DIVISION OF EMERGENCY MEDICINE MEETING MINUTES
TUESDAY, SEPTEMBER 20, 2011
9:30 a.m., Evanston Hospital Room G901C


Guest: Dr. Rima Dafer, Sherri Loeb, Marylou (?)

STROKE STUDY UPDATE
Dr. Rima Dafer is one of the 5 Stroke Neurologists who covers Evanston and Glenbrook. She came to talk to the ED group regarding two new stroke studies/trials they are conducting. Here to solicit help from ED physicians to identify stroke patients. Call pager 8080, and her team will decide if a patient is a candidate for the appropriate study.

- Some stroke neurologists have decided not to participate (i.e. Dr. Jim Castle). Highland Park and Skokie patients are out – not enough manpower.
- Based on distribution of patient population, it was determined that Glenbrook is a good place for this study– 24-hours/day coverage
- Dr. Munson will eventually be the Principal Investigator. Dr. Homer is getting trained.

**DIAS** - a randomized, double-blinded, parallel-group, placebo-controlled phase III study to evaluate the efficacy and safety of desmoteplase in subjects with acute ischemic stroke.

- Like TPA, but will have less intracranial hemorrhage complication and has a window of 3-9 hours after the onset of stroke symptoms
- 1-time injection, fibrin-based. Drug given within 1-hour of study.

**POINT** – Platelet-oriented inhibition in new TIA and minor ischemic stroke trial. Simpler, and longer window – up to 12-hours from onset of stroke symptoms.

At Evanston or Glenbrook – patients with objective findings consistent with stroke or compelling symptoms such as dizziness, weakness & speech impairment, numbness, visual disturbance- up to 12-hours call pager 8080. Treat with TPA, patient will be treated with DIAS (up to 9-hours) or POINT trial (up to 12-hours).

CODE SILVER
Computer downtime at Glenbrook and Highland Park yesterday for 4-hours. It eventually got fixed but it magnified the fact of our dependency on electronic charting. There needs to be a better plan for downtimes.
FINANCES

- ED census, billing and collections are all up. Concomitantly, finances for the EM Group are doing very well.
- ED physicians should have received a bonus distribution last week.
- Interesting National Trends (Massachusetts—despite the enactment of nearly universal health insurance that some hoped would reduce expensive emergency department use), according to state data, Emergency Room visits rose by 9% from 2004 to 2008, to about 3-millions visits a year. Expanded insurance coverage may have contributed to the rise in ER visits.
- Global increase in Census
  - 4 patients/day ahead at Glenbrook
  - 2 patients/day ahead at Evanston
- SSC – ED billing company—Have recently had quite a few turnovers with Account Executives. They are taking more time than usual to provide reports. Rest assured that the ED administrators are paying very close attention to all the finances despite the changes with account representatives.

NEW CHIEF OF MEDICINE

- There is a new Chairman of Medicine – Dr. Theodore Mazzone. He had attended the ED Quality meeting previous to the EM division meeting today, and has met some of the physicians in EM group. Dr. Graff reported that he is very impressed with the division of Emergency Medicine and how things are run and is “happy to let us be”.
- Unfortunate situation with Dr. Heidi Rothenberg –Dr. Mazzone has reviewed her file with previous records of patient related occurrences. It was ultimately his decision to let her go. Expectedly, physicians were reminded of the importance of exhibiting proper behavior and using appropriate language in a patient care setting as there could be negative repercussions.
- There is also a newly appointed Vice Chair of the Department of Medicine at Glenbrook — Dr. Alan Frydman. He will act as liaison between Department Chair and the senior Administration at Glenbrook hospital on matter directly related to the Department of Medicine there.

ISSUES with ICU at GLENBROOK

- Lack of coverage at night. There will be 22 beds there in the spring. This will be a critical point.
- At Skokie, no Rush anesthesia resident in July.
- Dr. Graff had a meeting last Tuesday with all 4-hospital presidents, Head of Anesthesia, ER and Nursing. They are acknowledging the problem and are entertaining the possibility of hiring a nocturnist to cover nights at ICU.
- ER physicians are only to go to the ICU to help intubate patients when they are in cardiac arrest or near arrest. Intensivist or Anesthesiologist should be called for patients who are deteriorating. ED physicians should have a consistent policy about this. If only part of the group adhere to this policy, it will cause problems for others in the group.
• The problems started when the hospital got rid of nocturnists and practitioners and replaced them with residents who may not recognize when a patient is declining. They need physician coverage instead of CRNAs—who may be good for intubations, but not necessarily good in recognizing degree of illnesses.

**BRIEF MEETING IN OCTOBER**
• Dr. Graff informed the EM group that he will be conducting a brief meeting with each physician sometime in October (not a 360 evaluation) to discuss long range planning. It can be done before or after a shift.
  o Will speak with outliers or anyone with patient complaint issues
  o “Are you happy in your current role?”
  o “Do you expect any changes or planning to do anything different?”

**STAT LAB**
• There is a possibility of getting new lab equipment in the ER and Jim Dohnal who is responsible for the STAT lab is trying to get feedback from ER physicians of tests that are needed to be run through the STAT lab. Some feedbacks were:
  o CK-MB and Troponin – definitely needed
  o Troponin tests – currently overly sensitive
  o Creatinine – better if done at the regular lab. STAT lab-run tests not equally effective.
  o Some ED physicians expressed concerns regarding BNP test. They would rather exclude it if not ordered for fear of missing abnormal results. The lab tech will report results to attending physicians if abnormal.
  o ED physicians would like PT test done on bedside as well

**CALLING PCPs WHEN PATIENTS GET ADMITTED (esp. ICU Admissions)**
• ED physicians were reminded of the necessity to contact patient’s PCP if they require admission to keep them in the loop. Let PCP know about their patients especially if they are significantly ill or there are new findings. It is the right thing to do for their continued medical care.
• Some primary care physicians don’t use the EPIC system in their offices and they don’t get admission notification on their patients.
• Residents don’t do this reflexively either so remind them as well.
• If not a Hospitalist case, call the attending PCP.

**EDUCATION PROGRAM**
• Dr. David Howes is stepping down as Emergency Medicine Residency Director at University of Chicago as of Oct. 1, 2011. Dr. Chrissy Babcock will be taking over.
• We are past our adjustment period with the University of Chicago affiliation. Residents are more comfortable and like their NorthShore rotations.
• It is a good time to evaluate residents carefully for future employment. There are a lot of good candidates Lindsay (Jin) Griffin and Anastasia Khoubaeva expressed interest in working here. Anastasia Khoubaeva received very strong support from University of Chicago and may be a good candidate for the Skokie ED (she also speaks Russian,
and this will be helpful with the patient demographic at Skokie). A lot of Cook Country residents are also interested in working for NorthShore. ED physicians expressed that Mike Nelson from County would also be a good recruit for a full-time position. He currently works 4-shifts a month for NorthShore but is currently doing a Toxicology Fellowship and may pursue interests other than Emergency Medicine.

- Regarding Evaluations:
  - Cook County residents – they are using the New Innovations system but at this time individual ED physicians will not be putting in their evaluations for each resident but instead give feedback to Dr. Tim Heilenbach and he will collectively write evaluations from the group for each resident. ED physicians request some form of name-picture association system so that they can accurately evaluate residents as they don’t get to work with a particular resident consistently.
  - Medical Students (U of C) – Evaluation is done through “E-Value”. The medical school wants them done electronically. ED physicians have to login and do the evaluations electronically. Physicians evaluate the students and students evaluate the attending physician. According to Sarah Donlan physicians should have gotten email notifications regarding this. Some of the physicians preferred to do evaluations during student’s shifts.

STAFFING/SCHEDULES
- November schedule has been completed.
- There are multiple vacation requests in December. As a reminder every year not to request isolated shifts or holidays off – i.e. Christmas. As staffing allows, Dr. Graff will do his best to find coverage for Christians who celebrate this holiday.
- Dania Lees should be back from maternity leave by Dec. 1st.
- Everyone who helped out during the most difficult scheduling times is very much appreciated.

RISK MANAGEMENT
The deadline to complete the annual mandatory Risk Management Course is September 30, 2011. There are still a few physicians in the EM group who have not completed the courses. Malpractice premium will increase and will be assessed to individuals who have not completed the courses by the deadline.

ACADEMIC APPOINTMENTS
A reminder to submit necessary paper work to the Department of Medicine for those who are interested in acquiring academic appointments through the University of Chicago; either for the Pritzker track or for promotion in a Clinical Academic track.

QUALITY MEETING
- Quality Committee identified a couple of issues i.e. If a CT is done on a traumatic headache. ED physicians need to include a good reason why CT is ordered on notes and on the diagnosis. Physicians requested a preference list for (acceptable “good reasons”). Dr. Kharasch will send via email a more detailed report regarding other findings.
CALLING SPECIALISTS

TIME OF MEETINGS – FUTURE DIVISION MEETINGS
There have been poor attendances to the Division meetings lately. Dr. Graff expressed his disappointment as there are always important matters discussed at these meetings. The same issues have come up with ED physicians’ involvement with residency conferences, giving lectures and attendance to Journal Clubs. He solicited feedback from those who were present on possible solutions on how to get people more involved. All these activities are the obligations of EM physicians as a member this division and as a physician in a teaching hospital. This topic will be discussed further at the next division meeting.

NEXT DIVISION MEETING
The next EM Division meeting will be held on Tuesday, October 18th (9:30A – 11:00A). Evanston ER Conference Room G901C.