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# ACEP14 Daily News

McCORMICK PLACE • CHICAGO, ILLINOIS • OCTOBER 27-30, 2014 • WWW.ACEP.ORG/ACEP14

## TUESDAY ISSUE

### IGNITE!

#### INFORMATION IN A FLASH

These short presentations are a great way to find out about ACEP member benefits and get updates on the latest issues facing the College and emergency medicine. Get the full schedule in your Onsite Program.

**9:30 A.M.: National EMS Culture of Safety**  
Sabina Braithwaite, MD, MPH, FACEP

**10:30 A.M.: Community Paramedicine**  
Craig Manifold, DO, FACEP

**11:30 A.M.: Member Benefit Spotlight: Mastering the Job Search (EMCareerCentral.org)**

**2:30 P.M.: How to Get Involved with ACEP**  
Marco Coppola, DO, FACEP

**3 P.M.: Keep It Together!  
ACEP CME/Portfolio Tracker Demo**  
Gabe Casey, ACEP Technology Services Director

### EBOLA COURSES ADDED TO ACEP14 SCHEDULE

#### TUESDAY, OCT. 28

**Ebola: Hemorrhagic Fever and the U.S. Experience**  
3:30–4:30 p.m., Skyline Ballroom, Room W375B

Emergency physicians are on the front lines during a major medical crisis. Find out from **David C. Pigott, MD, RDMS, FACEP**, and **Alexander P. Isakov, MD, FACEP**, how emergency departments are preparing for future cases of the Ebola virus in the United States.

#### WEDNESDAY, OCT. 29

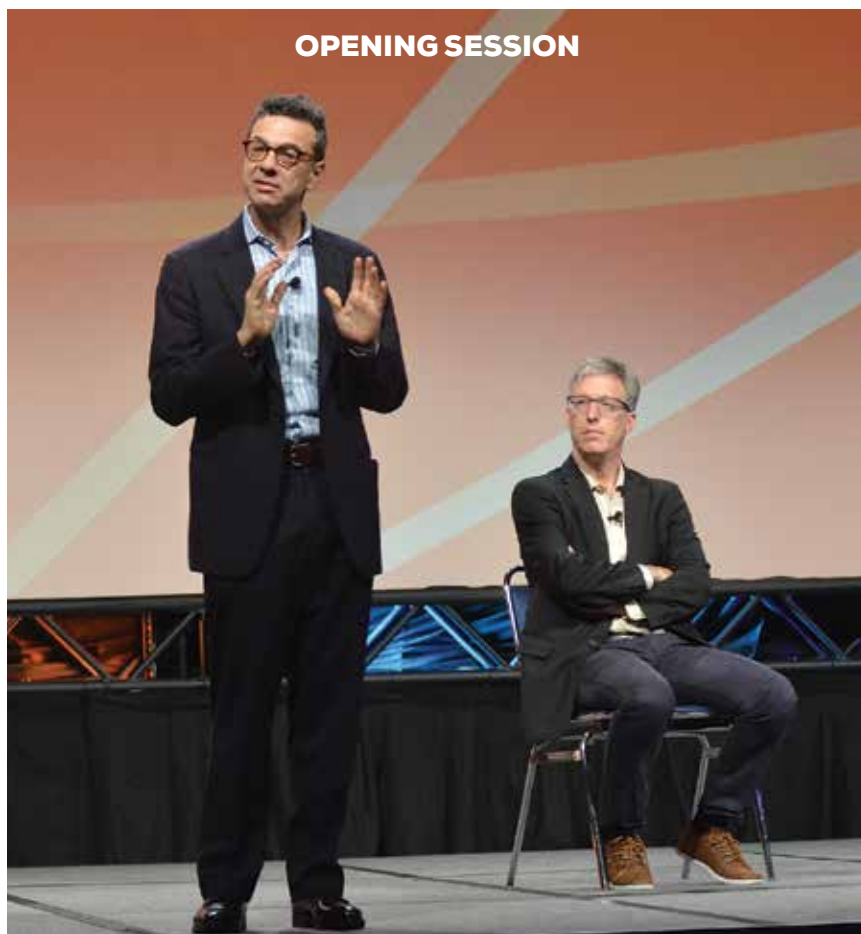
**Infections from Abroad: Unwanted Souvenirs**  
8–8:50 a.m., Skyline Ballroom, Room W375

Ever heard about “airport malaria”? Should you be worried about that “funny rash” on the Ugandan businessman? What medical advice do you give your sister who is planning a trip to Vietnam? **Swaminatha Mahadevan, MD, FACEP**, will identify infectious hot spots around the world and highlight must-know facts about travelers and visitors from these areas. In addition, find out what precautions travelers should consider as they plan their next great adventure abroad.

#### EBOLA SESSIONS FREE for All ACEP Members

Three presentations from ACEP14, including Monday’s session, “**Inside the Hot Zone: Highly Infectious Pathogens in the ED**,” by **Dr. Pigott**, will be captured live and presented as free courses in ACEP eCME, the College’s online and mobile education platform, to members and other EM colleagues. Each of the three courses will have a pretest, an audio and slide presentation of the lecture as it was delivered live in Chicago, and a post-test. Each of the courses also is approved for *AMA PRA Category 1 Credit*. Available Friday at [www.acep.org/acep14EbolaCourses](http://www.acep.org/acep14EbolaCourses).

### OPENING SESSION



## ACEP14 ATTENDEES PACK FREAKONOMICS OPENING SESSION

by RICHARD QUINN

**CHICAGO**—The opening sessions of ACEPs past have featured renowned physicians, policy wonks, and the obvious—emergency medicine specialists. But two pals trading parables about the hierarchy of Chicago gangs and the intricacies of building an economy for capuchin monkeys?

Steven Levitt and Stephen Dubner, the noted authors of international best-seller *Freakonomics* and its successor *SuperFreakonomics*, kicked off ACEP14 at McCormick Place West yesterday in their inimitable style: a mix of offbeat research tinged with comedy and economic theory. The pair urged the thousands of emergency physicians who jammed a ballroom to think outside the proverbial box, take educated chances, and ask questions that might seem sophomoric, but may actually be sublime.

**CONTINUED on page 6**



### Dr. Jay Kaplan Voted in as ACEP’s 2014–2015 President-Elect

**J**ay A. Kaplan, MD, FACEP, a Harvard Medical School graduate and five-year member of the ACEP Board of Directors, was named President-Elect of the College at Sunday’s Council Meeting in Chicago. Dr. Kaplan is director of service and operational excellence at CEP America and attending physician in the department of emergency medicine at Marin General Hospital in Greenbrae, California, near San Francisco.

In his speech to the Council on Saturday, Dr. Kaplan promised to fight for all emergency physicians and pointed out that his background, willingness to listen to concerns of emergency physicians all across the world, and his current clinical practice qualify him to lead the College into the second half of this decade.

“I am a staff physician working in a community hospital trauma center seeing 37,000 patients per year in an old, undersized facility,” he said. “I still work my share of nights and weekends; I still live and breathe

**CONTINUED on page 3**

### Back and Forth

**S**huttles will be available at all ACEP14 hotels except the Hyatt Regency, which is within a short walk of the McCormick Place convention center. Signs will indicate the location of shuttle pickup each day. Shuttles will be available:

**Tuesday: 6:30 a.m.–6:15 p.m.**  
**Wednesday: 6:30 a.m.–6:15 p.m.**  
**Thursday: 6:30 a.m.–1:30 p.m.**

Shuttles will also be available for Closing Celebration on Wednesday. Check the ACEP14 mobile app for the most current schedules.

When returning to the airport, be sure to take advantage of travel discounts with ShuttleExpress.

Find out more at [www.acep.org/saContent.aspx?id=91034](http://www.acep.org/saContent.aspx?id=91034).



NOT ACTUAL SHUTTLE

Please join us for a Product Showcase Lunch Presentation at the  
**ACEP14 Scientific Assembly**

# Acute Treatment of Agitation Associated with **Schizophrenia** or **Bipolar I Disorder**

**Tuesday**

**October 28, 2014**

11:30 AM – 12:15 PM

## PROGRAM OBJECTIVES:

- Review the current guidelines for the management of acute agitation associated with schizophrenia or bipolar I disorder
- Discuss currently available therapies for emergency staff treating patients presenting with agitation associated with schizophrenia or bipolar I disorder
- Identify unmet needs in the management of acute agitation associated with schizophrenia or bipolar I disorder
- Describe the pharmacology, efficacy, and safety of an option for the treatment of acute agitation associated with schizophrenia or bipolar I disorder in adults

### **McCormick Place West**

ACEP14 Exhibit Hall, F1  
Chicago, Illinois

### **Leslie S. Zun, MD, MBA**

System Chair, Department of  
Emergency Medicine  
Sinai Health System  
Chair and Professor, Department of  
Emergency Medicine  
Professor, Department of Psychiatry  
Rosalind Franklin University of Medicine  
and Science/Chicago Medical School  
Chicago, Illinois

**A Complimentary Lunch Will Be Served**

If you are licensed in any state or other jurisdiction or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and purpose of any educational item, meal, or other items of value you received may be reported as required by state or federal law. Once reported, this information may be publicly accessible. Thank you for your cooperation.

**This is a promotional event.**

**This is not a CME program.**

**In compliance with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. This promotional activity is brought to you by Teva Select Brands and is not for continuing medical education. The speakers are presenting on behalf of Teva Select Brands and must present information in compliance with FDA requirements.**

# ACEP14 Daily News

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## PRESIDENT-ELECT | CONTINUED FROM PAGE 1

what you live and breathe. I know your frustrations and aggravations and I know the joy of having a day where everything seems to flow and you feel like, "This is why I went into emergency medicine."

Dr. Kaplan promised to fight for:

- A long and fulfilling career where you love your work and are paid well for the hours you care.
- An emergency department environment where emergency physicians have the resources they need to give great care to their patients and to meet any crisis; where half of the beds are not occupied by inpatients boarding; and where the data by which emergency physicians are measured is appropriate and validated.

Dr. Kaplan said the College must continue to work hard to re-brand the image of the emergency department and to do a better job at demonstrating the value of emergency physicians.

"We are no longer just the window to the community nor can we remain the front door to the hospital," he said. "Health care dollars will be limited and I want more in our pockets, rather than in hospitals' and insurance companies' coffers. We must become the porch of the medical neighborhood. We do not just care for emergencies. We are acute care diagnostic evaluation and treatment centers, because no one takes better care of patients who become suddenly ill than we do. We can no longer afford to be labeled as 'the most expensive place to receive care' in an era of ACOs and bundled payments. The future is ahead of schedule and we have to stay a step ahead of it."

Dr. Kaplan, who announced his plan to resign as medical director of his group because ACEP's President must represent all emergency physicians, said the College must focus on the big issues at the federal level, including

"We are no longer just the window to the community nor can we remain the front door to the hospital. Health care dollars will be limited and I want more in our pockets, rather than in hospitals' and insurance companies' coffers.

—Dr. Kaplan

advocacy, fair reimbursement, quality care, liability reform, and support for graduate medical education. At the same time, he said, ACEP as a representative organization must support its state chapters and be better connected with regard to local concerns. Dr. Kaplan said his background and experience working for ACEP makes him not only a qualified leader of the College, but an experienced spokesperson. He has been national faculty for ACEP, taught at the ED Directors Academy, and given the Mills and Rorrie lectures—including at ACEP14—and is a former recipient of the ACEP Outstanding Speaker of the Year Award.

"I know that the issues are different if you are a member of EMRA or mid-career, if you are a woman, a large chapter or small, more urban or more rural, a member of a national group or a single hospital practice," Dr. Kaplan told the Council, "I am passionate about the work we do, and I am relentless—no one will work harder on your behalf." ☺



## ACEP Council Elects Two Incumbents, Two Newcomers to the Board

At its meeting on Sunday, the ACEP Council elected two new members to the Board of Directors. From left to right: Incumbent Hans House, MD, FACEP; Jon Mark Hirshon, MD, PhD, MPH, FACEP; Stephen Anderson, MD, FACEP; and incumbent John Rogers, MD, CEP, FACEP.



Dr. Crowley playing guitar at last year's Open Mic Night.

ILLUSTRATION/PAUL JUSTRICH; PHOTOS SHUTTERSTOCK.COM

## Talent ON DISPLAY AT OPEN MIC NIGHT

**A** Tuesday night filled with guitar, piano, singing, and maybe some stand-up comedy is on tap **7-10 p.m. at the Chicago Hilton, Third Floor, Williford C.** If you missed Open Mic Night last year, you didn't see Dr. Amber Crowley's amazing guitar skills. You also missed some excellent voice work by Errol Lawrence and Dr. Robert Lueken. Rumor has it that an ACEP Board Member is stopping by this year to recite some poetry, and a duo calling themselves The Emergitones will make an appearance. The Studio ACEP guys have promised to deliver backup bass guitar when bass guitar is not just a luxury but essential for entertainment.

## INDUSTRY-SUPPORTED SATELLITE SYMPOSIA OPTIONS

**Satellite symposia programs are educational**, and some offer CME credit. These events will take place at the Chicago Hilton. These programs are not a part of the official ACEP14 education program as planned by ACEP's Educational Meetings Committee.

**TUESDAY, OCT. 28**  
6-9 p.m.

**Targeted Oral Anticoagulation in the Emergency Department: Key Factors in Stroke Prevention in Atrial Fibrillation**  
Grantors: Boehringer Ingelheim and Daiichi Sankyo

## Don't Forget These EMF OFFERINGS

### EMF MAJOR DONOR LOUNGE (BY INVITATION)

MONDAY, OCT. 27-WEDNESDAY, OCT. 29  
7:30 A.M.-4:30 P.M.

McCormick Place West, Central Concourse, Level 3

EMF donors who have given \$1,000 or more since Jan. 1, 2014, and Wiegstein Legacy Society Members are invited to enjoy this relaxing private setting with refreshments, a computer, printer, and charging stations. Donors also can receive financial-planning advice and pick up donor ribbons and pins.



### EMF SILENT AUCTION

MONDAY, OCT. 27-WEDNESDAY, OCT. 29  
7:30 A.M.-5:30 P.M.

McCormick Place West, Level 3

Stop by the EMF Silent Auction to bid on hundreds of items, with proceeds benefiting EMF. Items include once-in-a-lifetime experiences; sports, music, and celebrity memorabilia; jewelry; vacation getaway packages donated by members; and more.

### MEMBERS, YOU'VE BEEN CHALLENGED

Just because the Council Meeting ended Sunday doesn't mean that attention to EMF diminishes—quite the contrary! EMF encourages the ACEP membership to meet or beat the amount of donations pledged to EMF during the Council Challenge.



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## ACEP14 Attracts National Media Attention

**W**ith more than 6,500 emergency physicians in the nation's third-largest city, local and national media outlets took advantage of access to our attendees to ask questions and watch sessions related to Ebola virus disease. Many media members also attended Code Scenario events in innovatED located in the Exhibit Hall.

All of the major local stations in Chicago arrived at McCormick Place West on Monday to interview ACEP members, the requests directed largely toward Ebola experts Drs. Rade Vukmir, David Pigott, and Kristi Koenig.

Press credentials also were issued to reporters from the Chicago Tribune, Associated Press, Newsweek, and Forbes Magazine, who each attended Monday's sessions. Fox Business News conducted an interview on the innovatED floor.



CBS Chicago reporter Dana Kozlov posted an article in that news outlet's website that stated, "just days after Illinois became one of the three states calling for mandatory 21-day quarantine for returning health care workers at risk for the disease, some experts suggested it might be too much." The article quoted Ohio emergency physician Dr. Daniel Bachman; Dr. Pigott; and Dr. Mathew Bitner, the Co-Chair of ACEP's Educational Meetings Subcommittee.

"What we recommend for physicians, or rather aid workers who have recently returned from Africa, is that they perform voluntary twice-daily temperatures at home, not a mandatory quarantine," Dr. Pigott said in the article.



## Get Social at ACEP14

**W**e don't drive the social media train at ACEP14—you do. How was that session? What's coming up next? Can you believe what that speaker just said? **Fill our social media with great information by posting tweets using #ACEP14. Follow @ACEPnow, and remember to check out www.facebook.com/ACEPfan for updates and images from parties and special sessions.**

This year, your posts mean even more. We will be monitoring social media and other instant feedback channels today, and the course that has the most buzz will be delivered as an encore presentation tomorrow at 3:30 p.m. in the Skyline Ballroom, W375A. Never miss the day's most popular session again!

### ACEP14 TWEETS

#### Seth Trueger (@MDaware)

Brown: etomidate dominates, but dipping in recent years. ketamine & propofol increasing in last 2 years. NEAR. #ACEP14

#### Sean M. Fox (@PedEMMorsels)

#ACEP2014 #ACEP14 InnovatED is pretty sweet! Great toys!

#### Edward Lew (@elewMD)

"Based on this study, cadavers should not defibrillate themselves." #ACEP14

#### NIDAnews (@NIDAnews)

New #CME/CE course adds to physician toolbox for addressing substance use in patients: <http://ow.ly/DoAva> #ACEP14

#### Omar Askar (@omaraskar)

Ask kids to make "ok" sign to test anterior interosseus. "Thumbs up" sign to test posterior interosseus. #ACEP14

#### Manrique Umana (@umanamd)

Is it just me or are the exhibits getting bigger and bigger each year? #ACEP14



## THE *Fun* CONTINUES WITH THESE TUESDAY EMRA EVENTS



### EMRA 40TH ANNIVERSARY CELEBRATION (BY INVITATION ONLY)

Tuesday, Oct. 28 • 5-6 p.m., Hilton Chicago

Life begins at 40, so let's kick off the next few decades of EMRA by celebrating its 40th anniversary.



### EMRA PARTY

Tuesday, Oct. 28 • 10 p.m.-2 a.m., Castle Chicago

Close friends, colleagues, and folks you just met—get them all together at Castle Chicago for an evening of fun. Find out why this party is legendary.

## PLEASE JOIN US FOR A Lunch Product Theater Presentation During the ACEP14 Scientific Assembly

# Closing the Gap on Thrombotic Events

Wednesday, October 29, 2014

11:30 AM – 12:15 PM

McCormick Place West  
Exhibit Hall  
Chicago, Illinois

#### PRESENTER

Gregory J. Fermann, MD, FACEP  
Professor and Executive Vice Chairman  
Director, Clinical Trials Center  
Department of Emergency Medicine  
University of Cincinnati  
Cincinnati, Ohio

#### PROGRAM DESCRIPTION

This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism, and how they can reduce the risk of recurrent thrombotic events.

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs.

For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity, that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

Please note that the company prohibits the offering of gifts, gratuities, or meals to federal government employees/officials. Thank you for your cooperation.

This promotional educational activity is not accredited. The program content is developed by Janssen Pharmaceuticals, Inc. Speakers present on behalf of the company and are required to present information in compliance with FDA requirements for communications about its medicines.

Dr Fermann is a paid consultant presenting on behalf of Janssen Pharmaceuticals, Inc.

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## FREAKONOMICS | CONTINUED FROM PAGE 1



“Those ideas that are the ones which are completely and utterly obvious after the fact but very hard to see before the fact are the greatest ideas,” said Mr. Levitt, the William B. Ogden Distinguished Service Professor of Economics at the University of Chicago, where he directs the Becker Center on Chicago Price Theory.

The speakers rose to fame in 2005 with the publication of *Freakonomics*, and followed that up with two successors, but on stage yesterday, they were just two easygoing friends telling stories on how mixing clever thinking and sound research can be quite successful.

“What we all need to do our jobs well, you as much as us, is good data, understanding

where the data come from, and understanding how incentives really work,” said Mr. Dubner, an award-winning author and journalist. “It’s a lot easier said than done. But that, we argue, is kind of the key to figuring out the modern world, our role in it, and how to help ourselves, and therefore help a lot of other people, like you all do every day.”

Nilesh Patel, DO, FAAEM, FACOEP, an associate program director at St. Joseph’s Regional Medical Center in Paterson, New Jersey, appreciated the speakers’ blend of atypical thinking and solid research. He said it dovetails with the mentality that draws him to the specialty. “What drives me in emergency medicine is living on the edge a little bit, is taking chances, is using cutting-edge therapies,” Dr. Patel said. “The flip to that is you have to know the science behind that ... they hit the nail on the head with that. That’s what we do, that’s what keeps us going.”

**RICHARD QUINN** is a freelance writer in New Jersey.



“Those ideas that are the ones which are completely and utterly obvious after the fact but very hard to see before the fact are the greatest ideas.”

—Steven Levitt



## ACEP Council Digs Deep to Support NEMPAC in Critical Election Year

In the final week before the mid-term elections, ACEP Council members have stepped up to the plate to ensure that emergency medicine is prepared to make an impact on the outcome. With control of the Senate at stake and a slew of issues like ACA implementation, Medicare and Medicaid reimbursement, and liability reform left on the table for a new Congress to address in January, it is more important than ever for emergency physicians to stay active and engaged in the political process.

Prior to and during the ACEP Council meeting over the weekend, NEMPAC collected nearly \$250,000 from Council members. Combined with thousands of donations by ACEP members across the country this year,

NEMPAC is well on the way to reaching the \$1 million goal set by the ACEP Board in 2014.

NEMPAC serves a vital role in advancing ACEP’s legislative agenda and in broadening ACEP’s visibility with Congress. NEMPAC’s growth has allowed us to be involved in hundreds of races across the country. NEMPAC has already donated \$1.5 million to House and Senate candidates in the 2014 elections with nearly 100 donations delivered by ACEP members at events in their own congressional districts. NEMPAC is also working hard to help re-elect two ACEP members who serve in Congress: Rep. Joe Heck (R-NV) and Rep. Raul Ruiz (D-CA).

Only ACEP members can donate to NEMPAC and more than 5,000 have contributed

this year to increase emergency physicians’ clout in the political process. NEMPAC is currently the fourth largest physician specialty political action committee, behind anesthesiologists, orthopedic surgeons, and radiologists—with a goal of becoming number one. This goal has been embraced by ACEP members across the country as well as by emergency medicine group practices who are finding creative ways to encourage their ACEP member physicians to support NEMPAC.

This year, ACEP physicians in seven emergency medicine group practices were recognized for their outstanding support including: CEP America, EmCare, Emergency Medicine Physicians (EMP), Eastside Emergency Physicians, Florida Emergency Physicians (FEP),

Medical Emergency Professionals (MEP) and Wake Emergency Physicians (WEPPA).

For more information about NEMPAC and ACEP’s other political and legislative advocacy initiatives, stop by the Advocacy area of the ACEP Resource Center in the Exhibit Hall. ACEP members who sign up for ACEP’s 911 Grassroots Network, donate to NEMPAC, or join the ACEP Spokesperson’s Network will be entered into a drawing for two roundtrip airline tickets.

Anyone who contributes \$500 or more to NEMPAC in 2014 becomes a NEMPAC VIP and can enjoy the use of the VIP Hospitality Area (including laptops, snacks, and special seating) on the 3rd Floor of McCormick Place West during ACEP14.

# Visit innovatED

WITH 10 ED TALKS IN FRONT OF CAPACITY CROWDS, the latest technology on display in real-life context, two Code Scenarios and emergency physicians discussing the latest in health care, innovatED's sophomore effort was a huge success on Day 1 of ACEP14. Stop by innovatED and find out what could make your practice more efficient, more effective, and better for patient care.

## Don't Miss These ED Talks and Demonstrations

TAKE 10 MINUTES TO LEARN SOMETHING NEW at the innovatED ED Talks and demonstrations. Companies will present their latest technology or service and answer any questions you might have about it. For detailed information about each ED Talk, please refer to the innovatED brochure provided in the Exhibit Hall. Pay special attention to the codes each day. See how some of this new technology would work in a real-life situation.

### TUESDAY

**11:10-11:20 a.m.**

**Durata Therapeutics**

Emergency Medicine and Hospital Medicine: Putting Collaboration into Practice

**11:20-11:40 a.m.**

"Code Blue" Critical Care Scenario

**11:50 a.m.-noon**

**T-System Inc.**

Losing the ICD-10 Weight on the Backs of ED Physicians

**12:10-12:20 p.m.**

**FUJIFILM SonoSite, Inc.**

Workflow and Image Archival Solutions for the Busy ED

**1:30-1:40 p.m.**

**Teleflex, Inc.**

Sounding the Siren on Sepsis: Prehospital Sepsis Management

**2:40-2:50 p.m.**

**Masimo Corporation**

SpCO—Helping Catch the Silent Killer

**2:50-3:10 p.m.**

"Code Black" Disaster Scenario

**3:00-3:10 p.m.**

**Covidien**

Latest Advancements in Treatment for Large Vessel Occlusion in Acute Ischemic Stroke

**3:15-3:25 p.m.**

**National Association of Boards of Pharmacy**

Accessing Comprehensive and Analyzed Controlled Substances Med History in ED Workflow

### WEDNESDAY

**11:10-11:20 a.m.**

**Innovative Trauma Care**

Taking the Emergency Out of Hemorrhage Control

**11:20-11:40 a.m.**

"Code Black" Disaster Scenario

**11:30-11:40 a.m.**

**The Medicines Company**

Cleviprex: Safe and Effective Blood Pressure Control

**11:50 a.m.-noon**

**Covidien**

Rapid Assessment and Treatment Decision Making for Acute Ischemic Stroke

**12:10-12:20 p.m.**

**FreemanWhite, Inc.**

Capacity Planning: Maximizing the Efficiency of Your Department

**2:40-2:50 p.m.**

**The Shams Group**

Transforming Your Patient ED Intake and Discharge Experience Via a High-Speed High-Touch Mobile App/Kiosk

**2:50-3:10 p.m.**

"Code Blue" Critical Care Scenario



### USE THE innovatED APP

Maximize your experience in innovatED with this truly unique interaction where your questions are answered before you even ask them. A wealth of information is right at your fingertips. It's available in the Apple App Store and the Google Play store, or navigate to it through the ACEP14 mobile guide app.



Captions here

# Live from ACEP14







## What Brings You to ACEP14?

*“This is my first one ... the scope is huge. To see a truly multinational conference is pretty amazing. The exhibitions are amazing. The speakers are high class. Extremely well organized. So far, it’s great.”*

*—Tushar Pishe, MD, CCFP (EM), emergency specialist, St. John Regional Hospital, St. John, New Brunswick, Canada*

**IT JUST KEEPS GETTING BETTER AND BETTER! ACEP14, the premier emergency medicine educational conference, hit a new record attendance this year.** More than 6,500 physicians and other health care providers registered for all four days of the conference here in Chicago. The old record was set last year in Seattle with 6,224 four-day attendees.



# Hot Sessions

## Better Bedside Care for Critically Ill Patients

by VANESSA CACERES

**B**usy emergency physicians are often looking for clinical pearls they can use right away in the emergency department.

That's just what you can expect from "Just the Pearls: Bedside Tips and Tricks for the Critically Ill Patient," said Scott D. Weingart, MD, FACEP, attending and chief of the division of emergency critical care at Stony Brook University Medical Center and associate professor of emergency medicine at Stony Brook School of Medicine in Stony Brook, New York.

"The reason to attend any of these tips-and-tricks sessions is that it's the educational session that gives the maximum number of take-home messages in the time you sit there," Dr. Weingart said. "The point is to eliminate fluff and give clinical pearls you can use tomorrow."

Dr. Weingart will cover strategies and skills to enable rapid assessment and treatment of the critically ill trauma patient. This will include optimum ways to manage the crashing trauma patient before placing chest tubes, he said.

"There also will be new strategies to take care of the crashing trauma patient who's hemorrhaging in front of you."

Even for those who attended Dr. Weingart's session last year, there will be a substantial amount of new information, he said. Last year's attendees noted in their feedback that they would like new information related to this topic, which is why Dr. Weingart revamped his presentation to cover the most relevant pearls from last year as well as new information that audience members will find helpful.

"Ninety percent of the information is brand-new tips and tricks you've not heard in the past," he said.

**VANESSA CACERES** is a freelance medical writer based in Florida.



Dr. Weingart

**JUST THE PEARLS: BEDSIDE TIPS AND TRICKS FOR THE CRITICALLY ILL PATIENT**

Tuesday, Oct. 28  
9-9:50 a.m.

Skyline Ballroom, Room W375B

## How Emergency Physicians Choose Wisely

by FRANCESCA BARATTA

**A**lthough the Patient Protection and Affordable Care Act is the most talked about vehicle of health care reform, physicians across medical disciplines are taking extra steps to increase patient satisfaction and the value of patient care by joining the *Choosing Wisely* campaign.

"Emergency physicians, particularly academics today, need to be more involved in the future of medicine, which is controlling costs, looking at being more efficient, providing value. The *Choosing Wisely* campaign is part of that," said David C. Seaberg, MD, CPE, FACEP, Past President and former Chairman of the Board for ACEP.

An initiative of the ABIM Foundation, *Choosing Wisely* aims to encourage physicians to think about the necessity of tests and quality improvement in patient care by creating and following lists of evidence-based care recommendations. ACEP and other specialty societies have created lists of five tests and procedures that may not be cost-effective in some situations and should prompt discussion with patients in order to both educate them and gain their agreement regarding avoidance of such tests and procedures.

In his Rapid Fire session, "Wisely Chosen Care: How the *Choosing Wisely* Campaign Could Change Medicine," Dr. Seaberg will describe his role in ACEP's decision to join the campaign and "why that will pay dividends in the future." He believes that the campaign could change the future of health care in terms of procedures, test ordering, costs, and even malpractice. (See page 13 for more on

In his Rapid Fire session, "How the '*Choosing Wisely*' Campaign Could Change Medicine," Dr. Seaberg will describe his role in ACEP's decision to join the campaign and "why that will pay dividends in the future."

*Choosing Wisely*.)

The emergency medicine community was initially reluctant to join *Choosing Wisely*. In fact, Dr. Seaberg was President-Elect of ACEP when the organization decided three times not to take part in the campaign. As President, he had a change of heart.

"I wasn't necessarily a staunch supporter initially," Dr. Seaberg said. "I still think there are certain issues with the *Choosing Wisely* campaign. But again, it's a launching pad. I hope it can be a launching pad to look at ways that we can reduce waste and unnecessary testing in medicine and even possibly lead to other reforms around that."

**FRANCESCA BARATTA** is a freelance writer based in New Jersey.



Dr. Seaberg

**RAPID FIRE: WISELY CHOSEN CARE: HOW THE CHOOSING WISELY CAMPAIGN COULD CHANGE MEDICINE**

Tuesday, Oct. 28  
1:30-1:55 p.m.

Skyline Ballroom, Room W375C

## Don't Miss These Other Tuesday Hot Sessions



**TUESDAY, OCTOBER 28**

### Heroic Procedures You Should Know

8-8:50 a.m.

Skyline Ballroom, Room W375 A

Faculty: Vikhyat S. Bebarta, MD, FACEP

Emergency thoracotomy is a lifesaving procedure that is not without significant risk to the patient and health care workers. Other heroic procedures are done infrequently, but will they save lives? The speaker will discuss the indications and describe the proper technique for specific heroic procedures such as thoracotomy, diagnostic peritoneal lavage, cardiac wound repair, cricothyroidotomy, pericardiocentesis, venous cut down, and chest tube thoracostomy.

### Cruising the Literature: Pediatric Emergency Medicine 2014

10-10:50 a.m.

Skyline Ballroom, Room W375 B

Faculty: Richard M. Cantor, MD, FACEP

Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months and discuss those articles that could affect the way you treat pediatric patients.

### The High-Risk Abdomen: Common Complaints and Crashing Patients

2-2:25 p.m.

Skyline Ballroom, Room W375 C

Faculty: Diane M. Birnbaumer, MD, FACEP

Abdominal pain is a common presenting complaint in the ED, but frequently no definitive diagnosis is made. Which patients are safe to discharge, and who could be your next lawsuit? Join the speaker in a case-based presentation that will highlight common errors made in the evaluation of abdominal pain, and how to prevent them through proper evaluation and documentation.

### Therapy for Non-ST Elevation ACS: Update 2014

2-2:25 p.m.

McCormick Place West, W196 ABC

Faculty: Tarlan Hedayati, MD, FACEP

A number of established and new therapies exist in the management of patients with non-ST elevation myocardial infarction (NSTEMI) and unstable angina. Every year, however, these therapies are updated or changed completely. The speaker will review the most recent literature on risk stratification and treatment of NSTEMI. Therapies, such as heparin, nitrates, antiplatelet agents, antithrombins, and percutaneous coronary interventions will be reviewed, using the latest literature and guidelines.

## Treating Dental Pain in the ED

by FRANCESCA BARATTA

Patients arriving daily at the emergency department with dental pain have forced physicians to adapt their medical practice and equipment. From the beginning of this trend, Kip Benko, MD, FACEP, clinical assistant professor of emergency medicine at the University of Pittsburgh and assistant medical director at McCandless EMS, has been teaching residents, faculty, and advanced-practice providers the essentials of dental blocks and facial anesthesia.

"Initially when we started, no one was doing these blocks, and as people began to see more and more patients with dental pain in their emergency department, these blocks have become, really, an indispensable part of their practice," said Dr. Benko.

The dental blocks and facial anesthetic skills he learned from his dentist father during his third-year residency can be used for dental pain and traumatic facial injuries. Dr. Benko's illustrative examples include dental pain cases, along with a patient with glass embedded in his forehead from a car accident and another with a lip laceration caused by a cat scratch.

First presented 18 years ago at ACEP's annual meeting in San Diego, Dr. Benko's presentation, "Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks," now includes high-definition video and 3-D images of the complicated nerves of the mouth, face, and jaw. "As video and as imagery has improved, it's been better able to translate into education and translate into teaching the residents and faculty the best way to perform these blocks," he said.

The facial anesthesia lecture is a prerequisite for the "Emergency Dental Skills Lab," in which Dr. Benko and his University of Pittsburgh colleagues teach 150 conference attendees how to put what they learned from the lecture into practice.

Dr. Benko finds that physicians consider dental patient care very fulfilling: "If [a patient] has a terrible toothache and you do a dental block on them and their pain completely goes away, that patient is just an extremely gratified patient, and it makes the clinician feel very satisfied."

FRANCESCA BARATTA is a freelance writer based in New Jersey.

### Dr. Benko

#### FIXING FACES PAINLESSLY: FACIAL ANESTHESIA, REGIONAL BLOCKS

Tuesday, Oct. 28  
3:30-4:20 p.m.  
Skyline Ballroom, Room W375C

## Fresh Perspective on Pain Management

by FRANCESCA BARATTA

Diversion of pain medication from emergency departments is an issue of concern to physicians and politicians alike, but James Ducharme, MD, believes a balance between diversion wariness and efficient pain management is necessary for emergency physicians.

"We have to understand that we're trying to do right by the patient and that we want to ensure that we answer their needs in terms of pain management," said Dr. Ducharme, a clinical professor of medicine at McMaster University in Hamilton, Ontario, who has researched and taught about pain for the last 20 years.

In his presentation, "You Gotta Help Me, Doc!—Novel Approaches to Pain Management in the ED," Dr. Ducharme will discuss the use of opioids, the alternative medications that can be prescribed, and the negative consequences of patients and physicians ignoring acute pain.

Dr. Ducharme wants physicians to understand that patient communication is key to managing pain. "It's not up to me to judge what's enough pain relief; that's the patient," he said.

Conversely, he acknowledges that patients do not realize the consequences of tolerating pain instead of treating it within the first day of symptoms. For example, migraine pain is more likely to return the next day if left even partially untreated. "Although we want to do what the patient wants us to do," Dr. Ducharme said, "sometimes we have to realize there are other end targets that we have to try to avoid by taking control of pain."

Dr. Ducharme believes the misunderstanding of chronic pain is caused by an absence of training on the topic for emergency physicians. Instead of shying away from the subject, pain needs to be approached just like diabetes or heart disease. "Chronic pain is no different from any other chronic disease, and yet we've ignored it," he said. "Managing pain is purely an attitude reorientation."

FRANCESCA BARATTA is a freelance writer based in New Jersey.



Dr. Ducharme

#### "YOU GOTTA HELP ME, DOC!"—NOVEL APPROACHES TO PAIN MANAGEMENT IN THE ED

Tuesday, Oct. 28  
4:30-5:30 p.m.  
McCormick Place West,  
W176ABC



## ACEP Advocacy Drawing

ACEP members who stop by the Advocacy area of the ACEP Resource Center can enter a drawing for two round-trip airline tickets on American Airlines if they do one of three things: join the 911 Grassroots Advocacy Network, donate to NEMPAC (if you're an active ACEP member), or join the ACEP Spokesperson Network. The advocacy drawing entry period, runs 9:30 a.m.–3:30 p.m. through Wednesday.

### Don't Forget the Suite!

The NEMPAC VIP Donor Suite is open Tuesday and Wednesday, 9 a.m.–4 p.m. ACEP members who have contributed at least \$500 to NEMPAC in 2014 are invited to visit the NEMPAC Donor Hospitality Suite each day for complimentary refreshments, laptop/printer usage, and professional neck and shoulder massages.



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## Council Considers Membership Structure, Clinical Issues, and More

The 2014 ACEP Council considered several resolutions during its annual meeting this week, including issues related to the ACEP bylaws and emergency medicine practice issues.

This year's 367-member Council represents all 53 chapters, 33 ACEP sections of membership, the Emergency Medicine Residents' Association (EMRA), the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), and the Society of Academic Emergency Medicine (SAEM).

The resolutions adopted by the Council do not become College policy until they are reviewed and approved by the ACEP Board of Directors on Thursday.

On Sunday, the Council approved a Bylaws resolution that restructures ACEP membership categories, which was structural in nature, not substantive. The resolution proposed that ACEP membership categories be combined to regular, candidate, international, and honorary. This Bylaws change to the structure would not impact dues or benefits.

The Council also voted to adopt a resolution asking ACEP to study the feasibility of creating a

non-voting, non-office-holding membership category for individuals not currently eligible for active membership.

A resolution regarding "continued vs. continuous" membership for maintenance of fellow status was referred to the Board. Testimony was divided and those in favor indicated that members could pay back dues or reapply for fellow status. Those against the resolution indicated that there might be unforeseen consequences of military members or those working internationally losing their FACEP distinction.

Also referred to the Board were resolutions about Geriatric Emergency Department Accreditation and Advocacy for Professional Licensure of EMS Providers.

The Council adopted resolutions related to:

- Assistant Physician Designation
- ED Information System Safety Issue Recognition and Management
- ED Mental Health Information Exchange
- EMTALA-Related Liability Reform
- Examination of Stark Law Potential Implications
- Future Funding for ACEP Report Cards in the Emergency Care Environment

- Human Trafficking
- Impact of High Deductible Insurance Plans
- Parity in Reimbursement for Telemedicine Services
- Safe Citizen Day
- Sexual Assault Victims' DNA Bill of Rights
- Single-Payer Health Insurance
- Anonymous Expert Physician Testimony for a State Medical Licensing Board
- Bariatric Emergency Department Guidelines
- Development of Telemedicine Policy for Emergency Medicine
- Naloxone Prescriptions by Emergency Physicians
- Pedestrian Injuries Are Preventable
- State Medical Licensing Board Anonymous Complaint
- Support for Clinical Pharmacists as Part of the Emergency Medicine Team
- Trauma Center Certification Task Force
- Triage Screening Questions

*Next year's Council meeting will take place Oct. 24-25 in Boston, Massachusetts.*

# AMA President-Elect Recaps the ACA for ACEP14

by RICHARD QUINN

CHICAGO—Take it from the incoming president of the American Medical Association (AMA): the Affordable Care Act has flaws aplenty, but it's moved health care forward in a way unseen since the 1965 creation of Medicare and Medicaid.

"The nation has been struggling to enact meaningful health system reform for more than a century," AMA President-Elect Steven Stack, MD, FACEP, said in yesterday's Colin C. Rorrie, Jr. Lecture at ACEP14. "But I would argue that we may have accomplished more in the last four years than in the preceding 40."

Dr. Stack's talk, aptly named "The ACA: The Rocky Road to Health Reform," highlighted progress made in adding insurance coverage for millions of new people and protections of coverage for some 129 million patients with pre-existing conditions. But he emphasized that physicians—and others—need to realize insurance coverage is just one facet of the ACA.

"It's also about improving quality and delivery functions, transitioning from a fragmented health care system with different providers and stakeholders operating largely independently to a collaborative, team-based approach, and shifting the focus of payment from quantity of service to quality of service."



Emergency medicine veteran Ron Low, MD, MS, FACEP, of New York City Health and Hospitals Corp., was drawn to Dr. Stack's talk by both interest in the varied impacts of the ACA, and his status as the first emergency physician to ever lead the AMA. Dr. Low said the talk reinforced for him how arduous the path to continued reform, and its ensuing improvements will be.

"I probably appreciate even more now that it's going to be an unfinished thing for a

while," Dr. Low added. "It is frustrating but I don't see any alternative, so I guess we'll have to put our heads down [and keep working]."

In a brief question-and-answer session, Dr. Stack, an emergency department medical director in two states who currently practices in Lexington, Kentucky, told one nervous physician that even if Republicans take over Congress in next week's mid-term elections, he fully expects President Obama to veto any effort. In the meantime, emergency

physicians need to step up and voice their concerns to be part of the process, he said.

"Our specialty must clearly articulate and define the role and value of our services in a reformed health care delivery system," Dr. Stack added. "Emergency medicine in the future may look substantially different than today and we'll have to adapt to survive and thrive." ☺

**RICHARD QUINN** is a writer in New Jersey.

## CHOOSING WISELY LIST

# ACEP Announces New *Choosing Wisely* List

CHICAGO—Today, ACEP announced its second list for the ABIM Foundation's *Choosing Wisely* campaign.

The campaign encourages medical specialty societies to create lists of five tests and procedures that may not be cost effective in some situations and should prompt discussion with patients in order to both educate them and gain their agreement regarding avoidance of such tests and procedures.

"As emergency physicians, we are committed to reducing health care costs while at the same time continuing to fulfill our commitments to provide the best, most efficient emergency care to millions of Americans," said Michael J. Gerardi, MD, FACEP, president of the American College of Emergency Physicians.

## Tests and Procedures to Question

**1. Avoid CT of the head in asymptomatic adult patients in the emergency department with syncope, insignificant trauma and a normal neurological evaluation.**

Syncope (passing out or fainting) or near syncope (lightheadedness or almost passing out) is a common reason for visiting an emergency

department and most of those visits are not serious. Many tests may be ordered to identify the cause of the problem. However, these tests should not be routinely ordered, and the decision to order them should be guided by information obtained from the patient's history or physical examination.

**2. Avoid CT pulmonary angiography in emergency department patients with a low-pretest probability of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer.** Advances in medical technology have increased the ability to diagnose even small blood clots in the lung. Now, the most commonly used test is known as a CT pulmonary angiogram (CTPA). It is readily available in most hospitals and emergency departments. However, disadvantages of the CTPA include patient exposure to radiation, the use of dye in the veins that can damage kidneys and high cost.

**3. Avoid lumbar spine imaging in the emergency department for adults with**

**atraumatic back pain unless the patient has severe or progressive neurologic deficits or is suspected of having a serious underlying condition, such as vertebral infection or cancer with bony metastasis.** Low back pain without trauma is a common presenting complaint in the emergency department. Most of the time, such pain is caused by conditions such as a muscle strain or a bulging disc that cannot be identified on an x-ray or CT scan.

**4. Avoid prescribing antibiotics in the emergency department for uncomplicated sinusitis.** Sinusitis is a common reason for patients to visit the emergency department. Most patients with acute sinusitis do not require antibiotic treatment, because 98 percent of acute sinusitis cases are caused by a viral infection and resolve in 10–14 days without treatment.

**5. Avoid ordering CT of the abdomen and pelvis in young otherwise health emergency department patients with known histories of ureterolithiasis presenting**

**with symptoms consistent with uncomplicated kidney stones.** Many patients in the emergency department who are less than 50 years old and who have symptoms of recurrent kidney stones do not need a CT scan unless these symptoms persist or worsen, or if there is a fever, or a history of severe obstruction with previous stones. CT scans of patients in the emergency department with symptoms of a recurrent kidney stone usually don't change treatment decisions, and the cost and radiation exposure can often be avoided in these cases. ☺



An initiative of the ABIM Foundation

## Let the Tweeting Begin!

by JEREMY SAMUEL FAUST, MD, MS, MA

It's only Day 1 of ACEP14 and Chicago is already buzzing. For the first time, ACEP has an official social media team. I (@JeremyFaust) am joined by an all-star group of emergency physicians: Salim Rezaie (@srrezaie), Ryan Radecki (@emlitofnote), Jason Nomura (@Takeokun), Lauren Westafer (@LWestafer), Seth Trueger, (@MDAware), and Allen Roberts (@GruntDoc). If you're new to Twitter or just reconnecting, follow these accounts or search #ACEP14. It's easier than trying to take notes!

Here are a few of today's top Tweets. Costa Rica ED physician, Manrique Umana (@UmanaMD) was at Dr. Corey Slovis' Cardiology update talk and tweeted "Slovis: 10-30% of non-STEMI's have a fresh clot. 'Hypothermia+cathlab' stat post-arrest is the way to go!"

Bob Stuntz (@BobStuntz) kept up with Scott Weingart's talk "Save the Blade!" on avoiding intubation. Among his best: "Weingart: Lower esophageal sphincter opens

at 22-23cm H2O, so keep NIV [non-invasive ventilation] pressures 15-20."

Since Ebola is all over the news, I would be remiss not to mention Dr. David Pigott's lecture "Inside the Hot Zone: Highly Infectious Pathogens in the ED." Official #ACEP14 social media team member Allen Roberts (@GruntDoc) tweeted that when treating Ebola, expect "5-10 liters of GI losses [per day] with lyte disturbance." He also tweeted about the FDA's support of compassionate use for unapproved therapies.

On a congratulatory note, Dr. Roberts' account just passed the 7,000 followers mark. If you ever needed a reason to join Twitter, how's this: thousands of people all over the globe can learn what you're learning, right here in Chicago!

**JEREMY SAMUEL FAUST** is an EM resident at Mount Sinai Hospital in New York and Elmhurst in Queens. He tweets about #FOAMed and classical music @jeremyfaust.

## Check Out Cutting-edge Research at the Research Forum

The Research Forum has been elevated to new heights in 2014 with a new electronic showcase and more original research than ever before. Held Monday and Tuesday, Oct. 27–28, this is the world's largest gathering of emergency medicine researchers, and access is free as part of your ACEP14 four-day registration. Listen to oral presentations, followed by a discussion led by a recognized researcher. You can also view selected abstracts electronically, grouped by topic and critiqued by a recognized discussant.

### TUESDAY, OCT. 28

7 a.m.–3 p.m. **Registration**

7 a.m.–5 p.m. **Abstracts open**

8–8:30 a.m. **State-of-the-art research presentation**

8:30–9:30 a.m. **Oral presentations**

9:30–11:30 a.m. **Electronic abstract presentations**

11:45 a.m.–12:45 p.m. **Networking lunch\***

1–2 p.m. **Oral presentations**

1:30–3:30 p.m. **Electronic abstract presentations**

3:30–4:30 p.m. **Wine & cheese networking social**

4:30–5:30 p.m. **Cutting-edge Emergency Medicine: Highlights of the Research Forum**

\*By invitation only



## What Brings You to ACEP14?

*“The networking, bringing our residents and getting them involved, getting them to various lectures we may not be able to have at our home shop. Really the opportunity to meet people, whether you’re in interested in research, a job, whatever it is—it’s all pretty much here.”*

—Renee Riggs, DO, FACEP, residency program director, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey

## ACEP Honors Groups in the 100% Club

ACEP’s Group Recognition Program is a great way to show your employees that you care about their continued success. This year, there are 130 groups in ACEP’s 100% Club. If your group is interested in participating in ACEP’s Group Recognition Program, please visit the ACEP14 registration area or the Resource Center inside the Exhibit Hall.

ACEP proudly recognizes these groups that have all eligible emergency physicians enrolled as members:

Albany Medical Center Emergency Physicians	EmergiNet	North Shore University Hospital Glen Cove
All Children’s Emergency Center Physicians	Emerson Emergency Physicians LLC	North Sound Emergency Medicine
APEX Emergency Group	Emory Department of Emergency Medicine	North West Iowa Emergency Physicians
Asheboro Emergency Physicians PA	EPIC, LLC	Northeast Emergency Medicine Specialists
Athens-Clarke Emergency Specialist	First Contact Medical Specialist	Northside Emergency Associates
Augusta Emergency Physicians	Flagstaff Emergency Physicians	Orion Emergency Services
Big Thompson Emergency Physicians PC	Florida Emergency Physicians Kang & Associates	Pacific Emergency Providers APC
BlueWater Emergency Partners	Florida Regional Emergency Associates	Peninsula Emergency Physicians, Inc.
Cabarrus Emergency Medical Associates	Front Line Emergency Care Specialist	Physician Services of Kansas University
Carson Tahoe Emergency Physicians	Georgia Emergency Medical Specialist	Preston MD & McMillin MD PC
Cascade Emergency Associates	Georgia Emergency Physician Specialists LLC	Professional Emergency Physicians Incorporated
Cascade Emergency Physicians Incorporated	Georgia Regents University	Puget Sound Physicians
Catawba Valley Emergency Physicians–Wake Forest	Grand River Emergency Medical PLC	Questcare Medical Services
Central Coast Emergency Physicians	Hawaii Emergency Physicians Associates Incorporated	Rapid City Emergency Services PA
Centre Emergency Medical Associates	Idaho Emergency Physicians PA	Sandhills Emergency Physicians
Children’s Hospital at Oklahoma University Medical Center Section of Pediatric Emergency Medicine	Indiana University Health Physicians	Sanford Emergency Department
Comprehensive Emergency Solutions, SC	Johns Hopkins Medical Institute Faculty	Scottsdale Emergency Associates
Concord Emergency Medical Associates	Johnston Memorial Hospital Emergency Physicians	Southwest Florida Emergency Physicians
Covenant Health Care	Kentuckiana Emergency Physicians PLLC	St Joseph Hospital Bangor Maine
Department of Emergency Medicine South Alabama	Lehigh Valley Physicians Group	Sturdy Memorial Emergency Physicians
Doctors Emergency Services Delaware	Long Island Emergency Care PC	Tacoma Emergency Care Physicians
East Carolina University	Long Island Jewish Emergency Physicians	Tampa Bay Emergency Physicians
Eastside Emergency Physicians	Maine Medical Center Emergency Physicians	Teaneck Emergency Physicians
Elkhart Emergency Physicians, Inc.	Medical Center Emergency Services	Timberline Emergency Physicians PC
EM Medical PC	Medical Emergency Professional LLC	Tufts Medical Center EP LLC
Emergency Associates of Yakima	Medical Services of Prescott	UAB Emergency Medical
Emergency Care Consultants PC	Mercy Hospital Emergency Physicians	UF Department of Emergency Medicine Group
Emergency Care Specialist Incorporated	Mercy Medical Center Emergency Medicine Physicians	UMDNJ Robert W Johnson Medical School Physicians
Emergency Medical Associates PLLC	Merrimack Valley Emergency Associates	Unity Emergency Physicians PA
Emergency Medical Associates SW Washington Medical Center	Mid Atlantic Emergency Medical Associates	University of California Irvine Medical Center Emergency Physicians
Emergency Medical Specialists Colorado Springs	Midland Emergency Room Corporation PC	University of Florida Jacksonville
Emergency Medical Specialists PC	Napa Valley Emergency Medical Group	University of Louisville Physicians
Emergency Medicine Associates Ltd.	New York Methodist Hospital Emergency Physicians	University of Mississippi Medical Center Physicians
Emergency Medicine Associates Philippines Company	Newport Emergency Medical Group Incorporated	University of Virginia Physicians Group
Emergency Medicine of Idaho	Newport Emergency Physicians Incorporated	University of Puerto Rico
Emergency Medicine Professionals, PA	North Memorial Emergency Physicians	Wake Emergency Physicians PA
Emergency Medicine Specialists of Orange County	North Shore Forest Hills Emergency Physicians	Washington University–Missouri
Emergency Physicians & Consultants	North Shore Franklin Hospital	Wenatchee Emergency Physicians PC
Emergency Physicians of Central Florida LLP	North Shore Huntington Hospital	West Virginia University Hospital
Emergency Physicians of Indianapolis	North Shore LJJ Lennox Hill HealthPlex	Western New Mexico Emergency Physicians
Emergency Physicians of Tidewater	North Shore Plainview Hospital	Westfield Emergency Physicians
Emergency Professional Services PC	North Shore Southside Hospital	Winter Haven Hospital
Emergency Service Associates	North Shore University Hospital at Syosset	
Emergent Medical Associates	North Shore University Hospital Emergency Physicians of Manhasset	

**100% CLUB**  
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## What Brings You to ACEP14?

*“It’s nice to focus on the education component, without question. As opposed to, you’re going to meetings, you’re going here, there—not education. One of the frustrating things is there’s so many good ones, I can’t get to them all ... I’m very impressed.”*

—Anthony Colucci, DO, FACEP, medical director, emergency department, Henry Ford Macomb Hospital, Clinton Township, Michigan



# STAY UP TO SPEED AT THESE PRODUCT AND SERVICE SHOWCASES

THESE EDUCATIONAL AND PRODUCT-ORIENTED SESSIONS provide you with an in-depth presentation on a product or service you may see on the exhibit floor. Show up early—seating is limited, and sessions fill quickly!

**TUESDAY, OCT. 28**

11:30 a.m.–12:15 p.m.

**Teva Pharmaceuticals Showcase**

Acute Treatment of Agitation Associated with Schizophrenia or Bipolar I Disorder  
*Exhibit Hall*

11:30 a.m.–12:15 p.m.

**Boehringer Ingelheim Showcase**

Oral Anticoagulation in Non-valvular Atrial Fibrillation and Deep Vein Thrombosis and Pulmonary Embolism  
*Room 470B*

2:30–3:15 p.m.

**Daiichi Sankyo Showcase**

Challenges in Managing Venous Thromboembolism: Outpatient vs. Inpatient?  
*Exhibit Hall*

2:30–3:15 p.m.

**Sidra Medical and Research Center Showcase**

Sidra: The Opportunity to Set New Standards in Patient-Centered Care for Women and Children  
*Room 470B*

**WEDNESDAY, OCT. 29**

11:30 a.m. –12:15 p.m.

**Janssen Pharmaceuticals**

Closing the Gap  
*Exhibit Hall*

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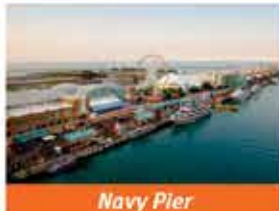
"ACEP14, THE MEETING FOR EMERGENCY MEDICINE. We've got world class speakers on topics that cover the breadth of patients you see in your daily practice, and with an encore presentation of InnovatED you can even get a glimpse into what's coming next to your ED! Network with old colleagues, make some new ones, and when the meetings wind down take in all the sights that Chicago has to offer from the Bean and Grant Park to more than 40 great museums and award winning food—there will be something for everyone!" - Matthew D. Bitner, MD, MEd, FACEP Chair, ACEP Educational Meetings Committee

# CHICAGO

## Visitors guide

**SEE THE SIGHTS**

- 1. Navy Pier  
600 E. Grand Ave.
- 2. Wrigley Field  
1060 W. Addison St.
- 3. Skydeck Chicago  
233 S. Wacker Dr.  
103rd Floor
- 4. Frank Lloyd Wright's Robie House  
5757 S. Woodlawn Ave.
- 5. City Hall/Rooftop Garden  
121 N. LaSalle St.
- 6. Lake Shore Park  
808 N. Lake Shore Dr.

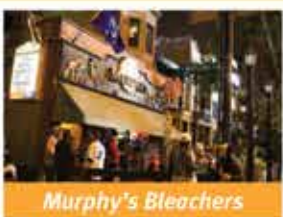


- 1. Bartoli's Pizza  
1955 W. Addison St.
- 2. Starapolska  
3030 N. Milwaukee Ave.
- 3. McCormick & Schmick's Seafood & Steaks  
41. E. Chestnut St.
- 4. The Capital Grille  
633 N. St. Clair St.
- 5. Honky Tonk BBQ  
1213 W. 18th St.
- 6. Artists Cafe Chicago  
412 S. Michigan Ave.

**DINE IN STYLE**



- 1. Museum of Science and Industry  
57th St. and Lake Shore Dr.
- 2. LEGOLAND Discovery Center  
601 N. Martingale Rd.
- 3. 12th St. Beach  
1200 S. Linn White Dr.
- 4. Adler Planetarium  
1300 S. Lake Shore Dr.
- 5. Hershey's Chicago  
822 N. Michigan Ave.



- 1. Murphy's Bleachers  
3655 N. Sheffield Ave.
- 2. Boiler Room  
2210 N. California Ave.
- 3. Apollo Theatre Chicago  
2540 N. Lincoln Ave.
- 4. The Comedy Bar  
157 W. Ontario St.
- 5. Jazz Showcase  
806 S. Plymouth Ct.
- 6. Ditka's Restaurant  
100 E. Chestnut St.

**AFTER HOURS**



**7. Castle Chicago**  
632 N. Dearborn St.

[WWW.CHICAGONOW.COM](http://WWW.CHICAGONOW.COM)



**8. Art Institute of Chicago**  
111 S Michigan Ave

[WWW.CHOOSUCHICAGO.COM](http://WWW.CHOOSUCHICAGO.COM)



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# So this is what happiness looks like?

ED Medical Director **Dr. Ryan Redman** counts on TeamHealth to assist with his professional growth, offer access to informed and peer-driven discussion groups, and provide administrative support so he can enjoy a very rich and full life. He is devoted to the pediatric ED, but cherishes his alter-ego as a motorcycle enthusiast, fisherman, husband and father.



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## Don't Miss TeamHealth's Physician Reception

Tuesday, October 28 | 7 pm | The Field Museum | Chicago

Enjoy a wonderful evening in a world-class museum in the Windy City! Join TeamHealth for our Annual Physician Reception during ACEP 2014 at The Field Museum. Enjoy stunning architecture and travel back in time with 4.6 billion years of exhibits under one roof. And meet the life of the party, Sue. At 67 million years old and 42 feet long, she's the largest and best preserved T-Rex in the world! Plus we'll have great food, an open bar and dance floor. It'll be historic!

**PLEASE VISIT OUR ACEP BOOTH #1211 TO GET YOUR FREE TICKET FOR THIS EVENT!**

Sue at The Field Museum is made possible by McDonald's Corporation. A major sponsor of Sue is Walt Disney World Resort. Additional support has been provided by the Illinois Department of Natural Resources/Illinois State Museum. The Elizabeth Morse Charitable Trust is the generous sponsor of this exhibition.

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