importance of ongoing awareness of Lyme disease, and the need to be vigilant in screening patients on a regular basis.
- Identify the importance of evidence-

based clinical practices guidelines for the prevention, diagnosis, and treatment of Lyme disease, promulgated by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR).

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ACEP Leads Congressional Briefing to Sound the Alarm on Boarding

The afternoon of June 21, ACEP organized a congressional briefing with the Emergency Nurses Association (ENA) and the National Alliance on Mental Illness (NAMI) to express strong concerns to legislators about the impact of ED boarding on our health care safety net.

ACEP President Christopher S. Kang, MD, FACEP, joined Dustin Bass, RN, CEN, NEA-BC, Emergency Nurses Association board of directors, and Susan Stearns, executive director of the New Hampshire chapter of the National Alliance on Mental Illness (NAMI) on a panel moderated by Ryan McBride, MPP, ACEP congressional affairs director. They were flanked by a sign whose words summed up the sentiment in the room:

“The crisis is bigger than can be managed by a single hospital or even the medical system

alone. We need help from policymakers.”

Dr. Kang spoke to a packed room of Congressional staff about daily challenges faced by emergency physicians face and ACEP's [potential solutions to ED overcrowding](#).

Patients "boarding" in the emergency department (ED), or those placed in a holding pattern while waiting for admission or transfer, are overwhelming emergency physicians, care teams, and staff who do all they can to treat or stabilize every patient that needs care. Boarding has become its own public health emergency. Our nation's safety net is on the verge of breaking beyond repair. EDs are gridlocked and overwhelmed with patients waiting – waiting to be seen; waiting for admission to an inpatient bed in the hospital; waiting to be transferred to psychiatric, skilled nursing, or other specialized

facilities; or, waiting simply to return to their nursing home. And this breaking point is entirely outside the control of the highly skilled emergency physicians, nurses, and other ED staff doing their best to keep everyone attended to and alive.

To illustrate the stark reality of this crisis, the American College of Emergency Physicians (ACEP) asked its members to share examples of its life-threatening impacts. The stories paint a picture of an emergency care system already near collapse. On November 7, ACEP and 34 other organizations representing patients, public health officials, fire/EMS, clinicians, and nurses sent a letter to President Biden urging the Administration to convene a summit of stakeholders from across the health care system to identify immediate and long-term solutions to this urgent problem.

The causes of ED boarding and crowding are multifactorial, with many of them out of the control of the individual hospital or ED team. The following proposed solutions therefore span across many aspects of the health care system

This briefing is the latest way ACEP is urging legislators to prioritize finding solutions to the boarding crisis. To recap, in November, ACEP [wrote](#) the White House about the dangers of boarding and collected more than 140 troubling stories directly from ACEP members. Then in the spring, ACEP members shared their stories directly with legislators during our [Leadership and Advocacy](#) Conference. Now, ACEP is voicing support for [mental health legislation](#) and numerous [policy solutions](#) that address the causes and consequences of boarding.

The panelists asked legislators to work together to support solutions that help emergency care teams and patients. Dr. Kang concluded the briefing with this important takeaway for Congressional staff:

“There are three things you can take home from my remarks today, 1) patient boarding is a clear and present public health danger affecting thousands of individual and collective patients daily; 2) although EDs bear almost the entire burden of boarding, patient boarding is emblematic of the floundering of the current health care system; and 3) initial important steps can be taken today.”

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Want to participate in ACEP's democratic process?

Guidelines for Writing Resolutions

For more help on writing resolutions, read *Make A Difference: Write that Resolution*.

Definition

The Council considers items in the form of resolutions. Resolutions set forth background information and propose a course of action.

Submission and Deadline

Resolutions can be submitted by email, fax, or US mail. Receipt of resolutions will be acknowledged by email or phone.

All resolutions should be submitted to:

Sonja Montgomery, CAE
Governance Operations Director
American College of Emergency Physicians
PO Box 619911
Dallas, TX 75261-9911
Email: smontgomery@acep.org
Phone: 800-798-1822 x3202
Direct: 469-499-1282
Fax: 972-580-2816

Bylaws and regular resolutions are due 90 days before the annual Council meeting. The 2023 Council meeting is Oct. 7-8 in Philadelphia. The deadline for resolutions for the 2023 Council meeting is July 10.

Each resolution must be submitted by at least two members of the College. In the case of a resolution submitted by a component body, a letter or email of endorsement must accompany such resolution from the president, chapter executive, or chair representing the component body. If submitting by email, the letter endorsement can be either attached to the email or embedded in the body of the email. (See also Resolution Preparation Checklist)

All resolutions from national ACEP committees must be submitted to the Board of Directors for review prior to the resolution deadline. This usually occurs at the June Board of Directors meeting. If the Board approves the submission of the resolution, then the resolution carries the endorsement of the committee and the Board of Directors.

Questions

Please contact Sonja Montgomery, CAE, smontgomery@acep.org, at ACEP headquarters, 800-798-1822, extension 3202, for additional

information about preparation of resolutions.

Format

The title of the resolution must appropriately reflect the intent. Resolutions begin with "Whereas" statements, which provides the basic facts and reasons for the resolution, and conclude with "Resolved" statements which, identifies the specific proposal for the requestor's course of action.

Whereas Statements

Background or "Whereas" information provides the rationale for the "resolved" course of action. The whereas statement(s) should lead the reader to your conclusion (resolved).

In writing whereas statements begin by introducing the topic of the resolution. Be factual rather than speculative and provide or reference

statistics whenever possible. The statements should briefly identify the problem, advise the timeliness or urgency of the problem, the effect of the issue, and indicate if the action called for is contrary to or will revise current ACEP policy. Inflammatory statements that reflect poorly on the organization will not be permitted.

[More information can be found here.](#)

Explore Risk Management Trends in ISMIE Risk Assessments 2022: Year in Review

In 2022, ISMIE conducted 486 risk assessments, comprising approximately 4,400 physician and clinician policyholders in a variety of specialties and healthcare settings. In ISMIE Risk Assessments 2022: Year in Review, our **risk managers reflect on the biggest trends they observed during the course of these risk assessments**, as well as memorable "success stories" and the opportunities for improvement that many policyholders share in common.

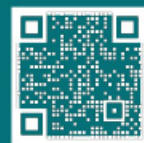
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ICEP Calendar *of* Events 2023

(Subject to change)

August 24, 2023
Resident Career Day & Recruitment Event
Chicago, IL

August 28 + 29, 2023
Virtual Oral Board
Zoom

September 29, 2023
Emergent Procedures Sim Skills Lab
Evanston, IL

November 13 + 14, 2023
Virtual Oral Board
Zoom

December 5, 2023
Ultrasound for Emergency Medicine
Downers Grove, IL

December 6, 2023
Mastering Ultrasound-Guided Nerve Blocks
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See the latest at ICEP.org and follow on Facebook and Twitter!



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