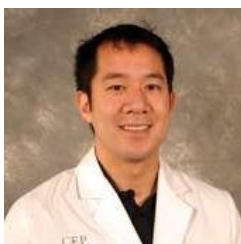




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


Emergency Physician

San Francisco Bay Area | Medical Practice

**Current** CEP America - San Mateo Medical Center, CEP America - John Muir - Concord Medical Center  
**Previous** CEP America - MacNeal Hospital, Bellevue Hospital / NYU Langone Medical Center  
**Education** University of Illinois College of Medicine

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Operation's Manager, Birth Center, Mat / Fetal Diagnostics & Lactation Services at Advocate Good Samaritan Hospital
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### Experience

#### Emergency Physician & Director of Reimbursement - Department of Emergency Medicine

CEP America - San Mateo Medical Center  
October 2015 – Present (2 years 2 months)

Served as Interim Medical Director from July 2016 - November 2016



#### Emergency Physician - Department of Emergency Medicine

CEP America - John Muir - Concord Medical Center  
October 2015 – Present (2 years 2 months)



#### Medical Director & Chairman of Emergency Medicine

CEP America - MacNeal Hospital  
December 2013 – September 2015 (1 year 10 months)

Oversight of all Emergency Department operations, quality, and staffing



#### Emergency Physician - Department of Emergency Medicine

CEP America - MacNeal Hospital  
August 2009 – September 2015 (6 years 2 months)



#### Assistant Medical Director and Vice-Chairman of Emergency Medicine

CEP America - MacNeal Hospital  
July 2012 – December 2013 (1 year 6 months)

Quality Director  
 Reimbursement and Coding Director  
 Emergency Medical Services for Children (EMSC) Coordinator  
 Trauma Coordinator  
 Chest Pain / STEMI Coordinator  
 Stroke Coordinator  
 Scheduling  
 ED Informatics Director  
 PA / NP Liaison  
 Served on hospital Informatics Committee and Medical Executive Committee



#### Emergency Medicine Resident Physician

Bellevue Hospital / NYU Langone Medical Center  
2005 – 2009 (4 years)





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United States
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Chief Digital Officer at NeuEve  
United States
-  **Kevin Tao**  
Commodity Director, Strategic Procurement at Beckman Coulter/Danaher  
United States
-  **Kevin Tao**  
Senior Software Engineer at Smartsheet  
United States



**Kevin Tao**  
United States

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Skills

- Emergency Medicine
- Healthcare Information Technology
- Medical Coding
- Family Medicine
- Board Certified
- Medical Education
- Medicine
- Critical Care
- Medical Information Systems
- Health Informatics
- Information Technology
- Emergency Room
- Medical Group Management
- Quality Improvement
- Healthcare Consulting
- ACLS
- Public Health
- Informatics
- HIPAA

Languages

**Spanish**

Professional working proficiency

Education

**University of Illinois College of Medicine**

Doctor of Medicine (MD)

---

**University of Illinois at Chicago**

Bachelor of Science (BS), Major: Biology / Minor: Chemistry and Sociology

Certifications

**Board Certified in Emergency Medicine**

American Board of Emergency Medicine

Publications

**Coup and Countercoup Head Injury Resulting in Anosmia** ▶

The Journal of Emergency Medicine

February 2012

A 29-year-old woman, with no significant past medical history, presented to the emergency department (ED) complaining of loss of sense of smell for 3 days after striking the back of her head. Three days before arrival she was in her usual state of health when she consumed five to six alcoholic drinks, and became amnesic to subsequent events. She did not remember falling, although she recalled waking at the bottom of a staircase at a bar. The patient awoke the following morning with symptoms of what she attributed to be a "hangover," that is, nausea and a diffuse headache.

Authors: Kevin Tao, Srikala Shenbagamurthi

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**Deep Venous Thromboembolism in a Triathlete** ▶

The Journal of Emergency Medicine

April 2010

Abstract

Background: Demanding athletic events can contribute multiple risk factors to the development of deep venous thrombosis (DVT) in athletes. Objectives: To discuss risk factors for the development of DVT in athletes participating in athletic events. Case Report: We present the case of a young

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 female athlete who had a DVT, complicated by pulmonary embolism, after participating in a half-ironman triathlon. Conclusion: Our patient developed a DVT complicated by pulmonary embolism as a result of many factors relating to participation in a triathlon. Demanding athletic events can contribute different risk factors to the development of DVT in athletes. The diagnosis of DVT should be considered in any athlete presenting with leg pain, especially after a strenuous athletic event.

Authors: Kevin Tao

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### **Acute Torticollis** ›

Medscape

October 2015

Authors: Kevin Tao

---

### **Fracture of the External Auditory Canal Mimicking Basilar Skull Fracture** ›

The Journal of Emergency Medicine

February 2012

A 22-year-old man presented to the Emergency Department after falling from a standing position and landing directly onto his chin. On physical examination, we observed a linear chin laceration and blood oozing from his external auditory ear canals, bilaterally. A detailed neurological examination was normal. Battle's sign, raccoon eyes, and rhinorrhea were all absent. He was awake and alert and denied any loss or alteration of consciousness. A picture of his right ear is shown in Figure 1.

Authors: Kevin Tao, David Schwartz, Adam Rosh

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### **Obstetrical and Gynecologic Emergencies. In:** ›

Intensive Review for the Emergency Medicine Qualifying Examination

2009

Authors: Kevin Tao

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### **A Survey of Staff Perceptions of an Emergency Medicine Pharmacist Program in a Community Hospital: A Brief Report** ›

Annals of Emergency Medicine

October 2016

Abstract

STUDY OBJECTIVE:

For an emergency medicine pharmacist to become a well-integrated multidisciplinary team member, his or her services need to be accepted by the emergency department (ED) staff. There have been 2 published studies attesting the value of the emergency medicine pharmacist by ED staff: at an academic medical and trauma center in 2007 and a large academic medical center in 2011. The aim of this study is to determine whether the emergency medicine pharmacist's value, as perceived by ED staff, would be similarly accepted at a smaller community hospital with limited clinical pharmacist services.

METHODS:

This prospective, descriptive survey examined the perceptions of ED providers and nurses in regard to the emergency medicine pharmacist at a 26-bed Level II trauma center with 65,135 annual visits.

RESULTS:

Of the 90 participants polled, 50% (45) responded. Overall, the ED staff's perceptions of an emergency medicine pharmacist were positive. Eighty-six percent of all participants surveyed had consulted the emergency medicine pharmacist at least once in their last 5 shifts. Thirty-one percent answered that being available for consultation was the most important aspect of the emergency medicine pharmacist's role, whereas attending codes (22%) and patient education (20%) were the next most important activities. Providers consulted with the emergency medicine pharmacist most for antibiotic stewardship (including guided empiric therapy and culture callbacks) drug-drug and drug-disease state interactions, and dosing of pediatric medications. Nurses referred to the emergency medicine pharmacist most for compatibility consultations, medication retrieval, and high-risk medication verification.

CONCLUSION:

As was previously found in academic settings, an emergency medicine pharmacist is an invaluable addition to the health care team and can be incorporated into an existing pharmacy staffing model at a small, community hospital.

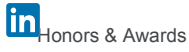
Authors: Jennifer Splawski PharmD, BCPS, Deanna Horner, Kevin Tao

Organizations

### **American College of Emergency Physicians**

Fellow of the American College of Emergency Physicians (FACEP)

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**Outstanding Physician of the Year Nominee Award**

MacNeal Hospital  
2013

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**Outstanding Physician of the Year Nominee Award**

MacNeal Hospital  
2010

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