

EMpulse

Official Publication of the Indiana Chapter of American College of Emergency Physicians



Coming Events

2016 Annual Conference

**May 5–6, 2016
at the Sheraton
City Centre Hotel,
downtown Indy**

Inside this Issue

View From the Top.....	1
Needle Exchange Programs....	2
Taking Nominations for INACEP Board.....	2
Legislative Update.....	4
Featured Group – Maple City EPs.....	6
INACEP New Website	9
Case Study – A Thorn in My Side.....	10
2015 Resident Forum a Success.....	11

A View from the Top

By James Shoemaker MD, FACEP (INACEP President)



Gosh, summer sure went by fast. Seems like just yesterday we were celebrating the end of the school year with summer vacation ahead of us and now, in the blink of an eye, our children are back in the classroom. In no time, we will be in Boston for ACEP15 and all the meetings, learning sessions and social gatherings that entails.

This year's Council meetings in October will have some "hot-button" issues up for discussion and consideration for Resolutions. Topics include: banning powdered alcohol, the Careers Act of 2015 (related to marijuana and allows VA physicians to prescribe medical marijuana), drug take-back programs, "ED is for Emergencies" (to discuss WA state programs), patient satisfaction scores and safe prescribing, prolonged ED boarding, satisfaction surveys in EM, the use of body cameras worn by law enforcement in the ED and many others. These topics are sure to stimulate meaningful conversation and debate.

ACEP surveyed Councilors early this year to identify the most important topics to Emergency Physicians for discussion. The topics a largest majority of Council members felt should be addressed in Boston include: Alternate membership categories for non-physician providers in EM (76.9% favorable), Psychiatric patient boarding (86.7% favorable), Safe harbors for tort reform (86.5% favorable), Providing resources for palliative care in the ED (76.6% favorable), Readmission prevention strategies (78.3% favorable), Medicaid professional fees (80.2% favorable), Advanced practice provider scope of practice (84.1% favorable), EMTALA (73.8% favorable), CMS 2 midnight rule (68.4% favorable), CMS 3-day stay rule (67.2% favorable), Plaintiff expert witness testimony (69.2% favorable), Maintenance of certification (75% favorable) and GME funding and position/slot allocations (83.3% favorable). The topics the Council felt did not need as much attention included: Single payer health system (57.8% unfavorable), Legalization or decriminalization of marijuana (88.7% unfavorable), and Gun control (67.4% unfavorable). As you can see, ACEP is clearly a voice for Emergency Medicine and helps to shape our specialty and protect our interests. The October Council meeting will be very busy!

At the State level, the active and honorary members of the INACEP Board of Directors continues to amaze me with their insight, passion and contributions to our specialty as a whole. Many members of the Board hold positions on National ACEP and AMA committees and truly make an impact on our job satisfaction, status in the house of medicine as a specialty and financial remuneration for the specialty as a whole. Some issues our board continues to follow closely and discuss with key stakeholders include Medicaid expansion and reimbursement, Trauma care and IN Medical Malpractice. Trial lawyers continue to challenge the IN Medical Malpractice Act as unconstitutional. They feel the cap on damages at \$1.25 million is too low. The cap has not been raised in many years to keep up with inflation but they are assaulting the Act and attempting to dismantle the Medical

continued on page 9

Needle Exchange Programs: Coming Soon to a Neighborhood Near You?

by Sara Brown MD, FACEP (Immediate Past President, INACEP)

There has been plenty of national and local publicity surrounding the HIV outbreak in Scott County, Indiana which has led to the implementation of a needle exchange program in Austin, Indiana. Previously such programs had been outlawed by Indiana laws criminalizing the possession and distribution of sterile syringes for this purpose. But Governor Mike Pence declared a state of public health emergency in Scott County by executive order in March allowing the needle exchange program. These programs have been previously associated with decreased spread of HIV and other blood-borne diseases and have encouraged drug users to seek treatment for their addictions. Despite concerns that they promote and encourage drug use, the evidence has demonstrated that the opposite is true. Because these programs have previously been so successful they are endorsed by many agencies including: Substance Abuse and Mental Health Services, the Centers for Disease Control, the World Health Organization, and the American Medical Association. Unfortunately many politicians have not been so supportive of needle exchange programs leaving 23 states with laws making the distribution of the syringes illegal. On May 5, 2015, however, Governor Mike Pence signed into law Senate Bill 461. Among other health related provisions, this law sets forth conditions in which a local health department, a municipality, a county, or a nonprofit organization may operate a syringe exchange program. Some of these conditions include the presence of education and training on drug overdose response and treatment including overdose intervention medication as well as drug addiction treatment information and referrals. In order for such programs to be initiated there must be

a declaration of a public health emergency and evidence of an HIV or Hepatitis C outbreak with the primary mode of transmission being IV drug use. Subsequently, Madison and Fayette Counties have also been approved for needle exchange programs. Some estimate that up to 20 Indiana counties may soon be seeking approval for programs of their own.

While the outbreak in Scott County has primarily been a result of the use of a liquefied form of oxymorphone many emergency departments are seeing more and more IV heroin users. The natural result of limiting the availability of prescription pain medications may lead those individuals who are addicted to transition to IV drug use. Indiana, like many states, is at risk for a sharp increase in medical conditions related to IV drug use. Unfortunately, Indiana has limited funds allocated to public health, especially when compared to other states. Indiana has ranked 44th in per-capita amount of its own money spent on public health. We ranked 44th in prevalence of adult mental illness and lowest rates of access to care. According to 'Trust for America's Health', Indiana ranked 48th in per capita federal funding from Health Resources and Services Administration and also ranked 50th in per capita federal funding from the Centers for Disease Control and Prevention in 2012. The public health cost of treating the HIV outbreak in Scott County will be born for decades to come. Which county will be next? Will it be your county? How are our local health departments and our society as a whole going to bear the cost of such outbreaks?

Indiana ACEP Director Nominations

The Indiana ACEP Board of Directors exists to promote the highest quality of emergency medicine and to be the leading advocate for emergency physicians, their patients and the public. It also serves as the chapter policy-making body. Board members are elected by the chapter membership and serve three-year terms, with a limit of two consecutive terms. The chapter Board of Directors represents a wide variety of backgrounds and work experiences in emergency medicine. And with new members added every year, there are new perspectives and personalities year in and year out.

The chapter board is composed of 12 elected directors and meets 4 times each year at a greater Indianapolis location:

- **Spring** – in conjunction with the IN ACEP Postgraduate Course in EM
- **Summer** – in conjunction with the IN ACEP Resident Forum
- **Fall**
- **Winter** – in conjunction with the Legislative Reception

If you would like to join a group of dedicated colleagues who are shaping the future of emergency medicine in Indiana, please contact a current board member or Tim Burrell, MD at tburrell@unitypg.com.



**Data helps you identify where
your business stands today and
strategize where it will be tomorrow**

**Do you have the information you need
to make the decisions you face?**

CIPROMS' customized reports offer you the ability to ...

- ◆ Negotiate with insurance companies based on members' payment history
- ◆ Analyze how the increased number of HIP enrollees impacts your practice
- ◆ Negotiate with hospitals using your payer and patient payment history
- ◆ Create physician compensations packages based on work performed
- ◆ Determine areas for provider documentation improvement
- ◆ Reconcile to hospital census logs ... and reduce lost charges and revenue

317.870.0480 ◆ www.ciproms.com ◆ cipromsmarketing@ciproms.com

Legislative Update

by Lou Belch, Lobbyist for INACEP

The interim study committees of the Indiana General Assembly are just beginning to get underway. The study committees have been assigned topics and will meet three or four times between now and the end of October. They are then required to issue a report to the full legislature by November 1. INACEP representatives will be monitoring the following committees:

Public Health, Behavioral Health and Human Services

This committee has two charges:

- 1: Issues surrounding the syringe exchange program.
This is a two year study.
- 2: Issues surrounding insurance prior authorization and denial.

Issues can also be added to the agenda at the discretion of the chair. There has been some discussion about including increased heroin overdose to the list of triggers that would allow a community to establish a syringe exchange. The current law only allows HIV or Hepatitis C epidemics to trigger. Also, we expect issues regarding HIV testing to be discussed.

Courts and Judiciary

This committee is charged with studying the Indiana Medical Malpractice Act. During the 2015 session of the Indiana General Assembly, there was discussion of raising the various caps contained in the Malpractice Act. Ultimately, none of those increases became law. This committee will look at the issues more deeply and potentially make recommendations to the full legislature.

Other developments

During the 2015 session, there was discussion about changing the way Worker's Compensation claims are paid. A bill was filed that sought to lower the payments to ambulatory surgery centers. That bill did not pass. It was amended to call for the appointment of a study committee to look at the

issue of worker's compensation to all providers. This includes physicians. The supporters of these changes asked for the study not to be appointed. The fact that the issue is not being studied does not prevent it from being introduced in the 2016 session. INACEP members are encouraged to talk to their legislators and urge them not to decrease physician reimbursement in Worker's Compensation.

HIP 2.0 is currently piloting a debit card program with some providers. Currently the proposal only calls for office-based services to be charged to the card. However, INACEP has learned there are some leaders at the State who believe this should be applied to ED services as well. It is too early to know what the program will look like, but it will be rolled out in October. Please look for a bulletin from Medicaid soon.

BULLETIN BOARD

Organizations or individuals that want their message to reach emergency physicians in Indiana will find the **EMPulse** their number one avenue. The **EMPulse**, published four times per year, is mailed to members of the Indiana Chapter of the American College of Emergency Physicians. This highly focused group includes emergency physicians, residents and students.

CLASSIFIED AD RATES:

100% INACEP Hospitals or organizations:

First 25 words free. \$1 for each additional word.

Others: \$50 for first 25 words. \$1 for each additional word.

DISPLAY AD RATES:

Full Page (8"x10"): \$300.00* • **1/2 Page:** \$187.50*

1/4 Page: \$125.60*

**Make sure your graphics and fonts are embedded and all images are 300 dpi. Display ads are black & white.*

*(OR you can use spot color of PMS Reflex Blue — we cannot accept CMYK or RGB.) Available on a space-only basis.**

The **EMPulse** is published 4 times per year. The 2015 Ad Deadlines are: February 23, May 25, August 23 and November 22 (subject to change). Publication dates are approximately March 15, June 15, September 15 and December 14, 2015.

Mail to:

Indiana ACEP

630 N. Rangeline Road, Suite D
Carmel, IN 46032

Fax: 317-848-8015 • Email: indianaacepsue@sbcglobal.net



PROFESSIONAL MEDICAL BILLING
Making your life easier!



7619 West Jefferson Blvd., Fort Wayne, IN 46804
Linda Pearce, President: llpearce@profmedbill.com
Tel: 260-407-8000 Fax: 260-407-8008

Featuring Indiana Emergency Departments: Maple City Physicians, LLP

by Douglas Tannas MD, FACEP

In this issue of the *EMPulse*, we are featuring Maple City Emergency Physicians, LLP, a group affiliated with ECI Healthcare Partners. The group staffs IU Health La Porte Hospital in LaPorte, Indiana. Dr. James Leonard is the executive medical director of emergency services, and provided us with a wealth of information about the group and department.

The current hospital opened in 1972. La Porte's medical community has a rich history, including the founding of La Porte Medical College (1841), the first medical school west of Cleveland and the medical alma mater of Dr. W. W. Mayo, whose two sons were the driving force behind the establishment of the Mayo Clinic in Rochester, Minnesota.

Current annual patient volume is approximately 23,500 visits. Physicians in the group include Dr. Leonard and Dr. April Bisaga, who co-chair the department, as well as Drs. Karla Newbold, Tom Lakic, Ginger Cotter, George Librandi, Robert Riggs, Regina Iwinski, Avida Bussell, Zahid Hassan, Jane Bradlaw, and Joe Newberg. Midlevel providers include nurse practitioners Jessica Snell, Tori Clabough, Lisa Thomas, Kimberly Pflughaupt, Sarah Knapp, Lisa Stephenson, and Bev Titus, and physician assistant Kristin Osan. Keely Goolsby, RN, is the nurse manager.

Dr. Leonard serves as a contact for EMS direction and disaster planning, and can be reached at 219-326-2300 or at J.Leonard@LPH.org. Recruitment and hiring questions can be directed to John Campo at 888-632-1085 ext. 9#, or at john.campo@emergencyconsultants.com. The group is currently seeking a new physician.

Several group members gave us detailed comments about what they love about the group. Here are a few highlights:

"I really like the teamwork. I feel that there is a concerted effort on the part of every team member...if everyone is actively doing their part, which in this hospital happens most of the time, things go smoothly and quickly. I feel that the people I work with really care about the patient and everyone has a smile to share...." — Dr. Karla Newbold

"One of the things I like most about our ED is that we are small. This allows us to know each other...It allows for a trust in the ED that may not be established in large facilities...Our medical staff is very supportive of us and help when they can, often



IU Health La Porte Hospital in LaPorte, Indiana

taking a patient or answering a call even though they are not on call..." —Dr. April Bisaga

"The support that has been given to every midlevel provider within the ER at LaPorte has been unprecedented in my career. To work in a setting that truly embraces the role of the nurse practitioner and physician assistant is rewarding...The nursing and support staff are amazing and have adapted well with this staffing concept...I am privileged to work with such a talented and compassionate group of individuals." — Jessica Snell, NP

Nurse manager Keely Goolsby added feedback from several members of the team; at least 7 other staff members mentioned "teamwork" as a major benefit.

With respect to challenges the group faces, Dr. Newbold mentioned the same concerns many of us share, such as limited specialty coverage and the challenges of seeing a large population of elderly patients and patients who lack primary care and present late into the course of illness. Dr. Bisaga noted that being part of a smaller ED can also be a challenge, as there is not a large pool of staff to cover when a staff member is ill, and that, as is the case in rural hospitals generally, some specialties are not always available and it's necessary to transfer patients for certain types of care. Jessica Snell also remarked that the lack of ability to see outpatient providers can cause repeat ED visits, but that the presence of a social worker in the ED can be very helpful; "Knowing your resources outside the ER and connecting your patients to them can help

"ED leadership, both on the physician side and nursing side, with support and resources from ECI Healthcare Partners is coaching up an atmosphere of excitement about what we're doing, celebration of our early accomplishments and pride in knowing that we're performing as 'experts' in the field."

— Dr. James Leonard

reduce these visits and maintain cost-effective treatment."

Dr. Leonard offered the following comments:

"With the current plan to build a new hospital in about 5 years, we have had to find clever, budget-neutral ways of delivering premium quality, patient centered emergency medical care. We see 23,500 patients per year in our 13-bed department with a 15% admit rate. We can proudly boast that our operational processes are now delivering ED performance metrics that are meeting or exceeding several national leading-practice benchmarks, performing at the top decile for all ED key performance indicators.

"We are fortunate to have a supportive executive administrative team that believes in pairing emergency physician leadership with nursing leadership to co-direct the delivery of emergency services, operations and budget management. Since the inception of this 'dyad' model of leadership in March

2015, satisfaction among the ED nursing staff and providers is at an all-time high. We're coaching up an atmosphere of unity, teamwork and excitement about the care we're providing.

"Our nursing team commits to a 'pull-til-full' triage at the bedside process and our provider team of physicians and

advance practice providers adhere to strict bed-to-provider time goals. This combined effort has improved our average door-to-bed time to 10 minutes and average bed-to-provider time to 4 minutes. The waiting room is kept empty by focusing on every aspect of operational efficiency to produce overall, combined admit and discharge length-of-stay times of 149 minutes. We have worked effectively with leadership from lab, diagnostic imaging, clinical informatics and our hospitalists to create standard work that has reduced lab and imaging TATs and discharge/admit process times. Without room for an ED fast-track in our budget, we made arrangements with the CV lab to take over some recovery beds in the adjacent Cath Lab in order to respond to anticipated volume spikes in

the afternoon. In addition, we created a comprehensive internal QI/QA process for all providers that is intended to reduce practice variability and unnecessary testing.

"We started an advanced practice provider program in 2013, consisting of 7 Nurse Practitioners and one Physician Assistant that is highly successful. The program includes a robust continuing education and QA/QI program with 100% chart review that develops their medical knowledge and skills. Our APPs are capable of co-staffing many of our moderate-to-high acuity cases with the physician. This affords additional efficiencies in staffing and patient throughput.



Back row, left to right: Dr. Leonard (Executive Director of Emergency Services), Dr. Librandi, Tori Clabaugh, NP, Jeff Wilken, paramedic. Middle row, left to right: Jennifer McDaniels, RN (Charge Nurse), Jen Goetz, RN, Chynne Rood, ED Tech, Jennifer Farlie, RN, Carey Seifert RN (Day Shift Lead Charge), Katerina Kalisz, RN (EMS/Trauma Coordinator), Amanda Price, ED Tech. Front row: Krystle Mendez, paramedic

continued on page 8

Maple City Physicians, *continued*

continued from page 7

It also reduces the documentation and CPOE burden on the physician, creating more value-added time for medical decision making and bedside patient communication.

"We are on the IU Cerner platform with a FirstNet tracking board and PowerNote documentation that combines customized charts, Dragon dictation, auto texts/dot phrases and macros to significantly speed it up, improve accuracy and CMS core measure compliance. We ran a study to determine how well our scribes contribute to provider efficiency and found that a budget neutral trade of scribes for an additional 10 hours of APP coverage delivered us the greatest return on provider productivity and time spent at the bedside. The added coverage also enabled us to bring in a provider ahead of the predictable daily patient arrival surges; further contributing to the success of our LOS metrics.

"Patient satisfaction scores are also improving by placing patient experience and trust at the center of our attention. This includes many factors that have been addressed actively – from facility appearance and overall environment to every process involved in patient flow, patient attention and by elevating the level of quality perceived by the patient up to the level of actual quality care that we provide. Well defined operational metric targets were set higher because we developed operational tactics that allow for higher performance potentials. When operations improved, responses to those associated survey questions improved.

"Emphasis on AIDET and empathy training bumped communication scores up. To take those higher, we then focused on 'real-time' closing of the gap between '8' service to '10' service. To do this we developed a 'service charge nurse' dedicated to meeting with as many patients as possible, before they leave, to discuss all aspects of their care. Any gap identified in perceived vs. actual quality was then addressed. Usually this just involves further engagement of the provider with the patient to explain results, diagnosis, discharge planning and prognostic exceptions. Anything discovered to be 'undone' is then addressed by the provider and done--gap closed. We're essentially giving ourselves another chance, before the patient leaves, to deliver that '10' level of overall care and experience.

"The 'service charge RN' has really delivered the biggest return on investment. Communication and empathy are optimized, gaps in perceived quality of care are closed, and sometimes we discover additional pertinent history that often expands clinical investigation, thereby increasing our overall precision in diagnosis and allowing for optimized treatment.

"This is the foundation of what is driving our quality up. ED leadership, both on the physician side and nursing side, with support and resources from ECI Healthcare Partners is

coaching up an atmosphere of excitement about what we're doing, celebration of our early accomplishments and pride in knowing that we're performing as 'experts' in the field. There has become a feeling of 'game day' in the room every day. Success and enthusiasm are contagious.

"There are seemingly endless examples of how these fundamentals are applied to get our results. The fun part is that we're just getting started; we're just beginning to get some momentum."

Thanks to Dr. Leonard and his colleagues at Maple City Emergency Physicians for being featured in this issue.

If you would like your group to be featured in a future issue, please contact me at: dtannas@iuhealth.org.

As always, please let any member of the Board of Directors know if there is any way in which your Indiana ACEP chapter can better serve you and your patients.

**EMPLOYMENT
OPPORTUNITIES**



**FULL EQUITY
OWNERSHIP POSITION
AVAILABLE**

Emergency Medicine of Indiana is searching for well-trained EM physicians who are interested in joining a small/moderate sized group of like-minded colleagues with a passion for equal schedules, equal pay, equal "say" and equal ownership. We staff 8 hospitals in the NE Indiana region (3 of which are located in Ft. Wayne, IN).

For more information contact:
Andy McCanna, MD, FACEP, FAAEM
andymccanna@yahoo.com or 260-203-9600

INACEP New Website

by Sue Barnhart (Administrative Assistant)

Thanks to the terrific grant-writing ability of INACEP board member Chris Ross MD, FACEP, our chapter received a \$3000 grant from National ACEP to hire a professional company to design a new website for us. Our new site is now up and running at www.inacep.org.

Home Page: Our new look is fresh, clean and organized. And you can see this as soon as you pull up our site and view our home page. This page tells the story of INACEP, our mission, where we are going, who we serve, and includes a link to National ACEP, and links to our state and national representatives. Other key points are listed under tabs:

Employment Tab: The old website had this tab too, but now I will be able to update it whenever I get updates from members, as opposed to having to save a list of job changes to send to a web master every two months or so.

EMPulse Tab: Not only will you be able to view the current EMPulse, but I will be able to add archived older issues as well.

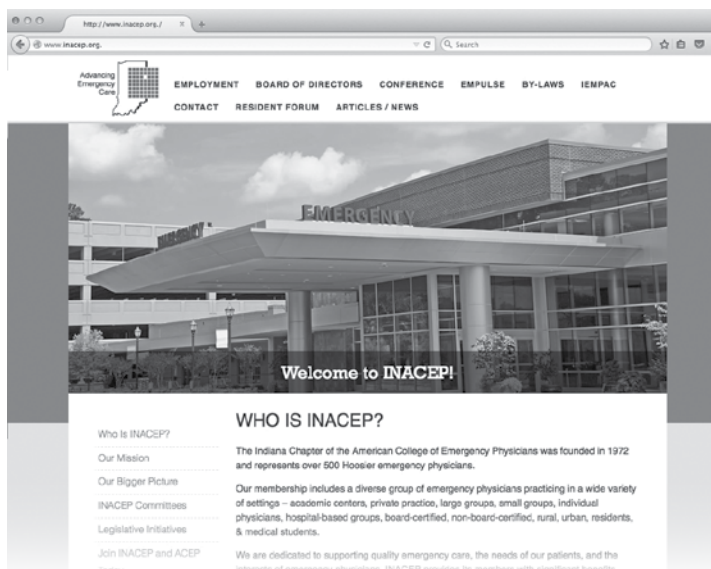
Board of Directors Tab: Eventually, I will have photos inserted next to our Directors information so there will be a visual impact.

By-Laws Tab: View INACEP current by-laws

Articles/News Tab: News of interest, current issues. Contact us if there is something you would like to see listed here. (National ACEP's Choosing Wisely article is currently posted)

Contacts Tab: This tab contains a map to our office as well as links to the office staff email addresses, but a new feature includes a comment section. Anyone that visits our website can now send a message to the office online via the website.

Conference Tab: Registrants now have the ability to register and PAY for our annual Conference via credit card through our website. You've been asking us for this, and our new website makes it



possible! As I get more comfortable with the system, I will be able to add more events/payments opportunities (like conference exhibitors and sponsors, and resident forum registrations).

IEMPAC Tab: You can now make a contribution to our PAC account via credit card through our website.

Please check out our new website. Contact me if you have any suggestions on how to tweak it. I'm going to learn as much as I can to keep our site up-to-date and fresh looking. If there is anyone out there that is a whiz at WordPress plug-ins and a REALLY good teacher, please let me know. I could use a few more lessons!

And when you see Dr. Ross, thank him! We would not have gotten the grant without him.

A View from the Top, *continued*

continued from page 1

review panel process and increase the amount of the claim from \$15,000 to over \$187,000 to bypass the Medical Review panel process. Indiana's favorable Malpractice climate has made the state attractive to physicians and dismantling its foundation to mirror states like Illinois, Michigan and Ohio could lead to astronomical premium increases and catastrophic consequences for patients as physicians reevaluate their individual situations. Having served on numerous Medical review panels, I have observed that the process works as the clinicians involved discuss the cases openly without bias. There will be more to come on this issue and INACEP and our lobbyist will stay on top of it.

Emergency physicians and providers in all arenas continue to face the daily changing healthcare landscape as we struggle with the

impacts of the Affordable Care Act, Medicaid expansion, psychiatric patients and boarding, balance billing for "out-of-network" and other visits, CMS core measures such as the new sepsis bundle (SEP-1) and a laundry list of other issues. Your Indiana ACEP Board will keep up-to-date and involved with these issues to make an impact and there's no better place to keep abreast of all of these issues yourself than in Boston for ACEP15. I hope to see many of you there. Every year we have record attendance and it makes one wonder who's staffing the Emergency Departments back at home!

Lastly, please check out our new website: www.inacep.org to learn more about what INACEP is doing for you. Please do not hesitate to contact me or any member of the Board of Directors with any questions, suggestions or concerns. We're all in this together!

Case Report: A Thorn in My Side

by Dustin J. Holland, MD, MPH, Emergency Medicine Resident, Indiana University School of Medicine (IUSM); Julie L. Welch, MD, Associate Professor of Clinical Emergency Medicine, IUSM; Jonathan Kirschner, MD, Associate Professor of Clinical Emergency Medicine, IUSM

Overview

HPI: A 7-year-old female presented to an emergency department with 5 days of right upper quadrant pain after falling into a pile of tree limbs at a park. Her father stated she was walking the family's dog and was pulled into a pile of honey locust branches. She complained of pain and minor bleeding from the skin over her right upper abdomen after the incident which quickly resolved. On the day of presentation, she noted increasing pain and redness over the area and developed nausea and fatigue. Her review of symptoms and past medical history were otherwise negative.

Exam Findings & Workup

Physical Exam: The patient's vital signs were normal. Her abdominal exam revealed mild RUQ tenderness over a 5 cm erythematous, non-fluctuant, indurated skin lesion with a central 0.5 cm area of purplish granulated tissue. The remainder of her exam was benign.

Workup: Given the potential size of a thorn from a honey locust and the area of injury over the liver, there was concern for abscess, cellulitis, and foreign body. A bedside ultrasound was initially performed which offered no definitive diagnosis. An abdominal CT demonstrated a circular soft tissue gas pattern consistent with probable retained foreign body in the abdominal wall soft tissue that approached the peritoneum but did not penetrate the underlying cavity or liver. Basic laboratory studies were unremarkable.

Diagnosis

Retained foreign body in abdominal wall soft tissue.

Management

Under local anesthesia and in a semi-sterile fashion, an I&D of the site was performed. A 4.2 cm linear thorn was removed, presumed from a honey locust. The area was irrigated with sterile saline and the erythema began to recede. A single suture was used to loosely approximate the skin edges to allow the wound to continue to drain. The patient was prescribed antibiotics and discharged home.

Discussion

The honey locust (*Gleditsia triacanthos*) is a woody, deciduous legume found nationwide capable of growing over 100 feet in height. Honey locust can produce large thorns on the trunk and branches strong enough to puncture tires. The honey locust is not a toxic plant, but thorn contact can result in slow healing wounds (USDANRCS, 2008). Thorns may grow up to 30 cm in length (University of Kentucky Department of Horticulture, 2015). Detection of thorns and other wood foreign bodies with plain radiography may be impossible after 48 hours due to fluid absorption. Ultrasound (US) is now commonly used to assess for nonradiodense objects and is often the imaging modality of choice due to its speed, lack of radiation, and portability. However, US can be limited in its ability to determine the objects position relative to deeper



Figure 1. Honey locust thorn removed from patient's abdominal wall soft tissue. Quarter and scalpel ruler for scale.

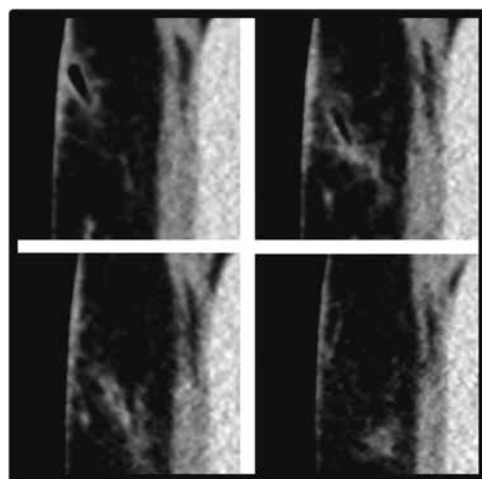


Figure 2. CT images showing circular track of presumed foreign body. Wound tracks from superficial tissue (upper left) and approached but did not penetrate the peritoneal cavity just above the liver (lower right).

surrounding structures (Trott, 2012). Computed tomography (CT) can detect wood foreign bodies and is an excellent choice when the foreign body is capable of penetrating vital organs and cannot be completely visualized with US. Although it was unfortunate this young patient needed to undergo CT imaging, ruling out a significant intraperitoneal injury was of utmost importance. CT imaging successfully ruled-out a deep intraperitoneal injury.

Conclusion

Ask specific questions to determine the type and size of a potential foreign body. Don't withhold advanced imaging in the pediatric population if you are concerned about a potentially significant injury. The EM provider must choose an imaging modality based on the type of material, location, and the potential for serious injury.

REFERENCES:

- United States Department of Agriculture Natural Resources Conservation Service (USDANRCS). (2008). Honey Locust [Fact Sheet], prepared by RA Shadow. Retrieved from http://www.nrcs.usda.gov/Internet/FSE_PLANTMATERIALS/publications/etpmcfs8420.pdf
- University of Kentucky Department of Horticulture. (2015). *Gleditsia triacanthos* (Honeylocust) Pea Family (Fabaceae) [Fact Sheet]. Retrieved from <http://www.uky.edu/hort/sites/www.uky.edu/hort/files/pages-attachments/GLEDITSIpint.pdf>
- Trott, A. (2012). Common Wound Care Problems. In *Wounds and Laceration Emergency Care and Closure* (4th ed., p. 222). Philadelphia: Elsevier Saunders.

Resident Forum 2015

by Geoffrey Hays

Another academic year has started which means a new batch of residents have initiated their training in Emergency Medicine at IU. Along with the start of the year comes the yearly Indiana ACEP resident forum. Community groups and physicians from around the state traveled to Indianapolis to meet and mingle with the residents at IU in early August. The event was a huge success. More than 20 residents and their spouses met with a dozen community groups represented by a variety of physicians. It was a valuable opportunity for residents to learn about the challenges and opportunities of community practice in emergency medicine. The chance to network with physicians working outside the academic centers has provided the residents at IU with a chance to see what their lives might be like after training.

As the year progresses the contacts made at the forum will help inform the residents as they make choices about their future practice environments and careers. Thank you to all the groups who participated. The next resident forum will take place during the Indiana ACEP conference May 5-6 in Indianapolis. Please consider taking this opportunity to meet the residents at IU and share your experiences in community emergency medicine. Stay tuned for updates regarding the upcoming conference and the opportunity you or your group may have to participate in the forum. I hope to see you then!



Elkhart
Emergency
Physicians, Inc.

Elkhart General Hospital

EMBE/BC Physician, outstanding partnership opportunity, democratic group, 70K ED volume

IU Health Goshen Hospital

EMBE/BC Physician, outstanding partnership opportunity, democratic group, 35K ED volume

St. Joseph Regional Medical Center - Mishawaka

EMBE/BC Physician, outstanding partnership opportunity, democratic group, 65K ED volume

St. Joseph Regional Medical Center - Plymouth

EMBE/BC Physician, outstanding partnership opportunity, democratic group, 18K ED volume

Contact Person: David E. Van Ryn, MD FACEP

Contact Phone: 574-523-3160

Contact E-Mail: dvanryn@Beaconhealthsystem.org



Indiana Chapter
American College of
Emergency Physicians

630 N. Rangeline Road
Suite D
Carmel, IN 46032

Phone: 317-846-2977
Fax: 317-848-8015
Email: indianaacep@sbcglobal.net

BOARD OF DIRECTORS AND OFFICERS

**James SHOEMAKER Jr., MD,
MA, FACEP**
President
Elkhart General Hospital
574-523-3161

Lindsay WEAVER MD
Vice President-Education Director
IU – Dept. of EM
317-962-3525

Gina HUHNKE MD, FACEP
Secretary/Treasurer
Deaconess Gateway Hospital
812-842-3030

Sara BROWN MD, FACEP
Immediate Past President
Parkview Hospital
260-482-5091

John AGEE DO, FACEP
(Ex Officio Board Member)
Porter Memorial Hospital
219-477-5252

Michael BISHOP MD, FACEP
(Ex Officio Board Member)
Unity Physician Group
812-333-2731

Chris BURKE MD, FACEP
(Ex Officio Board Member)
Community Hospital - Indianapolis
317-355-5041

Timothy BURRELL MD, FACEP
(Ex Officio Board Member)
Bloomington Hospital
812-320-4183

Chris CANNON MD, FACEP
Deaconess Hospital
812-450-3405

JT FINNELL MD, FACEP
(Ex Officio Board Member)
IU School of Medicine
317-423-5500

Emily FITZ MD
IU School of Medicine
317-962-2500

Chris HARTMAN MD, FACEP
(Ex Officio Board Member)
Franciscan St. Francis Health
317-528-8148

Geoff HAYS MD
(Resident Member)
IU School of Medicine
317-962-2500

Cherri HOBGOOD MD, FACEP
(Ex Officio Board Member)
Wishard/IU School of Medicine
317-630-7276

Dustin HOLLAND MD, MPH
(Resident Member)
IU School of Medicine
317-962-5975

John MCGOFF MD, FACEP
(Ex Officio Board Member)
Community Hospital Indianapolis
317-355-5041

Michael OLINGER MD, FACEP
(Ex Officio Board Member)
Wishard Memorial Hospital
317-630-7276

John RICE MD
Elkhart General & IU Health –
Goshen Hospital
574-523-3161

Christian ROSS MD
Community East, North &
Indiana Heart Hospital
317-355-5041

Jonathan STEINHOFFER MD
Professional Emergency
Physicians, Inc.
260-482-5091

Matt SUTTER MD, FACEP
Lutheran Hospital – Fort Wayne
260-435-7937

Douglas TANNAS MD, FACEP
IU Health – Saxony Hospital
317-678-2273

Chris WEAVER MD, FACEP
(Ex Officio Board Member)
Wishard/IU School of Medicine
317-630-2505

Nick KESTNER
Executive Director
indianaacepnick@sbcglobal.net
317-846-2977

Sue BARNHART
Executive Assistant
indianaacepsue@sbcglobal.net
317-846-2977