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# Connect with the global **EMS** community at **EMS World Expo!**

EMS World Expo is more than just a conference, it is an educational experience that equips you with the cutting-edge education and the advanced skills you need to enhance and improve the lifesaving patient care you deliver in the field each day.

What you learn at EMS World Expo — the clinical techniques, innovative best practices and top tips from expert faculty — could help you save a patient on your very next shift.

This is one of the best investments you can make — for your career and for the lives of your patients. Register today: [emsworldexpo.com](http://emsworldexpo.com).

“**My group truly enjoyed our time at the conference. We were able to learn new ideas and theories while seeing some of the latest technology in our field.**

**LARRY A., INDIANA**

“**Thumbs up! Still the best EMS-related conference around.**

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**360+  
Exhibitors**

**44  
Countries**

**175+  
Sessions**

**100+  
Speakers**

**265+  
Approved CEHs**

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# NEW THIS YEAR!

## 2017 International Scientific Symposium

October 18–19



IN PARTNERSHIP WITH UCLA'S PREHOSPITAL  
CARE RESEARCH FORUM

The Symposium aims to highlight the most important EMS research of the year from across the globe, as well as provide a new venue in which EMS providers at all levels and from diverse nations can present original peer-reviewed posters and oral abstract sessions.

SEE PAGE 30.

## Data & Technology Summit

October 19

Technology innovations are driving change in healthcare at a pace never before seen. Attendees at the brand-new Data and Technology Summit on October 19 will see how those innovations can increase operational efficiencies and maximize revenue, all while improving the delivery of patient care.

SEE PAGE 35.



## International Roundtable on Community Paramedicine

October 15–17

This event will explore a better delivery of healthcare through the utilization of traditional and non-traditional models around the world.

SEE PAGE 6.

## EMS World Clinical Challenge

Test your clinical assessment skills! Teams of two will respond to challenging, award-winning scenarios focusing on critical-thinking skills, teamwork and situational awareness, and be evaluated by a panel of judges. SEE PAGE 12.

## National Association of EMS Physicians® National EMS Medical Direction Overview Course™ (MDOC)

This one-day course equips physicians with the knowledge to move into the role of EMS medical director or other medical oversight roles.

SEE PAGE 18.

BACK BY POPULAR DEMAND

## Active Shooter Workshop

Absorb knowledge from both didactic and hands-on training with professionally moulaged live patients. SEE PAGE 19.

## Prehospital Emergency Care Procedural Cadaver Lab

Refresh low-frequency, high-risk skills.

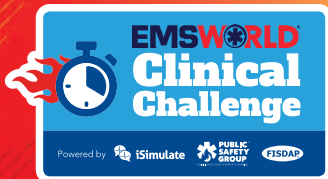
SEE PAGE 19.

## Cardiac Dissection Lab

Get hands on with scalpels and scenarios.

SEE PAGE 38.





## DATA & TECHNOLOGY SUMMIT

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# EVENT SCHEDULE

## **NEW!** International Roundtable On Community Paramedicine

Sunday, October 15–  
Tuesday, October 17

### Workshops

Monday, October 16  
8:00 A.M.–5:00 P.M.

Tuesday, October 17  
7:30 A.M.–5:00 P.M.

### Conference Program

Tuesday, October 17  
5:30 P.M.–6:30 P.M.

Wednesday, October 18  
8:00 A.M.–4:15 P.M.

Thursday, October 19  
8:00 A.M.–6:00 P.M.

Friday, October 20  
8:00 A.M.–2:15 P.M.

### Opening Ceremonies & Keynote

Wednesday, October 18  
9:30 A.M.–11:00 A.M.

## **NEW!** International Scientific Symposium 2017

Wednesday, October 18–  
Thursday, October 19

## **NEW!** Data & Technology Summit

Thursday, October 19  
7:30 A.M.–1:00 P.M.

### Exhibit Hall

Wednesday, October 18  
11:00 A.M.–5:30 P.M.

Thursday, October 19  
11:30 A.M.–4:00 P.M.

Friday, October 20  
10:00 A.M.–1:00 P.M.

## Maximize Your Education Experience

### World Trauma Symposium



Now in its 6th year, the symposium will present the latest information regarding the care of prehospital trauma patients and explore global trends in trauma care.

### International Roundtable on Community Paramedicine



The International Roundtable on Community Paramedicine (IRCP) will be co-located this year with EMS World Expo, on Oct 15–17. Approximately 200 EMS administrators, chiefs, executive directors, CEOs and other managers from Australia, Canada, New Zealand, the United Arab Emirates, the United Kingdom and the United States are expected to attend.

The IRCP is dedicated to exploring and promoting a better delivery of healthcare through the utilization of traditional and nontraditional models around the world. See <http://ircp.info/> for information.

### UMC Trauma Center Tours

Join the UMC Trauma Center team for a tour of Nevada's only Level 1 trauma center and only designated pediatric trauma center. Standing by to receive, stabilize and treat patients in a 10,000-square-mile area, the UMC Trauma Center is uniquely equipped to provide community members and visitors with the highest level of care in Nevada. The UMC Trauma Center offers 11 dedicated resuscitation beds, 18 ICU beds and three surgical suites. In 2016 alone, the UMC Trauma Center treated approximately 12,500 patients and had about 3,400 admissions.

To schedule a tour, visit [emsworldexpo.com/trauma-tours](http://emsworldexpo.com/trauma-tours).

### Clark County Fire & EMS Ridealongs

Ridealongs add another exciting element to your hands-on education and experience at EMS World Expo. Limited time-slots with Clark County Fire & EMS agencies are available, so schedule your ridealong today!

For more information or to schedule a ridealong, visit [emsworldexpo.com/ridealong](http://emsworldexpo.com/ridealong).



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# Opening Ceremonies & Keynote

**WEDNESDAY, OCTOBER 18 | 9:30 A.M. –11:00 A.M.**

Join us for award presentations followed by our keynote presentations.



## Happy 45th Anniversary: Remembering Why

**Randolph Mantooth\***

Don't miss Randy's inspirational keynote that includes some firsthand observations of EMS professionals over the years, delivered with equal parts humor and genuine admiration for the profession he helped introduce when *EMERGENCY!* first aired on Saturday nights on NBC 45 years ago.



## Pulse Nightclub Shooting: Experience vs. Evidence #OrlandoUnited

**Christopher Hunter**  
**MD, PhD, FACEP, FAEMS**

In the early morning of June 12, 2016, a man armed with an assault-style rifle and a pistol attacked the Pulse Nightclub in Orlando, FL, resulting in the worst mass shooting in modern United States history. This presentation will discuss the medical response from the initial moments of the attack to the days that followed. Comparing our experience to available evidence will improve understanding of the approach to an active shooter and a mass fatality event, as well as the difficult process of coordinating efforts that don't just end when the shooting does.

**WEDNESDAY, OCTOBER 18 | 7:00 P.M. –11:00 P.M.**

## Shockfest

Join us at ZOLL Shockfest for food, drinks, networking and live music! Stop by ZOLL booth #1601 to pick up your two free drink tickets. All EMS World Expo attendees receive free admission with their Expo badge at the Westgate Las Vegas. SEE AD ON OPPOSITE PAGE.

L A S V E G A S

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## SHOCKFEST

.....

WEDNESDAY, OCTOBER 18TH, 7 PM - 11PM

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FOOD/DRINKS  
LIVE MUSIC  
NETWORKING



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Booth #1601  
to pick up your  
**two free**  
drink tickets.





# Explore the Largest EMS DEDICATED EXHIBIT HALL in the Western Hemisphere

More companies introduce new products and services at EMS World Expo than any other event in North or South America, so if you buy, specify or even recommend products for your agency, you need to check it out. Nowhere else can you compare side-by-side so many innovations in one place at one time.



## ACTIVE SHOOTER SIMULATION

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EXPO

**WEDNESDAY, OCTOBER 18**  
12:00 P.M.—3:00 P.M.

**THURSDAY, OCTOBER 19**  
12:00 P.M.—3:00 P.M.

Back by popular demand! EMS World Expo is proud to present the “2017 Active Shooter Mass Casualty Incident Demo.” Southeast Tactical LLC and local law enforcement have teamed up to give you a crash course in how to mitigate a tactical mass casualty event!

In this exhibit hall simulation, participants will have the opportunity to triage and treat multiple patients in a simulated tactical mass casualty event. Participants will first observe proper sift-and-sort procedures with a focus on force protection, then practice those procedures and improve skills in hemorrhage control and tourniquet use, needle decompression and other wound care methods encountered in this type of environment. The session will conclude with a short debriefing to discuss challenges encountered while participating in the simulation.

Sponsored by:





# SIMLAB

POWERED BY  
EMSWORLD  
EXPO

**WEDNESDAY, OCTOBER 18**

12:00 P.M.—3:00 P.M.

**THURSDAY, OCTOBER 19**

12:00 P.M.—3:00 P.M.

**FRIDAY, OCTOBER 20**

11:00 A.M.—1:00 P.M.



## Get Hands On in the Exclusive Simulation Lab

Located in the exhibit hall, the EMS World Expo Simulation Lab is the go-to place to put your clinical skills to the test and try out the most advanced products and simulators on the market. Work through various scenarios given by the instructor while receiving feedback on your performance. Don't forget to grab your FREE t-shirt for participating!

Sponsored by:



## Live Podcast Studio by the ProMed Network and MediCast

Join your favorite EMS bloggers and podcasters in the live podcast studio at booth #863 in the exhibit hall.

**WEDNESDAY, OCTOBER 18**

11:00 A.M.—5:30 P.M.

**THURSDAY, OCTOBER 19**

11:30 A.M.—4:00 P.M.

**FRIDAY, OCTOBER 20**

10:00 A.M.—1:00 P.M.



## EXHIBIT HALL ADMISSION INCLUDES:

Opening Ceremonies  
& Keynote Presentation

Free CE in the Exhibit Hall  
Learning Center

EMS World Expo's  
Exclusive SimLab

Active Shooter Simulation

45th Anniversary Party  
for EMS World  
and EMERGENCY!

ZOLL Shockfest

Live Podcast Studio by the  
ProMed Network & MediCast

EMS World  
Clinical Challenge

## Exhibit Hall Hours

**Wednesday, October 18**

11:00 A.M.—5:30 P.M.

**Thursday, October 19**

11:30 A.M.—4:00 P.M.

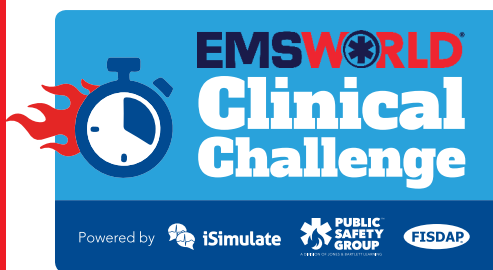
**Friday, October 20**

10:00 A.M.—1:00 P.M.

**WEDNESDAY, OCTOBER 18**  
12:00 P.M.–4:00 P.M.  
*Open Competition*

**THURSDAY, OCTOBER 19**  
12:00 P.M.–4:00 P.M.  
*Open Competition*

**FRIDAY, OCTOBER 20**  
10:30 A.M.–12:30 P.M.  
*Finals with awards to follow*



How are your clinical assessment skills? Do they measure up on award-winning scenarios created by leading EMS educators nationwide? How do you rate compared to your peers?

New this year in the exhibit hall, EMS World Expo is offering the “EMS World Clinical Challenge,” where teams of two will respond to challenging, award-winning scenarios that test your medical knowledge, critical thinking skills, teamwork and situational awareness. Teams can elect to participate in either an ALS or BLS track. A panel of judges will evaluate your performance and provide valuable feedback.

Each participant will receive a 2017 EMS World Clinical Challenge competitor t-shirt. The top three teams from each track will advance to finals. The winning team from each track will receive an official award medal and prizes listed below.

**1st place:** Travel, lodging & registration to an international EMS conference in 2018. Location to be announced. (Value \$3,000)

**2nd /3rd place:** Apple iPad (Value \$350)

**To sign up, view rules/regulations or learn more, visit [EMSWorldExpo.com/clinical-challenge](http://EMSWorldExpo.com/clinical-challenge).**



## Free CE in the Learning Center

Enhance your educational experience and earn FREE CE when you attend classes in the EMS World Expo Learning Center located in the exhibit hall. Classes are open to all conference and exhibit hall attendees.

### WEDNESDAY, OCTOBER 18

#### Compassion Fatigue

*David Glendenning, EMT-P*

#### How to Handle LVADs in the Out-of-Hospital Setting

*Scott Gilmore, MD, EMT-P, FACEP, FAEMS*

#### Pediatric Tips and Tricks

*Peter Antevy, MD*

#### PEA Is a Lie

*Branden Miesemer, NRP, FP-C*

### THURSDAY, OCTOBER 19

#### Quality Improvement: A Better Way

*Jeremy Cushman, MD, MS, EMT-P*

#### The SALAD Technique

*James DuCanto, MD*

#### Hypoxia: “More Than High-Flow O<sub>2</sub>”

*Jason Clark, CCCEMT-P, FP-C, C-NPT*

#### A Bachelor’s Degree for Paramedics: What 20 Years of Experience Has Taught Us

*Oren Wacht, PhD, EMT-P*

### FRIDAY, OCTOBER 20

#### Getting Out of the Small Pond: An Insider’s Guide to Publishing and Lecturing on EMS Topics

*Raphel M. Barishansky, MPH, MS*

#### Altering Patient Care with Point-of-Care Lab Testing

*Kevin Collopy, BA, FP-C, CCCEMT-P, NR-P*

#### How Law Enforcement and EMS Can Work Together

*Matthew Gutierrez*





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Columbia Southern University  
CompX Security Products  
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Crestline Coach Ltd.  
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Emergency Products & Research  
Emergency Reporting  
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EMS1.com / Praetorian Digital  
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emsCharts, Inc.  
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GD - formerly General-Devices  
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Genius Solutions  
Gerber Outerwear  
Graham Medical  
Guangzhou Landswick Medical Technologies Ltd.  
H&H Medical Corporation  
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Horizon Medical Products  
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IAFCCP  
IBSC  
IFSTA / Fire Protection Publications  
ImageTrend  
Indeelfit Inc.  
Indiana EMS Association (IEMSA)  
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Minto Research & Development, Inc.  
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Mobile Video Computing Solutions, LLC  
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National Association of Emergency Medical Technicians,  
Inc. (NAEMT)  
National Registry of EMTs

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North American Rescue, LLC  
NuMASK, Inc.  
Ohio Association of EMS (OAEMS)  
One Beat CPR+ AED  
Onspot Automatic Tire Chains  
Operative IQ  
Optimo Electronics  
Osage Ambulances  
O-Two Medical Technologies Inc.  
Payor Logic, Inc.  
Pedi-Ed-Trics  
PerSys Medical  
Philips  
Physio-Control  
Platinum Educational Group, LLC  
Pocket Nurse Enterprises  
PowerFlare Safety Beacons  
Pulmodyne  
Pulsara  
Quantum EMS Solutions  
QuikClot  
REI Corporate Sales  
Remote Medical International  
Rescue Essentials  
Res-Q-Jack Inc.  
Retractable Technologies, Inc.  
REV Group Inc.  
S.T.A.T. Medical Devices LLC  
Safe Life Defense LLC  
SAM Medical  
Savvik Buying Group  
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Smiths Medical  
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SSCOR, Inc.  
StationKid  
Stryker  
SWAT-T  
Tactical Medical Solutions, Inc.  
Taylor Healthcare Products, Inc.  
TCF Equipment Finance  
Technimount System Inc.  
Tecniq, Inc.  
Teleflex  
Tennessee Ambulance Service Association (TASA)  
Terason  
The Code Green Campaign  
Track EMS  
Translite - Veinlite  
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# Join us in the Entertainment Capital of the World—Las Vegas—for the NAEMT ANNUAL MEETING, OCTOBER 16–18, 2017.



The attractions, lights and culinary specialties of the Vegas Strip offer an enjoyable setting in which to regroup with old friends, build new relationships and interact with the leaders of your association. The three-day Annual Meeting—held in conjunction with EMS World Expo—is an exclusive event and free of charge to NAEMT members.

It's easy for members to become involved in the business of the association and celebrate our EMS profession. Members can attend NAEMT committee meetings, the General Membership Meeting—which includes presentations to recipients of the National EMS Awards of Excellence—and the member reception. See the Annual Meeting schedule for dates and times.

NAEMT committee meetings are open to all NAEMT members, and you are invited and encouraged to attend. Committee meetings include Advocacy, EMS 3.0, EMS Disaster Preparedness, EMS Workforce, Membership and Military Relations. Meetings of the NAEMT Board of Directors, Affiliate Advisory Council, NAEMT Foundation and NAEMT Faculty will also be held. Visit our website at [www.naemt.org](http://www.naemt.org) and follow us on Facebook and Twitter for the latest updates.

## EVENT SCHEDULE

### MONDAY, OCTOBER 16

9:00 A.M.–12:00 P.M.	NAEMT Board of Directors Meeting
1:00 P.M.–2:30 P.M.	Advocacy Committee Meeting
3:00 P.M.–4:30 P.M.	EMS Workforce Committee Meeting
3:00 P.M.–4:30 P.M.	NAEMT Foundation Board of Trustees Meeting
5:00 P.M.–7:00 P.M.	International Education Partner Reception (By invitation)

### TUESDAY, OCTOBER 17

11:00 A.M.–2:30 P.M.	NAEMT Affiliate Advisory Council Meeting & Luncheon (By invitation)
2:30 P.M.–4:00 P.M.	EMS 3.0 Committee Meeting
2:30 P.M.–4:00 P.M.	Membership Committee Meeting
5:30 P.M.–6:45 P.M.	NAEMT General Membership Meeting and Awards Presentation (By invitation)
6:45 P.M.–8:30 P.M.	NAEMT Member Reception (By invitation)

### WEDNESDAY, OCTOBER 18

8:00 A.M.–9:30 A.M.	EMS Disaster Preparedness Committee Meeting
1:30 P.M.–3:00 P.M.	Military Relations Committee Meeting
2:00 P.M.–5:30 P.M.	NAEMT Faculty Meeting (By invitation)
5:00 P.M.–6:30 P.M.	NAEMT Faculty Reception (By invitation)

## NAEMT General Membership Meeting and Awards Presentations

**TUESDAY, OCTOBER 17 | 5:30 P.M.–6:45 P.M.**

The General Membership Meeting and Awards Presentations bring our association family together for a recap from President Dennis Rowe on the programs, activities and successes of our association, as well as our goals for the coming year. This meeting serves as a forum to introduce and thank the NAEMT Board and committees, recognize our corporate partners and volunteers and honor the outstanding efforts of EMS professionals with the presentation of the National EMS Awards of Excellence.

## NAEMT Member Reception

Sponsored by EMS World and the National Registry of EMTs

**TUESDAY, OCTOBER 17 | 6:45 P.M.–8:30 P.M.**

Viva Las Vegas will be the atmosphere of the NAEMT Member Reception! NAEMT members are invited to attend the NAEMT Member Reception and enjoy the company of fellow NAEMT members, friends, colleagues and EMS leaders from around the world!

## Annual NAEMT Faculty Meeting and Reception

**WEDNESDAY, OCTOBER 18 | 5:00 P.M.–6:00 P.M.**

All NAEMT instructors are invited and encouraged to attend the annual gathering of NAEMT educators. The meeting will include NAEMT education program updates, recognition of outstanding faculty achievements, and an open forum. The meeting will be immediately followed by a wine, beer, and cheese reception for all NAEMT Faculty.



# 1-DAY WORKSHOPS

**OCTOBER 16** | 8:00 A.M.—5:00 P.M.

## Psychological Trauma in EMS Patients (PTEP)



Psychological Trauma in EMS Patients (PTEP) is a new NAEMT course designed to provide EMS practitioners with the tools they need to help reduce the psychological trauma experienced by patients during a medical emergency.

The course features interactive scenarios and lectures, preparing EMS practitioners to recognize the need for intervention, and how and when to incorporate interventions into clinical practice. Participants will understand the possible long-term consequences of psychological trauma, and the integral role that EMS practitioners serve in its prevention. The PTEP Course will improve the level of care provided to your patients.

*The course is designed for EMS practitioners at all levels.*

*Participants will receive 8 hours of CAPCE-approved credit.*

**OCTOBER 17** | 7:30 A.M.—5:00 P.M.

## World Trauma Symposium



The World Trauma Symposium is an exceptional trauma care education opportunity, designed by NAEMT's Prehospital Trauma Committee! Now in its sixth year, the symposium will present the latest information in the care of prehospital trauma patients and

will share the global trends in trauma care from the perspectives of recognized experts.

Join us to expand your medical knowledge and improve your clinical care, ultimately improving your patients' outcomes.

*Participants will receive 8 hours of CAPCE-accredited CE, CME or nursing CE.*

**8:00 A.M.—5:00 P.M.**



## EMS Safety Course

NAEMT's EMS Safety Course is presented in an interactive format featuring real-life case studies and compelling discussions on current safety issues, and provides participants with a forum to share their own experiences. Critical thinking skill stations help to build participants' risk assessment and decision-making skills. This 8-hour course is designed to promote a culture of safety and help reduce the number of on-the-job fatalities and injuries incurred by EMS practitioners. The course trains EMS practitioners to be active participants in their own safety.

*EMS Safety is for all levels of EMS practitioners, other medical professionals providing prehospital patient care, EMS supervisors and administrators.*

*Participants will receive 8 hours of CAPCE-approved credit and the student manual is included.*

# 2-DAY WORKSHOPS

**OCTOBER 16 & 17** | 8:00 A.M.—5:00 P.M. BOTH DAYS

## Tactical Emergency Casualty Care Course (TECC)



NAEMT's Tactical Emergency Casualty Care (TECC) course uses lessons learned from the military and applies them to tactical situations in the civilian world, such as active shooters or other mass casualty situations. TECC takes an all-hazards approach to teach skills necessary for providing care outside the

normal operating conditions of most EMS agencies.

The TECC course is based on the guidelines from the Committee on Tactical Emergency Casualty Care (CoTECC) and the Tactical Combat Casualty Care (TCCC) program, is endorsed by the American College of Surgeons, and utilizes the 8th edition PHTLS Military textbook.

*Participants will receive 16 hours of CAPCE-approved credit and the textbook is included.*

**MONDAY, OCTOBER 16**

**8:00 A.M.—5:00 P.M.**



**Psychological Trauma Course\***

**8:00 A.M.—5:00 P.M.**



**TECC Course Day 1\***

**TUESDAY, OCTOBER 17**

**7:30 A.M.—5:00 P.M.**



**World Trauma Symposium\***

**12:00 P.M. –1:45 P.M.**



**World Trauma Symposium Lunch\***

**8:00 A.M.—5:00 P.M.**



**EMS Safety Course\***

**8:00 A.M.—5:00 P.M.**



**TECC Course Day 2\***

\*Sponsored by NAEMT. Registration required through EMS World Expo. Dates and times are subject to change.



# LARGE DISCOUNT FOR MEMBERS!

**NAEMT Members:** Provide your membership number after selecting the "Three-Day Core Program NAEMT Member Rate" on the EMS World Expo registration form.

**Want To Get 3-to-1 Odds—as in get \$3 for every \$1 spent?**

Become a member of NAEMT for \$40 or less when you register for EMS World Expo and you'll receive the \$125 discount PLUS more than 30 top-brand product and service benefits that will help you achieve your professional goals.

That's right, your odds can be this good!

Think of the fun, the friends and the complimentary NAEMT Annual Meeting events and reception to take advantage of in Las Vegas!

**NOTE:** The discount applies to the Three-Day Core Program individual registration fee only. The discount cannot be used with the Agency or Military Discount Rate, or toward workshop registration fees.

## 2-DAY WORKSHOPS

**MONDAY & TUESDAY  
OCTOBER 16–17**

8:00 A.M.–5:00 P.M.

### EMS Essentials of Simulation

Jennifer McCarthy, MAS, NRP, MICP;  
Amar Patel, DHSc, MS, NRP; Andrew Spain, MA, NCEE, EMT-P; Timothy  
Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS

LIMIT 40 STUDENTS

EMS educators have significantly increased the use of simulation-based education over the years, but recent research has shown there are still areas we need to develop. A key driver for success is faculty education, most notably how to deliver evidence-based simulation education. Without faculty education, we can never understand the impact and return on our learners' education.

This 16-hour immersive course establishes and enhances participants' understanding about simulation theory, practice and research. The course provides EMS educators with a solid foundation based on research, best practices to integrate and deliver, and the

ability to manage quality simulation activities within an initial or continuing EMS educational program.

### Medical Preparedness and Response to Bombing Incidents

DHS/FEMA Course Catalog: MGT-348/PER-233

Will you be prepared in the event of an IED blast for the number of victims you will need to care for and the blast injuries you will see? Will you be prepared for the investigation that will start immediately post blast? Who are the stakeholders in an event like this?

This co-sponsored course, developed and delivered by the TEEC/NERRTC and the New Mexico Institute of Mining and Technology's Energetic Materials Research and Testing Center (NMT/EMRTC), provides a strong emphasis in developing a multidiscipline approach to responding for bombing incidents.

This interactive, instructor-facilitated program will address planning considerations and concerns specific to medical responders, law enforcement and emergency planners, with an intended outcome of integrating incidents of an explosive nature to existing plans.

*There are no prerequisites for this course, although familiarity with the National Incident Management System (NIMS) and the Incident Command System (ICS) via completion of FEMA independent study courses IS-100, IS-200 and IS-700 (or their equivalents) is recommended.*

## FULL-DAY WORKSHOPS

**TUESDAY, OCTOBER 17**

8:00 A.M.–5:00 P.M.

### Creating an Evidence-Based Practice for EMS in Integrated Healthcare

Baxter Larmon, PhD, MICP; Dan Swayze, DrPH, MBA, MEMS;  
Matt Zavadsky, MS-HSA, EMT



Over the past few years, we have seen a proliferation of mobile integrated healthcare and community paramedicine (MIH-CP) programs launched by EMS agencies. Many programs that were initially funded by grant monies now need to find ways to be financially sustainable. In addition, EMS agencies need to prove the clinical value of the patient care they are delivering within the community paramedic model. Part of this process involves developing evidence-based practice for EMS in the integrated healthcare environment. This workshop will outline research methods, data capture and useful metrics related to program funding and patient outcomes.

Objectives will include: research methodologies; data retrieval strategies and informatics; outcome measurements; and development of an integrative healthcare research agenda.

This workshop has been developed by the Prehospital Care Research Forum (PCRF) at UCLA, which has educated more than 500 individuals in prehospital care research over the last 15 years. Lunch is included with registration.

### Handtevy Pre-Hospital Pediatric Instructor Course

Peter Antevy, MD

LIMIT 30 STUDENTS



The Handtevy Pre-Hospital Pediatric Instructor Course is a CAPCE-certified, eight-hour hands-on and lecture course intended to certify instructors to teach the Handtevy Pre-Hospital Pediatric Provider Course at their department and earn credit. The course uses the basic tenets of ACLS training as the foundation, while still covering the basic pediatric ALS principles and nuances. The course focuses on the skills

needed to rapidly and accurately treat the sick and injured pediatric patient and is intended to be used with the Handtevy Pediatric System. Prerequisites include instructor-level certification, 3 years of clinical experience and a valid ACLS card (or equivalent).

### National Association of EMS Physicians® National EMS Medical Direction Overview Course™ (MDOC)

Michael Levy, MD, FACEP, FACP, FAEMS; Ritu Sahni, MD, MPH

LIMIT 30 STUDENTS



This one-day course is designed to serve as an "awareness" course, to provide the student with information regarding the scope of components of medical oversight activities, their implications, and methods of incorporation into decision making in EMS systems. At the conclusion of the course, the student will understand the basic principles of EMS medical oversight, and will be able to address many of the tasks facing EMS medical directors.

This course is designed to provide all physicians, regardless of specialty training, with the general knowledge base to move into the role of EMS medical director or other roles in medical oversight activities. The program will also be valuable to the many non-physicians involved in providing medical oversight.

*The Medical College of Wisconsin designates this live activity for a maximum of 7.0 AMA PRA Category 1 credit(s)™. This course is approved by the American College of Emergency Physicians (ACEP).*

### NEMSMA Managing Officer's Credentialing Examination Prep Course

This six-hour workshop will review the 7 Pillars of EMS Officer Competency knowledge areas in a scenario-



based format, addressing the managerial level in each pillar. It will also include a review of the Managing Officer's written examination and oral boards format and style, providing a review of how to interpret the questions and the critical thinking process to use in selecting answers. Attendees will be eligible to sit for the credentialing exam (being held at EMS World Expo) at the conclusion of the session if they are otherwise qualified and have submitted an accepted application in advance.

Registration for the prep course and application for the exam is available at <https://nemsma.candidatecare.jobs/>. Applications for the exam must be submitted and approved at least six weeks prior to the exam.



# HALF-DAY WORKSHOPS

**TUESDAY, OCTOBER 17**

8:00 A.M.–12:00 P.M. &  
1:00 P.M.–5:00 P.M.

## Teleflex: Prehospital Emergency Care Procedural Cadaver Lab

LIMIT 80 STUDENTS EACH SESSION

Sponsored by  
**Teleflex®**

The purpose of this session, presented by Teleflex, is to provide a unique opportunity to review relevant anatomy associated with critical care and lifesaving emergency procedures.

Participants will enhance their understanding of the various procedures and the associated risks and benefits through the hands-on practicum. The relevant review of the anatomy will include airway, chest cavity and vascular access landmarks.

Under expert instruction, participants will have the opportunity to practice the following procedural skills: basic airway management, direct and video laryngoscope intubation, intraosseous access, and various other emergency procedures. The participants will have the opportunity for anatomical exploration as it relates to these procedures providing a unique appreciation of the anatomy and the impact of the disease process. An analysis of the unnecessary risk and the potential for complications when these procedures are performed in suboptimal conditions will be explored.

Key opinion leaders, nationally known EMS medical directors and EMS providers will serve as faculty for this program.

*Please note: This workshop is intended for ALS providers and above.*

## Active Shooter Response

*Fire Captain Michael D. Wright*

LIMIT 100 STUDENTS EACH SESSION

EMS providers, firefighters and other emergency responders are being called to situations involving active assailants with alarming frequency. During this hands-on, scenario-based workshop, participants will learn how to respond to these incidents, learning not only the “how,” but the “what” to do.

This 4-hour course provides an introduction to Rescue Task Force (RTF) training for an active shooter mass casualty incident (AS/MCI), providing rapid medical treatment and extraction. The course is designed to show how responders can work together to implement survivor care and removal from an incident scene using RTF principles.

The course will feature both didactic and hands-on training. Students will receive an in-depth explanation and demo of RTF and EVAC team movement prior to breakouts. Students will then break into teams and rotate through the following stations: Station 1 (patient care/self care/buddy aid) classroom; Station 2 (RTF/EVAC) room-to-room evolution; Station 3 (RTF/EVAC) stairwell evolution; Station 4 (the role and importance of triage) classroom; Station 5 (RTF/EVAC) room to open area to include common area evolution.

Realism will be imparted by professionally moulaged live patients.

**TUESDAY, OCTOBER 17**

8:00 A.M.–12:00 P.M.

## All-Hazards Moulage: A Simple Approach to MCI Scenarios

*Bobbie Merica*

LIMIT 40 STUDENTS

Join moulage expert and author Bobbie Merica in this workshop that includes the first-person experience of active shooter moulage and training application inside an instructional setting.

Learn about techniques to overcoming training challenges while gaining basic and intermediate wound development, scenario staging and MCI experience including active shooter, explosions, burns and sensory engagement.

Learn to save time and resources while supporting your training outcomes in this limited all-hazards moulage workshop. All participants receive a free trial moulage kit.

**TUESDAY, OCTOBER 17**

1:00 A.M.–5:00 P.M.

## EMSPOCUS: Beyond the FAST Exam

*Branden Miesemer, NRP, FP-C; Jason Boitnott, BSN, RN, NRP; Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE; Jason Bowman, MS, FF/CCEMT-P*

LIMIT 24 STUDENTS

POCUS (point-of-care ultrasound) is a severely underutilized tool in the prehospital and retrieval environment. Discover how this diagnostic modality can be implemented to positively impact patient care in big ways. During this hands-on session, participants will learn the basics of point-of-care ultrasound and how to pinpoint the cause of shock and cardiac arrest in the medical patient by utilizing the RUSH (Rapid Ultrasound in Shock and Hypotension) exam.

The workshop will review the concept and scope of focused/point of care ultrasound; differentiate obstructive, hypovolemic and cardiogenic shock states using the RUSH exam; demonstrate how to integrate information gained from POCUS exams into patient treatment plans; and discuss real-life case studies where POCUS made a lifesaving difference.

## EMS Instructor Update: Tools for Success

*Heather Davis, EdD, NREMT-P; David Page, MS, NREMT-P*

Would you like to have competent graduates who pass the NREMT exam on the first try 100% of the time? Would you like to have more time in your classroom while improving student motivation and accountability? This workshop will explore the secret recipes for exam success, and simple steps to begin flipping your classroom. New ways of improving student performance will be revealed. The group will also network to connect participants to a larger community of helpful educators.

Bring your toughest classroom challenges and two master facilitators will lead interactive discussions full of new tricks to solve your headaches and rejuvenate your love of excellent teaching.

## NEMSMA Supervising Officer's Credentialing Examination Prep Course

This workshop reviews the 7 Pillars of EMS Officer Competency knowledge areas in a scenario-based format, addressing the supervisory level in each pillar. It also reviews the Supervising

Officer's written examination format and style, discussing how to interpret the questions and the critical thinking process to use in selecting answers. Attendees will be eligible to sit for the credentialing exam (being held at EMS World Expo) at the conclusion of the session if they are otherwise qualified and have submitted an accepted application in advance. Registration for the prep course and application for the exam is available at <https://nemsma.candidatecare.jobs/>. Applications for the exam must be submitted and approved at least six weeks prior to the exam.








# Schedule at a Glance

## TUESDAY, OCTOBER 17

5:30 P.M.–6:30 P.M.

**Recognize and Help: Addiction in Public Safety**  
Kirk Mittelman

## WEDNESDAY, OCTOBER 18


8:00 A.M.–9:00 A.M.	<b>BLS</b> <b>Ain’t Nothing Basic About BLS</b> Michael W. Dailey, MD <b>Understanding Sepsis</b> Baxter Larmon, PhD, MICP	<b>ALS</b> <b>When Syncope Can Kill</b> Sean Kivlehan, MD, MPH <b>Medical Myth Busters</b> Scott Gilmore, MD, EMT-P, FACEP, FAEMS, Mark D. Levine, MD, FACEP, FAEMS	<b>CRITICAL CARE</b> <b>Code Sepsis: Upstairs Care, Outside</b> Leon Eydelman, MD	<b>PEDIATRICS</b> <b>Overcoming Emotional Challenges in Pediatric Care by Capitalizing on High-Quality Training</b> Peter Antevy, MD	<b>EDUCATOR</b> <b>Designing and Conducting a Synchronous Online Hybrid Paramedic Course</b> Lynne Dees, PhD
9:30 A.M.–11:30 A.M.	<b>OPENING CEREMONIES &amp; KEYNOTE</b>	 <b>Happy 45th Anniversary: Remembering Why</b> Randolph Mantooth*		<b>Pulse Nightclub Shooting: Experience vs. Evidence #OrlandoUnited</b> Christopher Hunter, MD, PhD, FACEP, FAEMS	
12:30 P.M.–1:45 P.M.	<b>Lunch and Learn:</b>	<b>Using Data Analysis to Improve Patient Care and Clinician Training for Respiratory-Related Emergencies</b> Scott Bourn		Sponsored by 	
11:00 A.M.–5:30 P.M.	<b>EXHIBIT HALL</b>				
2:00 P.M.–3:00 P.M.	<b>ALS</b> <b>Posterior Circulation Strokes: The Other Stroke You Are Missing</b> Sean Kivlehan, MD, MPH <b>Too Hot to Handle: Heat Emergencies</b> Gustavo Flores, MD	<b>ALS</b> <b>Meet the Medical Directors: Part 1</b> Panel moderated by Paul Pepe, MD, MPH, FACEP <b>PreAct for STEMI and Stroke: AHA Programs for Activating Hospital Resources from the Field</b> Mic Gunderson	<b>CRITICAL CARE</b> <b>Transport of ECMO Patients</b> Leon Eydelman, MD	<b>PEDIATRICS</b> <b>Youth Suicide: A Growing Problem</b> Kirk Mittelman	<b>EDUCATOR</b> <b>Training Scars: How We Are Creating Errors Through Simulation</b> Timothy Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS
2:00 P.M.–4:15 P.M.	<b>INTERNATIONAL SCIENTIFIC SYMPOSIUM 2017</b>		<b>Facilitated by</b>  <b>PREHOSPITAL CARE RESEARCH FORUM</b> 		
3:15 P.M.–4:15 P.M.	<b>BLS</b> <b>Disaster &amp; Wilderness Medicine: Emergency Wound Care</b> Kirk Mittelman <b>Evolving Trends in Concussion Assessment and Management</b> Ed Racht, MD	<b>ALS</b> <b>Meet the Medical Directors: Part 2</b> Panel moderated by Paul Pepe, MD, MPH, FACEP <b>Prehospital Ultrasound</b> Branden Miesemer, NRP, FP-C	<b>CRITICAL CARE</b> <b>Heart in a Box: How Technology has Improved Our Cardiac Care</b> Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE	<b>PEDIATRICS</b> <b>Pediatric Disaster Preparedness</b> Susie Kochevar, RN, BSN	<b>EDUCATOR</b> <b>State of EMS Simulation Panel Discussion</b> Jennifer McCarthy, MAS, NRP, Amar Patel, DHSc, MS, NRP, Andrew Spain, MA, NCEE, EMT-P, Timothy Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS


\*Celebrity appearance subject to change.



## KEY

- BLS**  
BASIC LIFE SUPPORT
- ALS**  
ADVANCED LIFE SUPPORT
- CRITICAL CARE**
- PEDIATRICS**
- EDUCATOR**
- MIH-CP**  
MOBILE INTEGRATED HEALTHCARE  
COMMUNITY PARAMEDICINE
- LEADERSHIP**
- OPERATIONS**



MIH-CP	LEADERSHIP	OPERATIONS
<b>The 2017 NAEMT MIH-CP Survey: 5 Things to Know</b> Jonathan Washko, MBA, NREMT-P, AEMD 	<b>Disrupters in EMS</b> Ed Racht, MD <b>Protecting Peds: Developing Guidelines for the Safe Transport of Children</b> Brandon Kelley, NRP	<b>Care for the Injured Operational K9: Partnerships Between Veterinarians and EMS</b> Lee Palmer, DVM, MS, DACVECC, NRP, EMT-T, WEMT, CCRP, TP-C <b>FirstNet and Emerging Technologies in EMS</b> Brent Williams

MIH-CP	LEADERSHIP	OPERATIONS
<b>MIH-CP Top Trends to Watch</b> Matt Zavadsky, MS-HSA, EMT <b>Cardiovascular Care for the Community Paramedic</b> Dan Swayze, DrPh, MBA, MEMS	<b>The 2017 NAEMT ePCR Usability Study: 5 Things You Should Know</b> Greg Mears, MD  <b>Preventing Preventable Deaths: National Efforts to Save Trauma Victims</b> Jon Krohmer, MD	<b>What Should I Measure and Why?: KPIs and Best Practices</b> Nick Adams, Michael Salomish, BSEE, MSEE

**3:15 PM–4:15 PM**

**What's New & What's Hot in EMS Research & Oral Abstract Presentations Part 2**

Baxter Larmon, PhD, MICP, David Page, MS, NRP

MIH-CP	LEADERSHIP	OPERATIONS
<b>Update on California Community Paramedic Pilot Projects</b> Lou Meyer <b>Community Paramedic Case Studies: Has Your Education Prepared You for Success?</b> David Glendenning, EMT-P	 <b>Best Practices in High-Value EMS: AIMHI Series Recap</b> Rob Lawrence, MCMI, Jonathan Washko, MBA, NREMT-P, AEMD, Matt Zavadsky, MS-HSA, EMT  <b>EMS Agenda 2050 Listening Session (2-hour session)</b> Mike Taigman	<b>Update on the Federal Specification for Ambulances (2-hour session)</b> John MacDonald

BLS Track sponsored by

**ZOLL**

ALS Track sponsored by



MIH-CP Track sponsored by



Educator Track sponsored by



Educator track developed in partnership with



# Schedule at a Glance cont.

## THURSDAY, OCTOBER 19

7:30 A.M.–1:00 P.M.	DATA AND TECHNOLOGY SUMMIT		What If EMS Was as Smart as Amazon, OnStar, an iPhone or Siri?	EMS Agenda 2050: How Technology Will Shape the Future of EMS	How to Hire the Right IT Personnel
8:00 A.M.–9:00 A.M.	BLS	ALS	CRITICAL CARE	PEDIATRICS	
	Can BLS Providers Make a Difference in Cardiac Arrest Management? Baxter Larmon, PhD, MICP  Pearls and Pitfalls of Patient Management in the Technical Rescue Environment Jeremy Cushman, MD, MS, EMT-P	Calling It Quits: How Do You Really Know When to Stop Resuscitation Efforts? Ralph J (R.J.) Frascone, MD, FACEP	The War for Neurons: Secondary Brain Injuries Robert Mabe, NRP, FP-C, EMSI	Little People, Big Problems Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE	
8:00 A.M.–11:30 A.M.	INTERNATIONAL SCIENTIFIC SYMPOSIUM 2017		Facilitated by  PREHOSPITAL CARE RESEARCH FORUM 		8:00 A.M.–9 A.M. Best Evidence or Best Guess: You Be the Judge!
9:15 A.M.–10:15 A.M.	BLS	ALS	CRITICAL CARE	PEDIATRICS	
	Rodeo Injuries: How to Fix a Broken Cowboy Ken Bouvier, NREMT-P  From LMP to EDC: Management of the Pregnant Patient Scott Gilmore, MD, EMT-P, FACEP, FAEMS, Mark D. Levine, MD, FACEP, FAEMS	A 2020 Vision of Cardiocerebral Resuscitation Paul E. Pepe, MD, MPH, FACEP, MCCM, MACP, FAEMS  High-Yield Resuscitation of the Trauma Patient Jeff Myers, DO	ICU Approach to Shock for the EMS Provider Leon Eydelman, MD	Is That Croup or Just a Cough? Kirk Mittelman	
10:30 A.M.–11:30 A.M.	BLS	ALS	CRITICAL CARE	PEDIATRICS	
	From Dispatch to Discharge: Minnesota's Approach to Cardiac Arrest Ralph J (R.J.) Frascone, MD, FACEP  The Opioid Epidemic: A Roundtable Discussion (90-minute session) Panel discussion	Hands-On Guided Cardiac Dissections Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P  Damage Control Resuscitation Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE  Excited Delirium: Deadly for Patients and Dangerous for Providers Sean Kivlehan, MD, MPH	Problems in Pacing Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C	Managing Respiratory Distress with a High-Flow Nasal Cannula Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE	
11:30 A.M.–4:00 P.M.	EXHIBIT HALL				
1:00 P.M.–5:45 P.M.	EMS SAFETY OFFICER WORKSHOP		The Value of Crew Resource Management Dick Blanchett, BS, MBA	Crew Resource Management: From Theory to Implementation David Page, MS, NRP	Building a Strong Injury Prevention Program in Your Agency
2:30 P.M.–3:30 P.M.	BLS	ALS	CRITICAL CARE	PEDIATRICS	
	Hey, Doc, Is There an Antidote for That? Jeremy Cushman, MD, MS, EMT-P  What Do You Mean That Injured Diver Does Not Need A Hyperbaric Chamber? Scott H. Smith, EMT-P	Hands-On Guided Cardiac Dissections Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P  Prehospital Use of Antibiotics for Sepsis Rob Wronski			
2:30 P.M.–6:00 P.M.	EVENT MEDICINE FOCUS 	Event Medicine: An Evolving Specialty in the House of Medicine Paul E. Pepe, MD, MPH, FACEP	Alive and Well: The Importance of Event Medical Services Connor Fitzpatrick, AEMT EMS-I	Bouncing Back From Death: Effective Methods to Mitigate Risks at Festivals Matt Friedman, MD	



<p><b>NEMSMA Data and Technology Committee Update</b> <b>Cyber Security in EMS</b></p>			
<p><b>EMS &amp; Hospital Data Integration</b> <b>Ramping Up Your Revenue Cycle Efforts</b></p>			
<p><b>Integrating New Technologies</b></p>			
<p><b>Top 10 Technologies You Need to Transform Into a High-Performance EMS Agency</b></p>			
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<p><b>The CAPCE Course Completion Database: What Is It Telling Us About Continuing Education?</b></p> <p>Juan March, MD, FACEP, Jay Scott, BS, NREMT-P</p>	<p><b>A 12-Step Formula for Successfully Implementing MIH in Your Community</b> Reg James</p> <p><b>Mental Health Screening by Community Paramedics</b> Dan Swayze, DrPH, MBA, MEMS, Anne Jensen, EMT-P, BS, Jonah Thompson, EMT-P</p>	<p><b>EMS as the Biggest Driver of Stroke Care in Your Community</b> Peter Antevy, MD</p> <p><b>Update on Alternative Payment Models for EMS 3.0</b> Matt Zavadsky, MS-HSA, EMT</p> <p><b>Come Sway Away With Me! Drifting from Safety Standards</b> Kevin Collopy, BA, FP-C, CCEMT-P, NRP</p> 	<p><b>EMS Response to Hurricane Matthew</b> Matthew Rob Wronski</p>
<p><b>9:15 A.M.–10:15 A.M.</b> <b>Best International Abstracts Presentations</b></p>			
<p><b>10:30 A.M.–11:30 A.M.</b> <b>Poster Presentation Roundtable</b></p>			
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<p><b>Continuing Education in EMS: A Panel Discussion with the CAPCE Board of Directors</b> Moderated by Jon Krohmer, MD</p>	<p><b>A Payer's Perspective on Community Paramedicine</b> Dixon Marlow</p> <p><b>A Whole-System Approach to Managing Frequent Users of Emergency Services</b> Nicola Worrillow</p>	<p><b>EMS in the System of Care and the Mission: Lifeline EMS Recognition Program</b> David Travis</p> <p><b>Solving the Rubik's Cube of EMS Leadership</b> Raphael M. Barishansky, MPH, MS, CPM</p>	<p><b>My Experience as the First Responder in an Active-Shooter Event</b> Oren Wacht, PhD, EMT-P</p>
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<p><b>It's Not Just Black &amp; White: Harnessing the Power of PCRs</b> Robert Mabe, NRP, FP-C, EMSI</p>	<p><b>How to Rebrand Your 911 Agency as a Mobile Integrated Health Provider and Get Paid to Do It: The Intersection of Innovation, Technology and Collaboration</b> Peter Antevy, MD</p> <p><b>Evaluating Clinical Quality Measures for MIH Programs</b> Desiree Partain, CCP-C, CP-C, Neal Richmond, MD, FACEP</p>	<p><b>Creating an Entrepreneurial EMS-Based Fire Service (2-hour Session)</b> Matt Zavadsky, MS-HSA, EMT, Las Vegas Fire &amp; Rescue Representatives</p> <p><b>EMS Leadership Grand Rounds (2-hour Session)</b> Vince Robbins, FACHE</p> 	<p><b>Federal Medical Response in Natural Disasters</b> Ed Gabriel</p>
<p><b>Driving and Highway Safety Training for your EMS Personnel</b> Bryan McRay</p>	<p><b>Developing Evidence-Based Fatigue Risk Management Guidelines for EMS</b> P. Daniel Patterson, PhD, MPH, MS, NREMT-P</p>	<p><b>Using TEAMSTEPPS Program to Improve Patient Safety</b> Jeff Myers, DO</p>	<p><b>Cases with a Twist: Deconstructing Cases</b> David Page, MS, NRP</p>
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<p><b>Scenario Validation Lab</b> Heather Davis, EdD, NREMT-P</p>	<p><b>Building Collaborative Relationships for a Successful MIH-CP Program</b> Jill League, Tina Link, Kenneth Snow</p> <p><b>Care Through Compassion: Hospice Patients and EMS</b> Desiree Partain, CCP-C, CP-C</p>	<p><b>Leading Through the Darkness: EMS Leadership and Suicide</b> Pat Songer</p>  <p><b>Benchmarking Performance Measures With Real World Data</b> Jeffrey L. Jarvis, MD, MS, EMT-P, FACEP, FAEMS</p>	<p><b>Lighting Rounds: Resources and Preparation in Disaster Medicine; Medical Threat Assessment: Beyond ICS Form 206</b> Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C, Jonah Thompson, EMT-P</p>
<p><b>Prehospital Ketamine for Excited Delirium: Just a Bunch of Hype?</b> Asa Margolis, DO, MPH, MS</p>	<p><b>Ways to Treat the Heat at a Major Fête: Malignant Hyperthermia and Dantrolene</b> Speaker TBA</p>		

# Schedule at a Glance cont.

## THURSDAY, OCTOBER 19, CONTINUED

	BLS	ALS	CRITICAL CARE	PEDIATRICS
3:45 P.M.–4:45 P.M.	<b>Mayday! Mayday! Small Plane Crash with Injuries</b> Ken Bouvier, NREMT-P	<b>What's the Future in EMS? Part 1</b> Kenneth A. Scheppke, MD, FAAEM <b>Lessons Learned: Case Studies in Trauma Care</b> Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE	<b>Critical Care Transport of the Cardiac Patient</b> Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C	
5:00 P.M.–6:00 P.M.	<b>Keeping the Cup Full: A Guide to Practitioner Resilience</b> Veronica Ryl <b>Patella Injury and Dislocation Management</b> Michael W. Dailey, MD	<b>Cardiac Dissection Lab</b> Scott DeBoer, RN, MSN, CEN <b>High-Yield Resuscitation of the Medical Patient</b> Jeff Myers, DO <b>A State of the Union on Airway Management</b> Jeffrey Jarvis, MD, Jim DuCanto, MD <b>What's the Future in EMS? Part 2</b> Kenneth A. Scheppke, MD, FAAEM		

## FRIDAY, OCTOBER 20

	BLS	ALS	CRITICAL CARE	PEDIATRICS
8:00 A.M.–9:00 A.M.	<b>Benign Complaints That Can Kill</b> Jeffrey L. Jarvis, MD, MS, EMT-P, FACEP, FAEMS <b>What EMS Needs to Know About Synthetic Drugs</b> Matt Friedman, MD <b>The Evolution of Law Enforcement Medicine</b> Asa Margolis, DO, MPH, MS	<b>Deciphering Abdominal Pain</b> Jeff Myers, DO	<b>Rescued from the Edge: Resuscitation of the Metabolic Acidosis Patient</b> Eric Bauer, BS, FP-C, CCP-C, C-NPT	<b>Broselow Basics &amp; Handling Handtevy: Do You REALLY Know How to Use Them?</b> Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P
9:15 A.M.–10:15 A.M.	<b>Your Off-Duty Behavior Could Impact You On-Duty</b> Ken Bouvier, NREMT-P <b>Compassion for the Dead and Dying</b> Veronica Ryl, NREMT-P	<b>The Latest in Respiratory Emergency Care</b> Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C <b>Here Comes the Judge: Navigating the Law in Litigation of Cardiac Arrest in EMS</b> Neal Richmond, MD, FACEP, Steve Shahan	<b>Silent Killers of TBI: Hypoxia, Hypotension and Hypercarbia</b> Eric Bauer, BS, FP-C, CCP-C, C-NPT	<b>Guns, Gels, Kings &amp; Drills: What They Don't Teach You (But Really Should) in PALS &amp; PEPP</b> Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P
10:00 A.M.–1:00 P.M.	<b>EXHIBIT HALL</b>			
1:00 P.M.–2:00 P.M.	<b>The Changing Face of Impairment in EMS</b> Heather Timmons, RN, BSN, CCRN <b>Becoming a Bystander</b> Desiree Partain, CCP-P			

### Continuing Education Credit/Certificates of Attendance

Continuing education activity will be applied for through the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE).

CAPCE-approved classes are accepted by the National Registry of EMTs (NREMT) for recertification requirements. One CE is given per one-hour class. Attendees can earn 4 credits while taking the half-day workshops and 8 credits for the full-day workshops. There is no limit to how many CE credits attendees can earn at EMS World Expo.



If you have questions or concerns, call 877/878-3153, or e-mail [emsworldexpo@hmpcommunications.com](mailto:emsworldexpo@hmpcommunications.com).

For information on CE for NAEMT preconference sessions, please contact NAEMT at 800/346-2368.

To obtain credit, you must have your badge scanned upon entering your session, spend the required time in each class and turn in a completed course evaluation for each class. After the conference, you will be notified by e-mail when your certificate is available online at [EMSWorldExpo.com](http://EMSWorldExpo.com) for download.

Safeguard the certificate for future use.

For questions regarding CAPCE, please contact Jay Scott at 972/247-4442, or e-mail [jscott@capce.org](mailto:jscott@capce.org).

#### Nursing CE

CE has been applied for with the Air & Surface Transport Nurses Association (ASTNA) for select EMS World Expo core program sessions. Visit [EMSWorldExpo.com](http://EMSWorldExpo.com) for more information.



EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<b>Lessons Learned About How to Run a Scenario-Based Practical Exam</b> Heather Davis, EDD, NREMT-P	<b>“New” Systems of Care for the Community Paramedic</b> Anne Jensen, EMT-P, BS, Dan Swayze, DrPH, MBA, MEMS	<b>Lighting Rounds: IPAWS: International Paramedic Anxiety, Well-Being &amp; Stress Study; MedStar Hope Squads</b> Elizabeth Asbury, PhD, Desiree Partain, CCP-C, CP-C  <b>Quality Assurance in EMS</b> Neal Richmond, MD, FACEP, William “Buck” Gleason, BS-EHS, EMT-P	<b>Conducting a Legally Valid Investigation</b> Matthew Streger, Esq., MPA, NRP   <b>EMS and Hospital Data Integration</b> Frank Gresh
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<b>We Don’t Need No (Continuing) Education: A Primer for Designing and Conducting Fire Department-Based CE</b> Lynne Dees, PhD	<b>Deep Dive: Using the National MIH-CP Outcome Measures Tool</b> Matt Zavadsky, MS-HSA, EMT, Dan Swayze, DrPH, MBA, MEMS  <b>The Role of Community Paramedics in Disasters</b> Jonah Thompson, EMT-P	<b>The Feedback Loop and Quality Improvement for EMS</b> David Travis	<b>Is Your EMS Agency Ready for the Silver Tsunami?</b> Raphael M. Barishansky, MPH, MS, CPM
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<b>Protocolized Care Enhances Care Without Eliminating Critical Thinking</b> Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE	<b>The Credentialing Process for Community Paramedics</b> John Clark, JD, MBA, NRP, FP-C, CCP-C, CMTE, Anne Montera, RN, BSN	 <b>Developing and Using Performance-Based Dashboards</b> Matt Zavadsky, MS-HSA, EMT, Bill Bullard  <b>False Claims Act</b> Matthew Streger, Esq., MPA, NRP  <b>Buddy to Boss: Surviving Your First Command (2-hour session)</b> Jon Politis, MPA, NRP	<b>Giving the “Small Guy” a Chance!</b> Bryan McRay  <b>Patient Handoffs: The Bermuda Triangle of Healthcare</b> Heather Timmons, RN, BSN, CCRN
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<b>Clinical Evaluation Tools</b> Darrell DeMartino	<b>Changing State Legislation to Facilitate MIH-CP Services</b> Sarah McCrea, EMT-P, RN-BSN, James Oscarson  <b>Patient Goal Setting: What Matters Most, First</b> Jonah Thompson, EMT-P	<b>The Future of EMS Quality Measures</b> Panel Discussion	<b>Global Volunteers: An EMS World of Citizen Support</b> Rob Lawrence, MCMI, Dovie Maisel, EMT-P   <b>Cyber Security in EMS</b> Frank Gresh
EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
<b>Developing Educational Crosswalks/Bridge Programs</b> Darrell DeMartino	<b>Care Collaboration Between Community Paramedics and Law Enforcement</b> Anne Jensen, EMT-P, BS	<b>Combination Services: Career and Volunteer Hand in Hand</b> Jon Politis, MPA, NRP	<b>Clinical Preception Meets the High-Performance EMS System</b> Ray Mallory  <b>Weapons in EMS: A Dangerous Cocktail</b> Matthew Gutierrez

## Critical Care/Community Paramedic CE Credit

Certain workshops and core program sessions have been approved by the International Association of Flight & Critical Care Paramedics (IAFCCP) for continuing education activity appropriate for renewal of the Certified Flight Paramedic (FP-C®) and/or Certified Critical Care Paramedic (CCP-C®) credential from the International Board of Specialty Certification (IBSC). To make FP-C® and/or CCP-C® recertification credit identification easier, attend and participate in the sessions in

the Critical Care track marked with the IAFCCP logo and the MIH-CP track marked with the IBSC and IAFCCP logo in the session descriptions starting on page 26. Your attendance at these classes will be documented on the CE certificate you receive after EMS World Expo.

Attendees can earn critical care CE appropriate for FP-C® for sessions during the 3-day core program and for the TRACER course being hosted by IAFCCP on October 16–17. Attendees can earn community paramedic

CE appropriate for CCP-C® recertification for sessions during the 3-day core program and for the Creating an Evidence-Based Practice for EMS in Integrated Healthcare workshop on October 17.

If you have questions or concerns, call 770/979-6372, or e-mail [info@iafccp.org](mailto:info@iafccp.org).



## TUESDAY, OCTOBER 16

5:30 P.M.—6:30 P.M.

### **BLS** Recognize and Help: Addiction in Public Safety

Kirk Mittelman

Why is drug and alcohol addiction so prevalent in our profession? Can we make a difference through education and leadership by changing our own outlook and attitudes? Our administrators, educators and workers need to step up and help our own. Recognizing the problem is the first step in helping our students, staff and coworkers through recovery. The second step is educating students and employees of the danger that is around the corner. Join Kirk for a candid conversation about saving our profession from addiction through education and recognition.

## WEDNESDAY, OCTOBER 17

8:00 A.M.—9:00 A.M.

### **BLS** Ain't Nothing Basic About BLS

Michael W. Dailey, MD, FAEMS

The foundation of all EMS care is BLS, yet too often we relegate BLS to "basic lifting service" and paramedics get the glory. Dr. Dailey will lead a discussion of the foundations of EMS care and the key to the practice of prehospital medicine. You will find out there is nothing basic about basic life support.

### **BLS** Understanding Sepsis

Baxter Larmon, PhD, MICP

Sepsis is becoming a national epidemic. Globally it is the leading cause of death, and causes more deaths than heart attack and cancer. This lecture examines the pathophysiology and assessment of the sepsis patient and will use an evidence-based approach to discuss new treatment protocols. The lecture will also inform the participant of the latest literature involving EMS and sepsis care.

### **ALS** When Syncope Can Kill

Sean Kivlehan, MD, MPH

Syncope is a common chief complaint that we treat almost every shift. Most of the time it has a benign cause, but sometimes syncope is the warning sign of a life-threatening arrhythmia. Are you doing an ECG on every patient you care for who passes out? Come to this talk and learn why you should be.

### **ALS** Medical Myth Busters

Scott Gilmore, MD, EMT-P, FACEP, FAEMS,  
Mark D. Levine, MD, FACEP, FAEMS

This session will focus on commonly held myths in the out-of-hospital setting and how the science behind them has changed. Some of the myths to be tackled include: Anyone who has suffered a stroke, STEMI, CHF or sickle cell pain crisis requires high-flow oxygen; all patients with cardiac chest pain should be administered morphine as part of MONA; an IV is required prior to nitroglycerin administration; a dose of nitroglycerin can only be given every five minutes, with a maximum of three doses; morphine should not be administered if the patient has abdominal pain; Zofran should not be used in pregnancy; a patient who is in pain will have abnormal vital signs; epinephrine should be the last-line treatment for asthma; all cardiac arrests must be transported; ALS is better than BLS.

Conference sessions are 60 minutes in length, unless otherwise noted. Program subject to change. **Please check EMSWorldExpo.com for updates and class/faculty additions and changes.** Once you register, admission to most sessions on-site is on a first-come, first-seated basis. Sessions in the Critical Care track are valid for FP-C® recertification credit. Sessions in the MIH-CP track are valid for CCP-C® recertification. **See page 24 for more information.**

**EMS World Expo is partnering with the National EMS Management Association (NEMSMA) to offer management certifications.** Sessions are being reviewed by NEMSMA and those that contribute to the prerequisites for **EMS Officer credentialing will be identified on the EMSWorldExpo.com website prior to the conference.**



### **CRITICAL CARE** Code Sepsis: Upstairs Care, Outside

Leon Eydelman, MD

This presentation will briefly describe the concept of sepsis and how it has evolved with the new "sepsis 3.0" definitions recently released. Sepsis diagnostics and therapies will be explored with an emphasis on how the most up-to-date ICU interventions can be modified for the prehospital arena, followed by discussion of cutting-edge EMS-specific developments in sepsis and the future of prehospital sepsis care.



### **PEDIATRIC** Overcoming Emotional Challenges in Pediatric Care by Capitalizing on High-Quality Training

Peter Antevy, MD

What is the definition of a successful pediatric call? Many providers have been taught that knowing the child's weight or drawing up the correct dose of a medication will get them to the right place mentally, yet this is simply not true. Join Dr. Antevy as he describes how to structure prehospital pediatric education that allows providers to "get to closure." It's a pediatric perspective that will get you excited about treating your next "little adult."

### **EDUCATOR** Designing and Conducting a Synchronous Online Hybrid Paramedic Course

Lynne Dees, PhD

The success of hybrid EMS classes has been attributed in part to convenience for the student, the increasing availability of affordable and easy-to-navigate learning platforms and learning management systems, and flexibility in scheduling for the educational institution. Conducting the synchronous online portion of a hybrid class is not without its challenges, and some course delivery modifications should be considered for the best outcome. Lynne will demonstrate some of the activities and assignments she uses in her hybrid classes and share both successes and failures, backup plans for technology glitches, and a laundry list of "must do" and "don't do" tips.

### **MIH-CP** The 2017 NAEMT MIH-CP Survey: 5 Things to Know

Jonathan Washko, MBA, NREMT-P, AEMD

NAEMT published results from its first comprehensive survey of MIH-CP programs in 2014. The survey was redone and enhanced in 2017. What does the new survey data reveal? What do the results say about the evolution of this service line for EMS? How many agencies conducting MIH program in 2014 are still conducting them in 2017? How are they sustaining the innovation? What are the models of the future? Jonathan Washko, NAEMT director at large, will answer these questions and more during this session.



### **LEADERSHIP** Disrupters in EMS

Ed Racht, MD

Face it. We have only two main complaints about EMS: "I'm sick and tired of the same old thing" and "I hate change." Any profession or any practice of medicine (like EMS) has to continuously evolve based on the understanding of the art and science of healthcare, as well as the impact of external factors we often have no control over. Unlike the past, EMS now has an assigned seat at the healthcare table. Not only must we adapt to the dramatic changes, but it's an opportunity of a lifetime to shape the future of our EMS practice. Join Ed as he navigates these uncharted waters to respond to the changes driving healthcare in our world.

### **LEADERSHIP** Protecting Peds: Developing Guidelines for Safe Transport of Children

Panel moderated by Brandon Kelley, NRP

A detailed look into NASEMSO's Interim Guidance for the Safe Transport of Children by EMS. This expert panel consists of industry experts and authors of the guidance. Attendees will have the opportunity to ask questions and learn more about the future of ambulance equipment, safety standards and patient care issues relating to one of our most at-risk patient populations.

### **OPERATIONS** Care for the Injured Operational K9: Partnerships Between Veterinarians and EMS

Lee Palmer, DVM, MS, DACVECC, NRP, EMT-T, WEMT, CCRP, TP-C

The implementation of human EMS services for injured OpK9s is primarily hindered by issues regarding the current language cited in each state's Veterinary Practice Act (VPA) in regard to exemptions for "practicing veterinary medicine without a license." In order to ensure that OpK9s injured in the line of duty are afforded timely prehospital care, it is necessary for veterinarians and EMS agencies to work together in a collaborative partnership. This lecture will discuss the current issues that may hinder EMS personnel from providing prehospital care to OpK9s, as well as what actions may be taken to allow EMS personnel the ability to render life-saving pre-veterinary care to injured OpK9s.





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## OPENING CEREMONIES & KEYNOTE

WEDNESDAY, OCTOBER 18

9:30 A.M.—11:00 A.M.

### Happy 45th Anniversary: Remembering Why

Randolph Mantooth\*

Don't miss Randy's inspirational keynote that includes some firsthand observations of EMS professionals over the years, delivered with equal parts humor and genuine admiration for the profession he helped introduce when EMERGENCY! first aired on Saturday nights on NBC.



### Pulse Nightclub Shooting: Experience vs. Evidence #OrlandoUnited

Christopher Hunter, MD, PhD, FACEP, FAEMS



In the early morning of June 12, 2016, a man armed with an assault-style rifle and a pistol attacked the Pulse Nightclub in Orlando, FL. In the hours that followed, hundreds of first responders, physicians, nurses and healthcare administrators were thrust into an unimaginable situation. The active-shooter scenario turned into a hostage situation, which was then followed by a law enforcement siege, resulting in the worst mass shooting in modern United States history. This presentation will discuss the medical response from the initial moments of the attack to the days that followed. Comparing our experience to available evidence will improve understanding of the approach to an active shooter and a mass fatality event, as well as the difficult process of coordinating efforts that don't just end when the shooting does.

\*Celebrity appearance subject to change

### OPERATIONS FirstNet and Emerging Digital Technologies in EMS

Brent Williams

The FirstNet network will significantly advance EMS connectivity to wireless broadband in the future, making video and digital image transmission by local EMS agencies to medical control common. Such a network offers advances for secure interagency voice, video and data communications. The development of public safety and EMS app marketplaces, digital network and directory services, and interfaces for connecting devices and applications will provide the backbone for a common operating picture across agencies. It is imperative that fire and EMS departments know about the latest with FirstNet (and how to prepare their agency for when it goes live) and be provided with case studies/operational examples to demonstrate how the network can help save lives.

12:30 P.M.—1:45 P.M.

### LUNCH AND LEARN

#### Using Data Analysis to Improve Patient Care and Clinician Training for Respiratory-Related Emergencies

Scott Bourn

A separate \$10 registration is required.

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2:00 P.M.—3:00 P.M.

### BLS Posterior Circulation Strokes: The Other Stroke You're Missing

Sean Kivlehan, MD, MPH

We all know the classic stroke presentation of hemiparesis or slurred speech and can rattle off the Cincinnati or FAST scoring. But what about the patient with dizziness and vomiting? Could it be a stroke? In this talk Sean will describe how commonly used stroke scores miss the posterior circulation and why it can be deadly. He will explain

the signs and symptoms of posterior strokes and the assessment techniques needed to understand them. Finally he will review the treatment strategies for these patients both in the field and in the ED.

### BLS Too Hot to Handle: Heat Emergencies

Gustavo Flores, MD

This lecture discusses how the body's thermostat employs cooling mechanisms to maintain a normal working environment. At sporting events, concerts or even after just a day outdoors, EMS is expected to prevent, treat and rehabilitate patients with heat emergencies. Failure to do so can have disastrous consequences. In this case-based presentation, we will discuss deadly heat-related emergencies and the initial life support interventions for each.

### ALS Meet the Medical Directors: Part 1

Moderated by Paul E. Pepe, MD, MPH, FACEP

Join EMS medical directors from around the nation for a discussion of critical issues impacting clinical and operational practice. This panel presentation will be led by Dr. Paul Pepe, host and program coordinator of the "Gathering of Eagles" conference, which has become one of the most progressive and important EMS educational events worldwide. Dr. Pepe will provide an update of the hottest topics discussed at this year's meeting, plus discuss new trends in prehospital medicine that will impact your practice tomorrow. Bring your questions for this exclusive chance to address some of the most progressive clinical leaders in the country.

### ALS PreAct for STEMI & Stroke: AHA Programs for Activating Hospital Resources From the Field

Mic Gunderson

PreAct (Prehospital Activation of Hospital Resources) is a new American Heart Association Mission: Lifeline program that guides the processes of field triage, destination determination, hospital notification and ED bypass for STEMI and stroke cases. This presentation will outline the long-term vision for PreAct, the specifics now being rolled out for STEMI and stroke, experiences from various pilot studies across the country and suggestions on how to implement PreAct in your community.

### CRITICAL CARE Transport of ECMO Patients

Leon Eydelman, MD

Extracorporeal membrane oxygenation (ECMO) is a cutting-edge therapy becoming more and more prevalent and even nonhospital EMS providers have been called upon to care for such patients with increasing frequency, including during interfacility transfers and critical care aeromedical evacuation. This presentation will familiarize the attendee with the physiology and evidence base behind ECMO therapy as well as the nuts and bolts of actual ECMO circuits. It will also focus on specific problems that may arise during transport by air or ground and how to best troubleshoot them. Finally, this talk will discuss eCPR and the role of resuscitative ECMO both in the prehospital and emergency department settings.



### PEDIATRIC Youth Suicide: A Growing Problem

Kirk Mittelman

This session looks at youth at risk, youth suicide and the effect it has on family members and providers. The warning signs of suicide and how to deal with someone who is threatening suicide will be discussed. Kirk asks that you come with an open mind to this session and be prepared to face your deepest fears to help us all solve a growing problem.

### EDUCATOR Training Scars: How We Are Creating Errors Through Simulation

Timothy Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS

This session explores the ways in which simulation can actually have an adverse effect on the performance of learners at any level—to the point of affecting patient outcomes and negatively impacting patient safety. Additionally, the principles that can guard against "bad" simulation that creates these training scars will also be discussed and explored.

### MIH-CP Top Trends to Watch

Matt Zavadsky, MS-HSA, EMT

"Mainstream" MIH-CP services are now nearly eight years old. Many programs have grown, while others have died on the vine. Our nation's healthcare system continues to change at a frenetic pace. Educational systems for specialty certification of paramedics are becoming more robust. Payer systems are changing, and there are more healthcare partners willing to rewrite the EMS economic and value model. This session highlights the top 10 trends occurring in MIH-CP and EMS 3.0 and help you prepare for the changes likely to occur in the next 1–5 years.

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## NEW 2017 INTERNATIONAL SCIENTIFIC SYMPOSIUM

Facilitated by the Prehospital Care Research Forum at UCLA



The sessions in this new EMS World Expo program mark the debut of the International Scientific Symposium, facilitated by the Prehospital Care Research Forum at UCLA. This new scientific program aims to highlight the most important EMS research of the year from across the globe, as well as provide a new venue in which EMS providers at all levels and from diverse nations can present original peer-reviewed posters and oral abstract sessions. This symposium brings a new level of academic rigor and evidence-based practice to EMS World Expo and the prehospital care profession.

Award-winning speakers Baxter Larmon, Heather Davis and David Page will make it easy for providers to understand the most important scientific advances. In addition, talented authors and experienced PCRf research mentors will help participants differentiate between ground-breaking discoveries that will change your practice from flawed science that should be further studied or ignored. From novices to experts, participants will leave the International Scientific Symposium with cutting-edge knowledge and a new appreciation of how research can inform and improve the best-available evidence in EMS at the street level.

Attendance included in core program registration.

### MIH-CP Cardiovascular Care for the Community Paramedic

Dan Swayze, DrPH, MBA, MEMS

An in-depth look at the chronic care management of patients with heart disease, CHF, high cholesterol and high blood pressure.

### LEADERSHIP The 2017 NAEMT ePCR Usability Study: 5 Things You Should Know

Greg Mears, MD

In EMS, data collection is done by EMTs, paramedics and other responders who are working in the field, often under time pressure, with rapidly shifting and often less-than-ideal conditions. The realities of the field mean that for EMS to be able to collect high-quality data in a timely manner, ePCRs must have user-friendly designs—otherwise known as “usability.” NAEMT recently commissioned a survey focusing specifically on how EMS practitioners interface with the software systems they use on a day-to-day basis for operations and the documentation of clinical care. The survey collected responses from 3,160 EMS professionals with comments related to 73 different EMS software products. This presentation will review the results of the 2017 NAEMT ePCR Usability Study and the top five usability features you should demand from your EMS software.



### LEADERSHIP Preventing Preventable Deaths: National Efforts to Save Trauma Victims

Jon Krohmer, MD

More than 50 years after the landmark report *Accidental Death and Disability* called for an end to the epidemic of trauma deaths in the U.S., accidents and injuries remain a leading cause of morbidity and mortality. With lessons learned from the military and a growing evidence base, EMS systems can take steps that will help stop these needless deaths. A recent IOM report entitled *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury* highlighted some of the shortcomings of the U.S. trauma system but also provided some suggestions for how to improve it. Dr. Jon Krohmer will describe efforts at the federal level to support state and local efforts to reduce trauma deaths. Attendees will

### WEDNESDAY, OCTOBER 18

2:00 P.M.—3:00 P.M. & 3:15 P.M.—4:15 P.M.

#### What's New & What's Hot in EMS Research: Oral Abstract Presentations and Best Research of the Year

This first session in the new International Scientific Symposium is intended to be a fast-paced blend of presentations. Baxter Larmon and David Page will moderate the session, leading off with “must-know” project summaries, and blending in original projects where the primary investigator will have 15 minutes to describe their research. After each abstract the audience will have the opportunity to make comments and ask probing questions.

### THURSDAY, OCTOBER 19

8:00 A.M.—9:00 A.M.

#### Best Evidence or Best Guess: You Be the Judge!

Expert EMS providers and medical directors will take up opposing positions in a pro vs. con debate where new and trending practices will be put to the evidence-based practice test. The panelists will have five minutes to advocate for their respective positions, but they must use peer-reviewed research to support or refute new and trending practices. After each debate the audience will weigh in with their vote to act upon the new information, or wait for more definitive evidence.

9:15 A.M.—10:15 A.M.

#### 2017 Best International Abstracts Presentations

This session will showcase the top research abstracts presented outside of the United States. Rapid 10–15 minute presentations will highlight the best of the best in 2017 research.

10:30 A.M.—11:30 A.M.

#### Poster Presentation Roundtable

Authors of selected top-ranking PCRf research poster abstracts will give a five-minute synopsis of their project and its impact to the care we provide on the street. These lightning rounds will highlight key elements to look for on the author's poster displays, and give participants a chance to ask clarifying questions.

learn why systems of care are critical to preventing death from trauma; the federal, state and local roles in improving trauma systems; and how integrating military and civilian trauma systems can save lives on the battlefield and at home.

### OPERATIONS What Should I Measure and Why? KPIs and Best Practices

Nick Adams, Michael Salonish, BSEE, MSEE

The definition of a key performance indicator (KPI) is a measurable value that demonstrates how effectively an agency is achieving a key objective. Organizations use KPIs to evaluate their success at reaching targets. This presentation will provide participants with an identification of KPIs that are important in 9-1-1 communications and EMS system operations. Presenters will also educate on how KPIs are built from National EMS Information System (NEMSIS) and other important data sources and how data quality influences their effectiveness and reliability. There are hundreds of EMS-related KPIs established by federally funded national organizations, state departments and regional/local agencies. Based on extensive research and interviews with over 200 EMS leaders, the presenters will share how high-performing agencies are measuring their clinical and operational performance. The practical application of KPIs will be presented, and participants will learn specific actions to take, as well as outcomes to expect, when using KPIs for quality improvement.

3:15 P.M.—4:15 P.M.

### BLS Disaster and Wilderness Medicine: Emergency Wound Care

Kirk Mittelman

Do you provide EMS in backcountry or disaster settings? If so, this class is for you. Kirk will take you beyond the EMT or paramedic course you attended and prepare you to provide medical care with a minimum of equipment in the disaster and wilderness setting. This class will cover common problems that occur in the backcountry as they relate to wound care. At the conclusion of this session the student will be able



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to: discuss the difference between remote/disaster medicine and street medicine; discuss the equipment needed for providing wound care in the disaster and remote setting; show the techniques unique to the provision of wound care in remote and disaster locations; and discuss the different methods of disaster and remote/wilderness wound care.

## **BLS** Evolving Trends in Concussion Assessment and Management

*Ed Racht, MD*

We all remember the days of "getting our bell rung" (some more than others...). Historically, if someone appeared "normal" after an impact to the head, all was deemed OK. But as we understand more about the short- and long-term effects of traumatic brain injury and mild traumatic brain injury (do you know that terminology?), it's clear that the evaluation and management of potential concussion is a critically important EMS skill set. Athletic venues worldwide have developed intensive, focused approaches to prevention, identification and management of concussion. It's no longer just a "rung bell"... we now have a very clearly defined role.

## **ALS** Meet the Medical Directors: Part 2

*Paul E. Pepe, MD, MPH, FACEP*

Continuation of 2 p.m. session.

## **ALS** Prehospital Ultrasound

*Branden Miesemer, NRP, FP-C*

See EMSWorldExpo.com for session description.

## **CRITICAL CARE** Heart in a Box: How Technology Has Improved Our Cardiac Care

*Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE*

Technological advances have led to the development of ventricular assist devices, Impella heart pumps, extracorporeal membrane oxygenation, and improvements to intra-aortic balloon pumps. The frequency of EMS transports of these devices continues to rise for some agencies, so it's imperative EMS providers receive training on how to deal with them in the emergent setting. This lecture covers the theory of these devices and troubleshooting to help improve understanding and awareness.



## **PEDIATRIC** Pediatric Disaster Preparedness

*Susie Kochever, RN, BSN*

Several recent reports have detailed how EMS systems and practitioners are ill-prepared to respond to a disaster involving pediatric casualties. This session details key elements required to plan for and respond to a disaster involving pediatric patients.

## **EDUCATOR** State of EMS Simulation Panel Discussion

*Jennifer McCarthy, MAS, NRP, Amar Patel, DHSC, MS, NRP, Andrew Spain, MA, NCEE, EMT-P, Timothy Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS*

This "State of the Union" update on EMS simulation practices will highlight creative uses for simulation that far exceed 9-1-1 education scenarios or summative assessment. Panelists will discuss curriculum trends, credentialing uses, student selection process, affective domain and behavior evaluation, and the various barriers affecting EMS education.

## **MIH-CP** Update on California Community Paramedic Pilot Projects

*Lou Meyer*

In December 2013, the California Emergency Medical Services Authority (EMSA) proposed a pilot project to assess the feasibility of community paramedicine. EMSA proposed to test community paramedicine concepts at 10 sites across California. The pilot began in 2015. In this session, Program Manager Lou Meyer provides an overview of the pilot's achievements to date.



## **MIH-CP** Community Paramedic Case Studies: Has Your Education Prepared You for Success?

*David Glendenning, NREMT-P*

Now that your community paramedic program is up and running, how have your providers managed their most complicated cases? How are your providers handling the new mental fatigue challenges they may not have expected with these complicated cases? David will discuss several patient examples that involved unique medical, mental or financial barriers that presented extra challenges for community paramedics. He'll also discuss the secondary effect known as compassion fatigue that can impact community paramedics.

## **LEADERSHIP**

## Best Practices in High-Value EMS: AIMHI Series Recap—Ask the Experts

*Rob Lawrence, MCMI, Jonathan Washko, MBA, NREMT-P, AEMD, Matt Zavadsky, MS-HSA, EMT*

EMS World and the Academy of International Mobile Healthcare Integration (AIMHI) partnered on a yearlong article series on various aspects of high-performance/high-value EMS (HP/HVEMS). Topics included attributes of HP/HVEMS, international models and system design, using data to maximize operational efficiency, managing a diverse workforce, and building and maintaining stakeholder relationships. Come hear more about these topics in a dynamic and rapid-fire interactive session. You will have the opportunity to drill down into these and more topics to help enhance your agency's performance.



## **LEADERSHIP**

## EMS Agenda 2050 (2-hour session)

*Mike Taigman*

Imagine if patients, communities, EMS providers and their healthcare partners all came together to decide what the EMS system should look like, rather than just letting it evolve without any planning or strategy. Wouldn't you want to be a part of that effort? That's exactly what is happening now with EMS Agenda 2050, a collaborative effort to envision the future of EMS and how to get there. In this session you'll learn more about the project and have an opportunity to provide your feedback to the ideas being considered. In this session attendees will learn how the *EMS Agenda for the Future* impacted the last two decades of EMS; why the EMS community is coming together to envision the future once again through the EMS Agenda 2050 project; how they can participate in EMS Agenda 2050 and contribute to the future of EMS; what the EMS Agenda 2050 team has included in the early outline/drafts of the effort and why.

## **OPERATIONS**

## Update on the Federal Specification for Ambulances (2-Hour session)

*John McDonald*

This session will provide federal, state and local agencies with an overview of the legislative and technical challenges and opportunities EMS agencies will face during the implementation of change notices 7, 8, 9 and 10 to the federal specification for ambulances. John will discuss future changes to the specification to incorporate additional SAE standards; review the system by which third-party testing is used to validate that ambulances are built in accordance with the federal specification for ambulances; and review the importance of using science-based research for developing vehicle standards.

# THURSDAY, OCTOBER 19

8:00 A.M.—9:00 A.M.

## **BLS**

## Can BLS Providers Make a Difference in Cardiac Arrest Management?

*Baxter Larmon, PhD, MICP*

Overall cardiac arrest has a poor prognosis for neurological survival. This lecture uses an evidence-based approach to focus on what truly can make a difference in neurological outcomes in the cardiac arrest patient and the role of the basic life support provider.

## **BLS**

## Don't Forget the Patient! Pearls and Pitfalls of Patient Management in the Technical Rescue Environment

*Jeremy Cushman, MD, MS, EMT-P*

Ninety-five percent of critical medical care necessary in the technical rescue environment is within the scope of the BLS provider, yet many of the most simple yet effective interventions to improve patients' survival are either forgotten or never learned. This presentation will share these essential medical management considerations for patients encountered across all technical rescue disciplines as well as pearls to help keep our responders safe. Topics will include remote assessment techniques and rescue vs. recovery determinations; suspension trauma risks in high-angle rope evolutions; cold-water rescue considerations; treatment priorities in collapse and trench rescue; and medical management options for heavy machinery entrapment and extrication. We'll discuss the role of advanced life support and EMS physicians in the technical rescue environment and what treatments (and risks) they bring to the rescue. Using cases, we will also identify pearls and pitfalls while providing medical care in these often-austere environments.

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**ALS** **Calling It Quits: How Do You Really Know When to Stop Resuscitation Efforts?**

*Ralph J. (R.J.) Frascione, MD, FACEP*

Determining when to stop resuscitation efforts is a call no one likes to make; however, new data suggests patients are more resilient than once thought, defying the odds and surviving prolonged efforts once believed to be unsurvivable. Through real-life cases, learn about the clinical clues you may see in the field and new technology that optimizes your decision-making to ensure we give patients every chance at survival.

**CRITICAL CARE** **The War for Neurons: How to Win Battles Against Secondary Brain Injuries**

*Robert Mabe, NRP, FP-C, EMSI*

This is a discussion for experienced ALS and CCT providers on developing strategic care goals and the contemporary tactics used to achieve them. This presentation covers many aspects of patient care the transport clinician may be required to manage, including standardizing and documenting neurologic scoring; a vigorous discussion on the appropriateness of chemical airway control (RSI); pharmacologic and CSF drainage methods for managing increased intracranial pressure; ventilator and intravenous fluid administration parameters; blood pressure control; and care of hematologic and electrolyte dysfunctions. The session ends with a review and quiz-show style game covering common CT imaging results found in TBI.



**PEDIATRIC** **Little People, Big Problems**

*Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE*

Tones go off, and dispatch advises you are responding to a pediatric—the call everyone dreads. Pediatric patients are a small portion of EMS calls and typically not in the comfort range of many prehospital providers. Training and preparedness can make pediatric experiences more comfortable for everyone. This lecture will discuss three major prehospital emergencies in which proper care is vital: DKA, traumatic brain injury and respiratory emergencies. The latest research will show how EMS providers can be instrumental in caring for these patients.

**EDUCATOR** **The CAPCE Course Completion Database: What Is It Telling Us About Continuing Education?**

*Juan March, MD, FACEP, Jay M. Scott, BS, NREMT-P*

EMS providers (EMSP) are required to complete continuing education hours (CEH) to maintain their certification. The Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) keeps and maintains data regarding EMSP CE course completions. There are over 8 million course completion records in the CAPCE database. This interactive lecture details several key points in the CEH course completion data and outlines what the data is telling us about the state of EMS CE.

**MIH-CP** **A 12-Step Formula for Successfully Implementing MIH in Your Community**

*Reg James*

Implementing a customized MIH delivery model in your community can be simple and beneficial—if done correctly. If not done correctly, your MIH program can devolve into be an expensive lesson in why EMS systems should not shoot first, then aim. In order to design, create and implement an effective and efficient MIH program, you should follow this simple 12-step formula for success. Reg will discuss how to determine the appropriate strategies for successful implementation of a customized solution for your unique community. Students will be introduced to a variety of MIH deployment models; based on real-world examples, they will learn the pros and cons for a variety of MIH deployment models, the processes necessary to implement successful MIH solutions and how to customize programs to fit specific and unique communities' needs. Students will learn a simple-to-remember process to guide them through the steps required to develop a successful MIH program.



**MIH-CP** **Community Paramedic Mental Health Care**

*Anne Jensen, EMT-P, BS, Dan Swayze, DrPH, MBA, MEMS,*

*Jonah Thompson, EMT-P*

In some MIH-CP programs, over half of enrolled patients have some form of behavioral health or substance abuse issues. Managing this population takes a specific skill set that is not addressed in most regular EMT or paramedic training. In this panel session, community paramedics share the lessons they've learned from interacting with patients with depression, anxiety, bipolar disorder, substance abuse and suicidal thoughts.



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**THURSDAY, OCTOBER 19**

**7:30 A.M.–1:00 P.M.**

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**What If EMS Was as Smart as Amazon, OnStar, an iPhone or Siri?**

Ed Racht, MD

**EMS Agenda 2050: How Technology Will Shape the Future of EMS**

Mike Taigman

**How to Hire the Right IT Personnel**

Sean Kaye, EMT-P

**NEMSMA Data and Technology Committee Update**

Vince Robbins, FACHE

**EMS and Hospital Data Integration**

Jeffrey L. Jarvis, MD, MS, EMT-P

**Ramping Up Your Revenue Cycle Efforts**

Chris Watanabe, RHIA, CHPS

**Cyber Security in EMS**

Frank Gresh

**Integrating New Technologies**

Jonathan Washko, MBA, NREMT-P, AEMD

**Top 10 Technologies You Need to Transform Into a High-Performance EMS Agency**

Rob Lawrence, MCMI



*Program includes breakfast, refreshments and lunch. Attendance included with conference registration. Specific registration requirements apply: Attendees must be management or supervisory personnel, with influence in management, operations, IT and/or technology, in agencies with 6+ ambulances.*

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## LEADERSHIP EMS as the Biggest Driver of Stroke Care in Your Community

Peter Antevy, MD

Stroke is one of the most debilitating diseases we know. We have learned that, similar to trauma, prehospital triage and destination decisions are critical to patient outcomes. This, in fact, has led us to understand that EMS is the biggest driver of improved stroke care in any given community. Join Dr. Antevy as he shares the formula for improved stroke outcomes in your community utilizing EMS leadership.

## LEADERSHIP Update on Alternative Payment Models for EMS 3.0: Beyond MIH-CP

Matt Zavadsky, MS-HSA, EMT

Some of the most commonly asked questions relating to the MIH service model concern the financial sustainability of interventions such as community paramedicine, 9-1-1 nurse triage and other innovations. Perhaps we are focusing on the wrong question. Instead of looking at how to financially sustain an MIH program, we might want to ask about changing the entire EMS economic model away from fee-for-transport. There has been much movement across the country on entirely different economic models for EMS. This session will highlight the reasons payers are looking to pay EMS differently, examples of alternative payment models for EMS and specific examples of places it's actually happening.

## LEADERSHIP Come Sway Away With Me! Drifting From Safety Standards

Kevin Collopy, BA, FP-C, CCEMT-P, NRP

It is human nature to drift from rules and regulations; the best risk managers understand why we drift and how to re-engage those who drift. Come join in this engaging presentation that identifies the strict rules and standards placed on emergency transport systems and contrasts these rules with the pressures our teams face daily. With an understanding of this multidirectional pull, this presentation continues to identify human nature and culture as it relates to safety and regulation. Once a foundation for understanding of human nature is established, Kevin will identify four categories that explain why people drift from safety standards. Within these categories this presentation identifies key areas where prehospital providers drift and shares best practices for embracing natural drift while coaching those who stray further.

## OPERATIONS EMS Response to Hurricane Matthew

Rob Wronski

On October 4, 2016, South Carolina began preparing for Hurricane Matthew, its first major storm in over a decade. Coastal evacuations were ordered of all Department of Health-regulated facilities; emergency plans were initiated to evacuate more than 1,700 medical patients and more than 2,000 other nursing home and residential treatment facility patients to more than 100 miles from the coastal region. Hear how the state's EMS agencies, Bureau of EMS and Department of Health executed this immense undertaking, including taking responsibility for moving more than 400 patients who were without transportation. Interstates were all reversed away from the coast, and all assets had to utilize county roads to travel up to 175 miles just to get to the patients. More than 117 medical facilities were evacuated, including four hospitals, in less than 2½ days. All patients were repatriated within four days post-storm to their home facilities. Post-storm response included distribution of more than 450 oxygen cylinders to residents in a six-county area who were without power. Most notable: Only one out-of-state asset was requested during this response, due to the last-minute breakdown of an MCI bus being used to evacuate a hospital in the storm's path.

9:15 A.M.–10:15 A.M.

## BLS Rodeo Injuries: How to Fix a Broken Cowboy

Ken Bouvier, NREMT-P

This session is designed to help prehospital care practitioners, emergency nurses and physicians, respiratory, x-ray and lab technicians better understand and manage injuries sustained at rodeos. During this session Ken will explain the different types of injuries sustained in the six main rodeo events. He will explain the common injuries that occur while riding saddle and bareback broncos, bull riding, steer wrestling, calf roping and team roping. During this session you will learn and have a better understanding of the size and weight of the livestock, mechanism of injuries, safety equipment and accidents that happen before, during and after a rodeo. This session will use a unique slide show and video to show how cowboys become broken!

## BLS From LMP to EDC: Management of the Pregnant Patient

Scott Gilmore, MD, EMT-P, FACEP, FAEMS, Mark D. Levine, MD, FACEP, FAEMS

Caring for a pregnant patient requires a slightly different skill set and thought process than a nonpregnant patient. Complaints are different, the theory of caring for two patients at once is different, and the fear something will go tragically wrong is always on the mind of the provider. Subjects for this discussion will include delayed cord clamping, treatment of severe preeclampsia, the use of TXA and permissive hypotension in the pregnant trauma patient, and high-risk deliveries.

## ALS A 2020 Vision of Cardiocerebral Resuscitation: New Angles on CPR Performance and Technologies

Paul E. Pepe, MD, MPH, FACEP, MCCM, MACP, FAEMS

Over the past decade, the various recommendations and guidelines for CPR have focused on a host of concepts that emphasize uninterrupted chest compressions, the rate and depth of compressions, chest wall recoil and other well-accepted parameters of quality CPR. Although coronary perfusion pressure has previously been thought to be the most important factor in achieving restoration of spontaneous circulation (ROSC), evolving evidence may soon change our focus to optimizing blood flow during CPR, particularly blood flow to the heart and brain. This new paradigm has led to some very innovative approaches to providing chest compressions including the leveraging of gravity combined with appropriate adjuncts to enhance blood flow through the brain or the counterintuitive use of vasodilatory drugs and strategic pauses in chest compressions after prolonged periods of arrest. Dr. Paul Pepe will present his latest vision for several evolving concepts in cardiocerebral resuscitation. After detailing key caveats regarding our conventional wisdom and current understanding of CPR practices, he will reconcile those concepts with certain innovative approaches.

## ALS High-Yield Resuscitation of the Trauma Patient

Jeff Myers, DO

Critically injured patients challenge the cognitive and psychomotor skills of even the seasoned provider. Subtle findings sometimes warn the EMS clinician of impending deterioration. Aggressive resuscitation can mean the difference between life and death in this patient population. This interactive session presents a systematic approach to recognizing and aggressively managing the multisystem trauma patient.

## CRITICAL CARE ICU Approach to Shock for the EMS Provider

Leon Eydelman, MD

Shock is one of the true emergencies EMS providers face, and quick recognition with appropriate treatment can be the difference between life or death for patients in this critical state. This presentation will review the general concept of shock and malperfusion. Using data obtained from invasive hemodynamic monitors used in ICUs, a model of shock will be described and tested to show how commonly used interventions (fluids, pressors, etc.) can be either beneficial or harmful. The various causes of shock will then be discussed, with attention paid to specific treatment options.



## PEDIATRIC Is That Croup or Just a Cough?

Kirk Mittelman

You respond for a 6-year-old girl who has been ill for the past three days, and her parents are not sure why she's not responding to them. How you handle the parents and child is integral to the outcome of this case. In this session we will discuss both common and not-so-common childhood illnesses and diseases, how you can easily recognize them and what to do when you see them. From croup to whooping cough, Kirk will review and renew your handling of childhood illnesses EMS faces on a regular and irregular basis. At the conclusion of this session the student will be able to: discuss three common illnesses found by EMS on a pediatric call; discuss common treatment modalities for common childhood illnesses; differentiate between different childhood respiratory ailments; and explain three methods to determine illness in a pediatric patient.

## EDUCATOR Continuing Education in EMS: A Panel Discussion With the CAPCE Board of Directors

Panel discussion moderated by Jon Krohmer, MD

This lively and interactive moderated panel discussion is designed to give EMS providers a chance to speak to the those who make policy decisions about EMS continuing education (CE), the CAPCE Board of Directors (BoD). Moderated by Jon Krohmer, MD, from the NHTSA Office of EMS, the CAPCE BoD will discuss trends, pitfalls, data and CE case studies. Audience members will be free to speak to the panel and ask their most pressing CE questions.

## MIH-CP A Payer's Perspective on Community Paramedicine

Dixon Marlow

As mobile integrated healthcare becomes more prevalent, many insurance companies, along with Medicare and Medicaid, have realized the potential benefit to their members. Many MIH systems now have contractual relationships with healthcare/insurance payers and are working in partnership to make their systems effective. This session will focus on those relationships and how payers view EMS, MIH and hybrid systems. Representatives from the insurance industry will copresent with Dixie to confirm and further explain the cooperative nature, benefits and expectations of an efficient MIH system.



## MIH-CP A Whole-System Approach to Managing Frequent Users of Emergency Services

Nicola Worrillow, BSc, PGDip, MSc

Frequent users of emergency services have an impact on all operational resources. However, this population is a very complex and vulnerable group. Understanding the difficulties of identifying, supporting and managing this population should create better outcomes for the patient, local communities and services. This session highlights the



UK's experience of identifying, supporting and managing frequent users of urgent and emergency healthcare services. It examines the benefits of a structured management process for these individuals, taking into account their varied complexities and vulnerabilities, which can create challenges for emergency services. The advantages of the Frequent Caller National Network (FreCaNN) for UK ambulance services will be explained as an approach that can be replicated to create best practice guidance within similar agencies.

#### LEADERSHIP EMS in the System of Care and the Mission: Lifeline EMS Recognition Program

David Travis

In 2007 the American Heart Association launched the Mission: Lifeline program. This program is driven by volunteer national industry leaders from every facet of healthcare in order to improve outcomes for STEMI, stroke, resuscitation and urgent NSTEMI patients. The role of EMS in a systems-of-care continuum has been foundational to the core of the Mission: Lifeline initiative. This session will discuss key strategies for all types of EMS agencies to improve their role in the systems-of-care model. We will discuss how to work with system partners in establishing goals, improving communication and exchanging data for time-sensitive patient conditions. Included in this session will be an overview of the Mission: Lifeline EMS Recognition program. A program overview, along with the 2018 reporting measures for STEMI, stroke and resuscitation, will be provided.

#### LEADERSHIP Solving the Rubik's Cube of EMS Leadership

Raphael M. Barishansky, MPH, MS, CPM

Leading an EMS agency can be a complex endeavor involving issues such as finite resources, hiring and disciplining employees/volunteers, relationships with elected officials, policy and procedure development, recruitment and retention, budgeting and handling public relations. It can often feel more difficult than solving a Rubik's Cube! Just when you think you're making progress in one area, another seems to need all of your attention. But just like solving a Rubik's Cube, no one is an immediate expert, and leadership gets easier as you focus on the overall solution. In this presentation Ray, an EMS professional with over 25 years of both clinical and managerial experience, will facilitate a discussion of topics such as understanding how to use a strategic plan to plot a realistic course for your EMS agency; changing your managerial mind-set from crisis management to process management; how to better identify and implement goals and objectives you need to constantly monitor; discussing how certain specific leadership skills—delegation, effective communication and managing change—are necessities.

#### OPERATIONS My Experience as the First Responder in an Active-Shooter Event

Oren Wacht, PhD, EMT-P

On October 18, 2015, a lone terrorist armed with a handgun started shooting in the central bus station of a large town in the southern part of Israel. The terrorist killed a soldier and used the soldier's gun to continue shooting bystanders at short range. As a paramedic first responder on a motorcycle arriving at the scene, Oren came into direct fire while entering the bus station. Two people were killed, and 10 were injured. This presentation will discuss the details of the event, the protocols used in Israeli EMS for MCIs and active-shooter scenarios, medical and triage considerations, communications, as well as the speaker's personal experience. Oren will also discuss other MCIs that included treatment under fire in which he's participated as a civilian and military reserve paramedic.

10:30 A.M.–11:30 A.M.

#### BLS From Dispatch to Discharge: Minnesota's Approach to Cardiac Arrest

Ralph J. (RJ) Frascione, MD, FACEP

Get an inside look at the innovative approach Minnesota has taken to save its citizens from cardiac arrest. These initiatives have resulted in steady and dramatic improvements not just in their EMS system but across the state, such that Minnesota now boasts some of the highest survival rates in the nation. Using the CARES registry, EMS agencies from across the state have been able to closely track the results of their systems-based approach to improving survival. From community awareness to the implementation of cutting-edge technology, learn about initiatives your community can undertake to improve resuscitation and postresuscitation care to further improve survival from out-of-hospital cardiac arrest.

#### BLS The Opioid Epidemic: A Roundtable Discussion (90-minute session)

Panel discussion

Deaths from drug overdoses have jumped in nearly every county in the U.S., and the epidemic continues to impact communities across the nation. But there are ways EMS agencies can work to reduce these deaths. This session brings together several EMS leaders who are implementing innovative programs to combat the epidemic and save lives.

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# EMS SAFETY OFFICER WORKSHOP

THURSDAY, OCTOBER 19

1:00 P.M.—5:45 P.M.

Workshop moderated by Rob Lawrence, MCMJ

## The Value of Crew Resource Management

Dick Blanchett, BS, MBA

Crew resource management (CRM) has proven itself many times over many years in the aviation industry. Deployed in the work environment, CRM will lead to fewer errors and medical mistakes, less management intervention to solve problems and less drama. Better safety and a better work environment starts with you!

## Crew Resource Management: From Theory to Implementation

Dave Page, MS, NRP

CRM and cultural of safety principles might seem simple, but putting them into practice in the EMS environment can be challenging. Dave Page will give practical examples of how to phase in specific initiatives to implement CRM in an EMS agency.

## Building a Strong Injury Prevention Program in Your Agency

Speaker TBA

Attendance included in core program registration.

## Driving and Highway Safety Training for Your EMS Personnel

Bryan McRay

In a crew resource management/sterile cockpit era, it requires a team approach to move to the emergency safely. Richmond Ambulance Authority's Director of Safety and Risk Bryan McRay will talk through the requisites from the Emergency Vehicle Operators Course to the adoption of essential standards of driving, and discuss how just like landing a plane, EMS requires a well-trained crew to respond safely to calls.

## Developing Evidence-Based Fatigue Risk Management Guidelines for EMS

P. Daniel Patterson, PhD, MPH, MS, NREMT-P

This session reviews the evidence behind napping on duty, caffeine as a fatigue countermeasure, education and training, shift duration and other interventions germane to fatigue risk mitigation in EMS. Dr. Patterson will cover the latest guidelines for fatigue risk management and discuss a "how to" implementation of guidelines in diverse EMS systems.

## Using TEAMSTEPS Program to Improve Patient Safety

Jeff Myers, DO

The TeamSTEPS program is an evidence-based program developed by the Agency for Healthcare Research and Quality and the Department of Defense as a way to improve patient safety through teamwork and communication. This presentation will explore the TeamSTEPS principles and how they can apply to the prehospital environment.

## Cases With a Twist: Deconstructing Cases

David Page, MS, NRP

The best teachers will always be our patients. With this guiding philosophy, Dave Page will deconstruct interesting cases and look at the root cause analysis, as well as the potential for CRM-based practices to improve care and mitigate errors in the future.

## ALS Hands-On Guided Cardiac Dissections

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Scalpels and scenarios, paired with step-by-step video and instructor-guided dissections, allow attendees to experience an unforgettable view of medical and traumatic cardiac emergencies. Note: Emergency skills will be practiced on harvested pig organs. No animals were euthanized for the purpose of this course. Maximum of 40 attendees for each session to allow for adequate hands-on time with dissections and instructors. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

## ALS Damage Control Resuscitation

Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE

When hemorrhage strikes, every red blood cell counts. The care provided by prehospital clinicians has a direct impact on the overall patient outcome. This lecture will discuss concepts of initial hemorrhage control and fluid resuscitation to provide the best possible delivery of the patient to the operating room. Jason will cover tools and training to optimize hemorrhage control, permissive hypotension, lethal triad mitigation, blood products and TXA in the prehospital setting. Tools and processes such as thromboelastography, massive transfusion protocols and damage control surgery will provide a behind-the-scenes look at the care provided in a Level 1 trauma center.

## ALS Excited Delirium: Deadly for Patients and Dangerous for Providers

Sean Kivlehan, MD, MPH

Have you encountered a violent and agitated patient, tachycardic and diaphoretic, unable to be controlled? Excited delirium is becoming increasingly common in the U.S. with the explosion of designer drugs and carries a 10% mortality rate! Sean will define excited delirium and discuss the controversial history behind it and current thoughts on its pathophysiology. Most important, he will discuss the many treatment options, including Versed, ketamine and antipsychotic agents, as well as how to keep your patient and team safe on the scene and during transport.

## CRITICAL CARE Problems in Pacing

Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C

This presentation will take us on a journey following a patient from permanent pacemaker insertion to its failure, EMS's response to it with transcutaneous pacing, and the patient's hospital course including transvenous pacing insertion and replacement of the permanent pacer. Attendees will review the basics of permanent pacemakers such as modes of pacing, how rate modulation works and lead placement. We'll also look at the most common failures and problems with permanent pacemakers. We will then delve into the most current research and practice guidelines for transcutaneous pacing. The second half of the presentation will cover the insertion of transvenous pacemaker wires, verifying placement of wires, management of epicardial and transvenous pacemaker



settings and problems, and indications and contraindications of medications used for symptomatic bradycardia.

## PEDIATRIC Managing Respiratory Distress With a High-Flow Nasal Cannula

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE

What if someone told you there's an option between a nasal cannula and a nonre-breather mask, and that sometimes sick patients need ventilation support without a lot of oxygen? A high-flow nasal cannula (HFNC) can accomplish both and is associated with a decreased need for advanced airway management and improved patient outcomes. Come join a presentation that explains the physiology of HFNC and explores how it can be used in prehospital care to decrease a patient's work of breathing. A HFNC isn't just a nasal cannula with lots of oxygen; rather it is a system designed to generate up to 50 lpm of humidified air flow while tightly controlling oxygen administration. Vitalink Critical Care Transport added HFNC to its tool kit in 2016, and after just over a year of use, Kevin will share their experience on what has worked well, when it didn't, and how any prehospital provider can use it to immediately see an improvement in their patient's respiratory distress.

## EDUCATOR It's Not Just Black and White: Harnessing the Power of PCRs

Robert Mabe, NRP, FP-C, EMSI

Every transport agency is sitting on a treasure trove of clinical data that largely goes unused: patient care reports (PCRs). This presentation explores case studies in data mining to identify clinician or care weaknesses and track systemwide improvements, utilizing PCRs as the foundation of an educational program in a high-fidelity sim lab, and offers guidance on using peer-to-peer and educator-centric chart reviews to promote critical thinking. Review of data entry platforms and conversion to visually friendly presentations will also be explored.

## MIH-CP How to Rebrand Your 9-1-1 Agency as a Mobile Integrated Health Provider and Get Paid to Do It: The Intersection of Innovation, Technology and Collaboration

Peter Antevy, MD

If your 9-1-1 agency is like most others, it's trying to play in the MIH-CP sandbox. Although some are doing it, most are grant funded and few have found a payment model that can provide long-term program viability. This talk will focus on a unique model that creates a well-defined pathway using an innovative approach to collaboration. This talk will focus on empowering EMS providers to participate in MIH-CP and provide tremendous value to patients and community partners.



## MIH-CP Evaluating Clinical Quality Measures for MIH Programs

Desiree Partain, CCP-C, CP-C, Neal Richmond, MD, FACEP

As EMS systems continue to transition from traditional prehospital emergency medical services into collaborative out-of-hospital mobile integrated healthcare networks, the scope of quality improvement (QI) activities must reflect a similarly broad array of initiatives. Until now QI efforts for MIH programs have largely been in the realm of process measures, including projections of anticipated cost reductions, readmission avoidance and patient satisfaction. For these programs to be both effective and sustainable, however, there is a critical need for metrics and measures of clinical performance and patient outcomes. This session will explore the design, development and implementation of quality elements for evaluating and ensuring quality in MIH and critical care paramedic/specialty center transport programs.

## LEADERSHIP Creating an Entrepreneurial EMS-Based Fire Service (2-hour session)

Matt Zavadsky, MS-HSA, EMT, Las Vegas Fire & Rescue Representatives

For many fire agencies, EMS represents the vast majority of their response volume. Changes in stakeholder expectations for how EMS will demonstrate value provide an exceptional opportunity for entrepreneurial fire service leaders to capitalize on the EMS 3.0 transformation. This interactive, energetic, frank and at times controversial workshop will provide attendees with the difficult-to-hear facts about the value perception of the fire service and provide tools for realistic solutions for transforming your fire agency to a high-value organization.

## LEADERSHIP EMS Leadership Grand Rounds (2-hour session)

Vince Robbins, FACHE

During this highly interactive two-hour session, the most pressing issues facing providers and systems today will be examined from both a "high-level" and a "boots-on-the-ground" perspective. Facilitated discussion will focus on critically analyzing these issues, determining root causes and influencing factors, and identifying various potential courses of action that can be taken to successfully maneuver through each critical issue.



## OPERATIONS Federal Medical Response in Natural Disasters

Ed Gabriel

We all know—many of us firsthand—how devastating natural disasters can be. Whether you are a responder, a bystander or a service provider, you can see the impacts these events have on families, communities and the healthcare system. Natural disasters come in all shapes and sizes, ranging from earthquakes, tornadoes and wildfires to typhoons, hurricanes and extreme flooding. During and after an event, disruptions may occur in all aspects of life, such as employment, transportation, community resilience and especially medical care and facilities; therefore we have to be prepared. While the states primarily take the lead in their planning and response efforts, the federal government stands ready to assist with resources, personnel and grants. The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) understands all too well the importance of interagency communication and planning related to natural disasters. ASPR's mission is to help the country (and communities within) be better prepared for disasters, strengthen the health and response systems and enhance national health security. This presentation will explain ASPR's role specifically in response to natural disasters, provide insight into available resources and partnerships in the federal government, and serve as a lessons-learned forum related to key responses.

2:30 P.M.—3:30 P.M.

## BLS Hey, Doc, Is There an Antidote for That?

Jeremy Cushman, MD, MS, EMT-P

Every entry carries risks. The role of hazmat medical is to research, plan and prepare for what we hope never happens: a suit breach, a medical event, a brother down. Fortunately most hazmat requests involve noxious but nontoxic chemicals (with many worried well), but how do you know and what do you do? This presentation will outline how to develop medical preplans and treatment priorities for known high-risk hazards for substances such as chlorine, ammonia, cyanide, hydrogen sulfide, radioisotopes and others found in your community. Jeremy will review what treatments are lifesaving and which are not. He will also share methodologies for researching the unknown and subsequently identifying medical risks and treatment priorities. Further, he will discuss what care is appropriate in the hot zone and essential steps to the rapid removal and



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## SPECIAL FOCUS: EVENT MEDICINE



THURSDAY, OCTOBER 19

2:30 P.M.—3:30 P.M.

### Event Medicine: An Evolving Specialty in the House of Medicine

Paul Pepe, MD, MPH, FACEP

The evolving specialty of event medical services is transforming medical response at large events. Follow the history of the traditional “rock doc” to the modern era of mass gathering medicine.

### Alive and Well: The Importance of Event Medical Services

Connor Fitzpatrick, AEMT EMS-I

You work hard to ensure the health and safety of your guests and crew, but when something goes wrong, seconds and experience matter. Utilizing specialized event medical services on site can often make the difference between life and death.

3:45 P.M.—4:45 P.M.

### Bouncing Back From Death: Effective Methods to Mitigate Risks at Festivals

Matt Friedman, MD

Electronic dance music and large outdoor music festivals pose unique challenges to the EMS provider. This session will outline the factors that impact crowd safety and offer best practices on how to prepare for protecting the public at a mass gathering or major event.

### Prehospital Ketamine for Excited Delirium: Just a Bunch of Hype?

Asa Margolis, DO, MPH, MS

Ketamine has had a place in medicine for years, but it hasn't been a fixture in the EMS drug box until recently. Learn what may make ketamine a safe and ideal treatment for excited delirium at your event.

5:00 P.M.—6:00 P.M.

### Ways to Treat the Heat at a Major Fête: Malignant Hyperthermia and Dantrolene

Learn how EMS providers can help beat the heat at outdoor events. This session reviews the latest trends and innovative treatment protocols for adverse reactions to synthetic party drugs and their correlation to malignant hyperthermia.

### Event Medicine Panel Discussion

Moderated by Connor Fitzpatrick, AEMT, EMS-I

decontamination of the affected rescuer. He will also outline ways to monitor the health and safety of the team. Lastly, he will discuss techniques for managing infectious disease (e.g., Ebola) or chemical suicide decedents.

### BLS What Do You Mean That Injured Diver Doesn't Need a Hyperbaric Chamber?

Scott H. Smith, EMT-P

There are only two conditions that might require an injured scuba diver be treated with a hyperbaric chamber: decompression sickness (some cases) and arterial gas embolism. It is not uncommon for all levels of healthcare provider to develop a tunnel vision of “wet diver syndrome,” meaning they believe almost every injured diver will automatically be a hyperbaric chamber patient. Many conditions can mimic decompression illness, and it's important for the EMS provider to keep an open mind when developing their differentials on someone who has recently been scuba diving. By having a working knowledge of some of these conditions and injuries, the provider will be able to act as a strong advocate for the patient and help prevent wet diver syndrome. While hyperbaric oxygen therapy is well tolerated by many patients, some mimic conditions can be worsened and even cause morbidity and mortality if treated with hyperbaric oxygen.

### ALS Hands-On Guided Cardiac Dissections

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Repeat of 10:30 a.m. class. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

### ALS Prehospital Use of Antibiotics for Sepsis

Rob Wronski

EMS represents an effective part of efforts to rapidly diagnose and treat patients with critical, time-sensitive illnesses. One of the most rapidly spreading “epidemics” of our time is sepsis. The earlier a patient with sepsis is provided IV antibiotics, the lower the rate of mortality. Combine these two factors, early recognition and early treatment, and what do you get? Prehospital recognition and treatment of sepsis patients. This protocol is now standard practice in South Carolina and has yielded a decrease in mortality to between 17%–50% of septic shock patients and a savings of more than \$1 million to a single hospital system in one year. During this presentation Rob will describe prehospital sepsis tools, including not utilizing lactates, and what must go into the prehospital drawing of cultures and training and quality assurance to have lower contamination rates than participating hospitals. Finally he will discuss administration, dosing and the results of two pilot programs. Complete copies of protocols, training videos and SME contacts will be shared.

### EDUCATOR Scenario Validation Lab

Heather Davis, EdD, NREMT-P

As the nation engages in scenario-based skill testing, education programs will need to ensure their students are exposed to the scenarios of the right type, variety and difficulty level. This session will teach educators how to validate scenarios used for formative and summative evaluations in their programs, ensuring practice that prepares students for success on the scenario-based psychomotor exam.

### MIH-CP Building Collaborative Relationships for a Successful MIH-CP Program

Kenneth Snow, Tina Link, Jill League

This session will discuss how Advocate Sherman Hospital's MIH-CP program improves patient care by using the Triple Aim, customizing care at the level of the individual (patient-centered care) and fostering collaboration and coordination with the integrated team to provide necessary medical, mental health and social services. We will also discuss the tools used to implement an MIH-CP program from scratch, including necessary conversations with hospital executives, MDs and clinics.



### MIH-CP Care Through Compassion: Hospice Patients and EMS

Desiree Partain, CCP-C, CP-C

Hospice patients are often some of the most challenging calls for EMS providers due to their complex clinical issues, unclear or unresolved DNR statuses and lack of understanding of end-of-life wishes among family. This session will address: the difference between DNR, living will and power of attorney; common DNR issues (unable to locate, not signed, revocation); communication tools to use when interacting with hospice patients and their families; having uncomfortable conversations about end-of-life planning and wishes; and how to implement a hospice partnership in your organization.

### LEADERSHIP Leading Through the Darkness: EMS Leadership and Suicide

Pat Songer

Over the past few years, increasing attention has come to the alarming rate of suicide among EMS providers. What was once a taboo secret has transformed into a provocative talking point. Join Pat as he explores the role and importance of leadership during some of our darkest hours. Pat's real-life experiences will give leaders the ability to better understand the behavioral processes in EMS that may lead to depression and suicide. Most important, learn how EMS agencies are working to curb suicides and the important role EMS leaders play in the attempt to “revive responders.”



### LEADERSHIP Benchmarking Performance Measures With Real World Data

Jeffrey L. Jarvis, MD, MS, EMT-P, FACEP, FAEMS

Most of us realize that the most common measurement of EMS system performance, response times, rarely reflects on the clinical quality of medicine practiced. EMS Compass is a national initiative that develops clinically oriented performance measures of things that matter. To turn these measures into benchmarks, we have to apply the measures to real-world EMS data. Dr. Jarvis did just that and will present the results of his study using a large, national ePCR vendor's anonymous data to define the first set of publicly available benchmarks for a variety of Compass measures. Come see how your system stacks up to national performance.

## OPERATIONS Lightning Rounds

### Resources and Preparation in Disaster Medicine

*Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C*

The most needed interventions after disasters aren't typically field amputations, swift-water rescues or procedural care. Rather, the population's biggest needs are primary care, public health and support for existing medical conditions. Kristopher will present several case studies and general reviews of disaster operations he has participated in, including major power outages, tornadoes, wildfires, flooding and typhoons. Attendees will leave with an understanding of the possible medical and health needs of a community after a local or widespread event, as well as ideas about how to prepare for those needs, connect patients with the resources they need, and maintain normal response operations during disasters.

### Medical Threat Assessments: Beyond ICS Form 206

*Jonah Thompson, EMT-P*

Though the medical threat assessment is likely the most important contribution a tactical medic can make to the law enforcement mission, it is also one of the least understood by both medics and leaders. When viewed as an intelligence product that analyzes numerous data points and attempts to quantify risk and vulnerability, the MTA goes far beyond a simple "by SOP" collection of medical assets and becomes a key part of the mission planning process. Medics and tactical officers will both benefit from a deeper understanding of risk assessment methodology and its application to operations planning.

3:45 P.M. – 4:45 P.M.

### BLS Mayday! Mayday! Small Plane Crash With Injuries

*Ken Bouvier, NREMT-P*

This session is designed to help prehospital care practitioners better understand how to triage and manage victims of a small airplane crash. Through a unique PowerPoint slide presentation, attendees will learn about the hazards of a small airplane. Attendees will discuss the dangers of responding to an airplane crash and safety at the scene. During this session attendees will gain a better understanding of triage. Ken will demonstrate triage tags, ribbons and tarps and discuss the use of a casualty collection point and basic incident command.

### ALS What's the Future in EMS? Part 1

*Kenneth A. Scheppke, MD, FAAEM*

Have you ever wondered why a treatment or transport protocol has changed from longstanding norms and why long-held beliefs are now being questioned? Why is nitroglycerin falling out of favor for STEMI cases? Why is fentanyl superior to morphine? Why have many agencies stopped carrying glucagon? Why have backboards been disappearing? Why is supplemental oxygen now a mistake in many cases? Why shouldn't we stop at the primary stroke center? Why are we calling sepsis alerts? Join Ken as he explores in rapid-fire succession the whys behind these and other current trends in EMS.

### ALS Lessons Learned: Case Studies in Trauma Care

*Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMT*

Who doesn't love a chance to get better? Come join in a discussion of three patients flown following major traumatic injuries and follow their cases through the emergency department, ICU admission and beyond. Learn how the impacts of effective prehospital communications and management influence downstream care, and how sometimes apparently "stable" patients may have more serious injuries than meet the eye. Cases include a winter rollover undiscovered for hours, a patient who fell into a container ship and a case of a missed wound packing. Attendees will gain an improved understanding of the value of ongoing patient assessments, recognizing condition changes early and effective communications.

### CRITICAL CARE Transport of the Cardiovascular Patient

*Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C*

This presentation will quickly cover a wide breadth of topics in cardiovascular emergency medicine, with a focus on the prehospital or critical care transport provider's assessment and treatment of these emergencies. Kristopher will examine the assessment and treatment of valvular dysfunctions (bacterial endocarditis, stenosis and regurgitation), thoracic aortic aneurysms, pericarditis, pericardial tamponade, a variety of acute coronary syndromes, cardiomyopathies and acute heart failure. This class will focus on case presentations of patients being transported after cardiac catheterization or failed open heart surgery. It will cover subtle assessment findings, ultrasound imaging, EKGs and pharmacological treatment with antihypertensives, vasopressors and fairly cardiac-specific drugs like dobutamine, milrinone and levosimendan. Providers will leave the session feeling prepared to take care of the critical cardiac patient, whether on a prehospital scene or during an interfacility transport.



## EDUCATOR Lessons Learned Running a Scenario-Based Practice Exam

*Heather Davis, EdD, NREMT-P*

We all agree we should test like students are actually required to perform on the job. We agree some students pass the state or national skills exam but can't run a call. Enter the scenario-based practical exam. It may be a better way to test students at course completion or for candidacy for employment or licensure, but it can be complicated to execute. Come hear from others who have done it and learn from their mistakes and best practices so your program can successfully execute a scenario-based practical exam.

### MIH-CP "New" Systems of Care for the CP

*Anne Jensen, BS, EMT-P, Dan Swayze, DrPH, MBA, MEMS*

Traditional EMS providers are familiar with trauma, STEMI and stroke systems. CPs not only have to navigate patients through the healthcare system, but often have to help patients with mental health, criminal justice, housing, transportation and other unfamiliar systems of care. This presentation will introduce CPs to the terminology and processes involved in these "new-to-us" systems of care.

## LEADERSHIP Lightning Rounds

### iPAWS: International Paramedic Anxiety, Well-Being and Stress Study

*Elizabeth Asbury*

The psychological impact of dealing with constant trauma has become more understood in recent years, but alarming statistics relating to paramedic attrition and suicide risk are causing concern worldwide. Studies have shown that EMS providers are at greater risk of developing both physical and psychological stress-related disorders. The iPAWS study is a five-year international research project with an initial cohort of 500 final-year paramedic degree students. It will track changes in paramedic psychological health, well-being, job satisfaction, social support and attrition over a five-year period and inform paramedic employers of the risks to mental health and well-being for their staff, identify international best practices for managing paramedic mental well-being and provide opportunities to reduce attrition by identifying successful interventions.

### Hope Groups

*Desiree Partain, CCP-C*

See EMSWorldExpo.com for session description.

## LEADERSHIP Quality Assurance in EMS: Holy Grail or Holy Mess?

*Neal Richmond, MD, FACEP, William "Buck" Gleason, BS-EHS, EMT-P*

Quality assurance is often an elusive target for EMS systems. Although substantial efforts have been expended to develop metrics and measures for evaluating clinical quality, many systems still find themselves with little effective means to evaluate and ensure the quality of patient care they provide. This session will describe a comprehensive approach to quality assurance, including the design and implementation of objective quality measures, sentinel event reporting, clinical improvement plans and the efficient use of technology and software for system analytics and diagnostic dashboards. Case studies will be presented to illustrate the potential pitfalls of an incomplete approach to quality measurement, as well as the benefits of a well-thought-out approach to quality evaluation and management.

## OPERATIONS Conducting a Legally Valid Investigation

*Matthew Streger, Esq., MPA, NREMT-P*

One of the most critical activities a front-line supervisor does is conduct initial investigations into incidents that occur. Unfortunately most supervisors are not given any training or guidance on how to do them, and that omission can have far-reaching negative impacts on both the supervisor and the organization. This lecture will examine best practices for supervisors to conduct an investigation that will be fair, thorough and defensible. Topics include discretionary enforcement, due process, collective bargaining and related rights, investigative processes, evaluating credibility and more.

## OPERATIONS EMS and Hospital Data Integration

*Frank Gresh*

EMSA has successfully integrated its data systems with local area healthcare partners. This was no small undertaking, requiring significant process and data translation efforts. Frank will share EMSA's experiences and provide pearls of wisdom for any EMS agency that is considering data-sharing partnerships with local healthcare stakeholders.



5:00 P.M.—6:00 P.M.

## **BLS** A Guide to Practitioner Resilience

*Veronica Ryl*

Mitigating stress is a useful skill for any life scenario, but in the high-paced and demanding world of EMS, it is especially necessary. Building a toolbox of resilience and stress-management techniques is the best buffer against industry strain. Veronica will discuss industry-specific stressors and how to specifically target them with appropriate strategies for goal setting, visualization, tactical breathing and positive self-talk. Also up for discussion are personalized coping skills and a close look at their benefits, as well as signs and symptoms to be on the lookout for.

## **BLS** Patella Injury and Dislocation Management

*Michael W. Dailey, MD, FAEMS*

What is the difference between a patella dislocation and a knee dislocation? More important, why should it matter to the average BLS provider? One is a severely painful injury that is easily cared for in the field; the other is a potential vascular emergency. Find out the difference and learn how they are treated. Can you care for these at home? If not, take away an idea that may change the spectrum of care in your state.

## **ALS** Hands-On Guided Cardiac Dissections

*Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P*

Repeat of 10:30 a.m. class. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

## **ALS** High-Yield Resuscitation of the Medical Patient

*Jeff Myers, DO*

When most EMS clinicians hear the term *resuscitation*, they think of cardiopulmonary resuscitation and advanced cardiac life support. However, if we wait until the pulse stops to resuscitate the patient, it's often too late. Medical patients can be challenging and complex to manage. In this interactive session Jeff presents a systematic approach to recognizing and aggressively managing the pre-arrest patient, intervening before they go into cardiopulmonary arrest.

## **ALS** A State of the Union on Airway Management

*Jeffrey L. Jarvis, MD, MS, EMT-P, James DuCanto, MD*

You've heard that EMS shouldn't be intubating because it kills patients. You've also probably heard that EMS intubation saves lives. But which is fact and which is an "alternative fact"? What is the field medic to do in regard to the next patient who needs airway management? This session features two physicians dedicated to helping all providers improve their care of airways. Drs. Ducanto and Jarvis will cover the current "state of the union" in terms of where we are as a profession in terms of intubation success rates and the impact of EMS advanced airway management on outcomes. They'll then delve into some specific tips for how we can improve our care of patients in need of airway management. Specifically, they'll describe tips and tricks for using BLS techniques to raise oxygen saturation, intubation of patients with grossly soiled airways and achieving success with video laryngoscopy.

## **ALS** What's the Future in EMS? Part 2

*Kenneth A. Schepke, MA, FAAEM*

Continuation of 3:45 p.m. session.

## **EDUCATOR** We Don't Need No (Continuing) Education: A Primer for Designing and Conducting Fire Department-Based CE

*Lynne Dees, PhD*

Conducting continuing education in a fire department setting can present a formidable challenge. Historically fire department EMS personnel have received more training than education, and many individuals resist education they deem frivolous or unnecessary to perform their job duties. With increased demands upon EMS providers to master their understanding of anatomy and physiology, pathophysiology, pharmacology, and the role of EMS in the theater of public health, a relevant and effective CE program should address these issues, yet focus on the practical needs of the adult learner in the fire department setting. This presentation will focus on designing and implementing pertinent yet firefighter-friendly CE using a variety of delivery approaches.

## **MIH-CP** Deep Dive: Using the National MIH-CP Outcome Measures Tool

*Matt Zavadzsky, MS-HSA, EMT, Dan Swayze, DrPH, MBA, MEMS*

After more than two years in development, the MIH Outcome Measures Toolkit was released to the EMS and healthcare community in November 2016. The toolkit contains the overview, strategy, definitions, measure descriptions, values for calculation and calculation formulae for numerous outcome measures for MIH service models. In this session MIH measures core team members will explain



the core measures, how to generate the data necessary to use the measures tool, and how to present the outcome in ways that demonstrate value to your stakeholders.

## **MIH-CP** The Role of Community Paramedics in Disasters

*Jonah Thompson, EMT-P*

As community paramedics and mobile integrated health programs become established, understanding how their capabilities can enhance contingency planning for disasters beyond the basic role of their parent agencies must be considered. Leveraging the advanced assessment skills and broad knowledge of social services, as well as the institutional knowledge of the most vulnerable patients in a community, provides the types of information emergency managers rarely have access to early in a disaster. MIH-CP leaders exploring ways to show value to public safety, public health, medical and fiscal stakeholders will benefit from considering the connection between community paramedics and Emergency Support Functions #6 and #8 of the National Response Framework.

## **LEADERSHIP** The Feedback Loop and Quality Improvement for EMS

*David Travis*

This session will focus on building relationships with hospital outreach coordinators and utilizing data for internal process improvement. Objectives include understanding the application of QI concepts to the EMS agency through looking at process and outcome data related to OOHCA, stroke and STEMI. Sophisticated feedback tools will be provided, along with strategies to build relationships with facility staff.

## **LEADERSHIP** Is Your EMS Agency Ready for the Silver Tsunami?

*Raphael M. Barishansky, MPH, MS, CPM*

Between 2010 and 2030, the number of older Americans is expected to double to 72.1 million. By 2050, people over 65 will represent more than 20% of the population, up from 15% today. This will have a significant impact on EMS agencies. Many of these patients will present with multiple chronic medical and psychological conditions, and have medications to treat all of them. Recent studies have shown large percentages of geriatric patients impacted by economic instability, various forms of elder abuse, alcoholism and hoarding disorder—all of which can present unique challenges to EMS. Is your agency ready for this paradigmatic shift and what it means for utilization of your service, the nature of responses, greater interaction with social services, and even potential changes to treatment and transport protocols?

# FRIDAY, OCTOBER 20

8:00 A.M.—9:00 A.M.

## **BLS** A Zebra Disguised as a Horse: Benign Complaints That Can Kill

*Jeffrey L. Jarvis, MD, MS, EMT-P*

Common things being common, when you hear hoofbeats, don't waste time looking for a zebra—or so the saying goes. In EMS we aren't worried about the common complaints; we're worried about the complaints that can kill. We should really worry about the benign-sounding complaints that actually pose dangers. Jeff will present a "red flag" approach to several frequently encountered presentations that help us isolate the lethal zebras from the rest of the herd.

## **BLS** The Zombie Revolution: What EMS Needs to Know About Synthetic Drugs

*Matt S. Friedman, MD*

In July 2016, the synthetic drug K2 sickened dozens of people in New York, turning them into "walking zombies." Similar outbreaks have been seen in Texas and California. Not only are these drugs cheap and easy to obtain, but their chemical makeup is constantly evolving, making it challenging for healthcare providers to stay on top of what their patients are ingesting. Attend this session to find out what new drugs could be coming to a street corner near you and how to assess and treat your "zombie" patients.

## **BLS** A Tactical Journey: The Evolution of Law Enforcement Medicine

*Asa Margolis, DO, MPH, MS*

In 2004, Johns Hopkins developed an advanced program to support the specialized needs of tactical medics assigned to SWAT and special response teams. Today, the Center for Law Enforcement Medicine stands capable of assisting with the development of all aspects of law enforcement operational medicine programs and is a model for such medical direction and support nationally. In this session, Dr. Asa Margolis—a medical officer within the Center for Law Enforcement Medicine—outlines current trends and best practices that are influencing both the clinical and operational practice of tactical medicine and filtering down into civilian EMS operations.



## ALS Deciphering Abdominal Pain

Jeff Myers, DO

Patients complaining of abdominal pain can present the EMS clinician with several challenges. The abdomen can be a “black box” containing a lot of important organs, but it can be difficult to differentiate between causes of abdominal pain. How can the EMS clinician identify patients who have true abdominal emergencies from those with more benign causes of pain? In this interactive case-based session, Jeff will discuss the many etiologies of abdominal pain, from the benign to the life-threatening, and share how to identify the causes that are dangerous.

## CRITICAL CARE Rescued from the Edge: Resuscitation of the Metabolic Acidosis Patient

Eric Bauer, BS, FP-C, CCP-C, C-NPT

Mechanical ventilation in the critical care environment is now a standard of care for all intubated patients. However, programs often have limited information on illness severity and do not have the available labs, ABGs or means of identifying metabolic acidosis. This talk will help identify core assessment strategies that prehospital ground and air critical care providers can use to strategically treat these complex patients who have multiple variables at play, with the ability to treat these variables correctly having a direct effect on outcomes.



## PEDIATRIC Broselow Basics and Handling Handtevy: Do You Really Know How to Use Them?

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Let's be honest: When was the last time you sat down and reviewed the ins and outs of the Broselow tape, Pedi-Wheel or Handtevy app? As the saying goes, proper planning prevents poor performance. When confronted with a critically ill or injured child, preparation is the key. Using real-life scenarios, this interactive presentation focuses on what you really need to know and what you really need to have ready. After the first few guided scenarios, you will understand how the various apps, toys and tapes actually work and find yourself able to correctly calculate weights, meds, drips and tubes in seconds.

## EDUCATOR Protocolized Care: Enhancing Care Without Eliminating Critical Thinking

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE

Strict protocol adherence vs. the freedom to manage patients as a paramedic team deems appropriate—this is the ultimate balance in protocol development. Come join an engaging discussion that looks at how EMS integrates into “pay for performance” healthcare and how protocols can be developed to maximize patient outcomes while also avoiding “cookbook” medicine. Many areas of healthcare have already established patient care bundles, and this model also works well for prehospital professionals. At the end of this presentation, participants will walk away prepared to integrate their protocols into standardized care bundles for high-risk patient populations as well as into their quality management tools. High-quality care is all about putting our patients first with an evidence-based approach—why not begin by standardizing high-quality care across the system?

## MIH-CP The Credentialing Process for Community Paramedics

John Clark, JD, MBA, NRP, FP-C, CCP-C, Anne Montero, RN, BSN

This presentation explores the importance of having practice guidelines in place to ensure patients are receiving the highest level of care from professionals who have undergone the most stringent scrutiny regarding their ability to care for patients in the community paramedic environment. Paramedics should not work without being credentialed. The legal risk to the employer and medical director is exponentially increased without validation of clinical competency. The Certified Community Paramedic (CP-C) credential targets competency at the mastery level of paramedic practice coupled with entry-level competency on the knowledge, skills and abilities contained within the community paramedic specialty.

## LEADERSHIP Developing and Using Performance-Based Dashboards

Bill Bullard, Matt Zavatsky, MS-HSA, EMT

The future in EMS belongs to agencies that can improve patient outcomes and prove value. Doing so will require leaders to fully understand meaningful key performance indicators and be able to present them in ways diverse stakeholders will be able to visualize and understand. It's more than simply response times and cardiac arrest survival. In this session, Bill and Matt will first highlight EMS outcome measures that help prove value to payers, hospital system partners and local community members. They will then demonstrate how to build and use performance-based dashboards to identify outcomes that bring value or identify areas of opportunity to improve your EMS system's performance.



## LEADERSHIP In the Trenches With the False Claims Act

Matthew Streger, Esq., MPA, NREMT-P

The federal False Claims Act, and its various state equivalents, are the big “stick” that keeps most ambulance providers up at night. The threat of civil and/or criminal prosecution, fines and other penalties drives the documentation, billing, compliance and legal activities of any department that bills for services. This lecture will use real-world examples of how these cases originate, are filed, progress and are finalized. More important, attendees will learn lessons from an attorney who has brought and defended False Claims Act cases regarding how to improve documentation, compliance efforts and related self-protective activity.

## LEADERSHIP Buddy to Boss: Surviving Your First Command (2-hour Session)

Jonathan Politis, MPS, NRP

It takes a lot more than good intentions to help a new manager survive. This presentation is about learning new skills of “administrative survival” to be around long enough to do some good. Experienced managers who have attended this presentation have said it was worth years of trial and error and wish they'd heard it earlier in their career. It's very thought provoking and covers numerous personal case studies. At the completion the attendee will be able to explain why the transition from coworker to supervisor is difficult; the most common ethical dilemmas supervisors must face; the power of positive assumptions; and the top 10 tips for effective supervision.

## OPERATIONS Giving the “Small Guy” A Chance

Bryan McRay

There are 21,000 licensed EMS agencies in the U.S. and as the saying goes, once you have seen one agency, you have seen one agency. The administration, conduct and performance of large agencies are well documented and often used as the template for nationwide EMS operations. But there is more to running an agency than just responding to calls. This session highlights the key activities and governance to successfully operate a smaller agency. Key learning points will be covered including politics, leadership, organizational and clinical governance, and dealing with the workforce, both paid and volunteer.

## OPERATIONS Patient Handoffs

Heather Timmons, RN, BSN, CCRN

EMS is commonly the only component of the healthcare system to directly witness acute events, gather crucial information firsthand at the scene and communicate those critical findings to subsequent care providers. Understanding what information is important, communicating it in an effective way and avoiding the huge potential for error is an evolving skill set for all of us involved in managing patients when their life depends on us paying attention to every detail.

## 9:15 A.M.–10:30 A.M.

## BLS Your Off-Duty Behavior Could Impact You On-Duty

Ken Bouvier, NREMT-P

So you decide to go out and have a few drinks the night before you're scheduled to work. You have a few beers and post a photo of yourself drinking on social media just a few hours before your shift. Two hours into your shift, you get involved in a wreck. A good attorney will probably try to use that photo against you in court. Providers have also been known to improperly post details of patients and calls on their social media accounts, leading to potential HIPAA offenses and violations of department policy. This session will help providers understand how their off-duty behavior can impact their jobs.

## BLS Compassion for the Dead and Dying

Veronica Ryl, NREMT-P

In this session Veronica will touch on how to approach situations involving death and dying, how to speak with patients and family members, and special considerations to keep in mind. Many enter EMS with the intention to help people, and so providing compassion and adequate support roles in the process of death and dying is a key component to our careers. This session will leave one feeling more prepared to assist with the next situation that arises involving death.

## ALS The Latest in Respiratory Emergency Care

Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C

The right treatment for respiratory emergencies can be perplexing. Join Kristopher as he looks at the latest research into the emergency treatment of asthma, COPD and CHF.

## ALS Here Comes the Judge: Navigating the Law in Litigation of Cardiac Arrest in EMS

Neal Richmond, MD, FACEP, Steve Shahan

EMS providers and their systems may find themselves facing both judge and jury in litigations of their cardiac arrest cases and critical calls to 9-1-1. These cases may pose significant medicolegal exposure, whether as a result of response time considerations, ALS vs. BLS management, quality of airway and pharmaceutical interventions or

inadequate documentation. Actual case scenarios will be presented to illustrate the science, evidence-based best practices, operational concerns and legal foundations for anticipating and navigating this challenging environment.

## CRITICAL CARE Silent Killers of TBI: Hypoxia, Hypotension and Hypercarbia

Eric Bauer, BS, FP-C, CCP-C, C-NPT

Traumatic brain injury (TBI) accounts for over 30% of all traumatic deaths in the United States. Regardless of medical advances in treating TBI, the all-cause mortality for TBI remains high. Survival and quality of life depends on overall severity, location of injury and secondary brain injuries. Prehospital providers are tasked with managing these challenging patients, with the ultimate focus on overall stabilization, with airway management, oxygenation, ventilation and perfusion guiding our care. Secondary TBI is the silent killer, with one episode of hypoxia or hypotension increasing mortality by 50%. In this talk we will use case-based teaching, CT scans, pictures and lab values to identify and diagnose different TBI presentations, with a focus on discussing the dreaded hypoxia, hypotension and hypercarbia. We will introduce H-H-H therapy that serves as our ultimate guide to goal-directed therapy.



## PEDIATRIC Guns, Gels, Kings and Drills: What They Don't Teach You (But Really Should) in PALS & PEPP

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

There are lots of "toys" out there, but what the books teach—and, more important, what they don't teach but really should—are covered in this fast-paced research-meets-reality review of all things pediatric airway management and intraosseous access!

## EDUCATOR Clinical Evaluation Tools

Darrell DeMartino

This presentation addresses the role and importance of clinical evaluation, whether it be ambulance rotations, hospital clinical shifts or field internships. Clinical evaluation tends to be more subjective than classroom evaluations, yet the amount of time spent in this setting represents nearly 50% of a paramedic education program. Thus, knowing how to evaluate student development, growth and competencies cannot be underestimated.

## MIH-CP Changing State Legislation to Facilitate MIH-CP

Sarah McCrea, EMT-P, RN-BSN, James Oscarson (invited)

Sometimes it's necessary to change state legislation to facilitate or sustain MIH-CP models. In the final days of the 2015 Nevada legislative session, the state legislature passed a law that enabled community paramedicine and provided state Medicaid funding for CP services. Sarah McCrea from Las Vegas Fire & Rescue and Nevada Assemblyman James Oscarson, the bill's sponsor, were key partners in promulgating and passing the Nevada law. Come hear how they did it.



## MIH-CP Patient Goal Setting: What Matters Most, First

Jonah Thompson, EMT-P

As community paramedics expand beyond traditional emergency response into connecting patients to resources and services to improve their self-management, prioritizing what to work on first can be as difficult as identifying the actual needs. Goal-setting methodologies borrowed from other healthcare disciplines can inform the process and provide some structure to how MIH-CP programs work. Effective goal-setting will maximize the time community paramedics spend with patients and fully integrate into a motivational interviewing-based methodology.

## LEADERSHIP The Future of EMS Quality Measures

Panel Discussion

The EMS Compass Project is transitioning from the initial development and testing of quality measures to a potentially sustainable EMS quality and performance measures organization. What's the current status? How will the organization be structured? What is the sustainable economic model for EMS quality measures development and publication? How will NEMSIS support this effort? The answers to these questions and more await attendees of this session as a panel of specially selected experts discusses this important initiative for the EMS profession.

## OPERATIONS Global Volunteers: A World of Citizen Support

Robert Lawrence, MCMI, Dovie Maisel, EMT-P

Volunteers in all corners of the EMS world help support and enhance EMS operation, from the U.K.'s Community First Responder programs to Israel's United Hatzalah. In the U.S. states such as Virginia rely heavily on volunteers to cover rural areas. In this presentation, U.K. native Rob Lawrence and United Hatzalah's Dov Maisel will discuss volunteer programs and the advantages and results they bring.

## OPERATIONS Cyber Security in EMS

Frank Gresh

Data breaches and security intrusions have potentially disastrous effects on healthcare providers. Recent national media stories highlight the vulnerability of even the most 'secure' data. Additionally, as EMS becomes more integrated with the rest of the healthcare system, sharing data across networks is exceptionally valuable. However, payers and healthcare system partners have a much different view of cyber-security than EMS agencies. This session provides insight into processes agencies can put in place to meet cyber-security requirements.



1:00 P.M.—2:00 P.M.

## BLS The Changing Face of Impairment in EMS

Heather Timmons, RN, BSN, CCRN

In EMS it's crucial to recognize a potentially impaired patient in order to effectively manage their condition. Impairment adds a significant complexity to the acutely ill or injured patient. It may mask (in a positive or negative way) or worsen underlying problems and complicates our ability to make disposition decisions. And here's the new catch: Today we face not only the traditional alcohol and substance abuse but must consider newer drugs, combinations, legalized impairing substances, distracting behaviors (texting, adolescent adrenaline driving) and an increasingly mobile elderly and special needs patient population. This discussion will provide a comprehensive look at the changing face of impairment.

## BLS Becoming the Bystander

Desiree Partain, CCP-C, CP-C

After witnessing her friend commit suicide in front of her and her family, Desiree gained a much greater understanding and appreciation for the role of a bystander moments before and during the arrival of first responders. This session focuses on the role emotions play as they relate to the patient, family member or bystander during an emergency; listening and communication tools EMS personnel can use when faced with a challenging patient, family member or bystander; and steps EMS leadership can take to confront and improve compassion fatigue among providers.

## EDUCATOR Developing Bridge Programs

Darrell DeMartino

This session will discuss the process of developing educational crosswalks or bridge programs, focusing on curricular aspects of developing bridge programs, as well as the role of transition programs for public health and paramedic role expansion in light of future EMS initiatives (e.g., community paramedicine).

## MIH-CP Care Collaboration Between Community Paramedics and Law Enforcement

Anne Jensen, EMT-P, BS

Multi-sector collaborations involving community paramedics create value for communities by tackling issues that are too complex to be addressed by any single organization. Collaboration between EMS and law enforcement is particularly effective. This session will describe this type of cross-sector outreach and how community paramedics can work with law enforcement to simultaneously help patients, increase safety and create value in the community.



## LEADERSHIP Combination Services: Career & Volunteer

Jonathan Politis, MPS, NRP

Volunteer agencies face many new challenges to providing effective service. One of the biggest is the integration of career and volunteer personnel in the same service, doing the same job. Find out the critical factors for successfully combining paid and volunteer staff.

## OPERATIONS Clinical Preception Meets High-Performance

Ray Mallory, NRP

Organizations in pursuit of clinical excellence employ comprehensive onboarding, preceptorship and mentoring programs to ensure providers are prepared for the streets. This session will describe the preception process in a busy EMS system that prepares paramedics and EMTs for life on the streets of Richmond, VA. This instruction comes via well-defined Field Training Officer and "Clinical Corporal" programs, backed with comprehensive protocols and task books.

## OPERATIONS Weapons in EMS: A Dangerous Cocktail

Matthew Gutierrez

This session will discuss challenges posed with arming EMS professionals with any type of defense weapon. As the topic of protecting EMS professionals often returns to the possibility of providing/allowing weapons in the workplace, many issues can surface that non-law enforcement personnel may not realize. This session provides both EMS and law enforcement perspectives, giving attendees information to return to their agencies and make an informed decision.

**Nick Adams** is EMS operations captain for Cobb County Fire & Emergency Services. He serves on the Board of Directors for both the Georgia Association of EMS and the Metro Atlanta EMS Conference.

**Peter Antevy, MD**, serves as an EMS medical director for the Coral Springs Fire Department, Davie Fire Rescue, Southwest Ranches Fire-Rescue and American Ambulance in Florida. He is the associate EMS medical director for Palm Beach County Fire Rescue and the Seminole Tribe of Florida's Fire Rescue Department. Antevy serves as medical director at the Coral Springs Fire Academy and for Broward College's EMS program and is a pediatric emergency medicine physician at Joe DiMaggio Children's Hospital in Hollywood, FL.

**Elizabeth Asbury, PhD**, was an occupational psychologist before moving into health research, receiving her PhD in Psychology allied to Medicine from Imperial College London in 2005, and becoming a chartered psychologist in the UK before relocating to New Zealand. She has published widely in the field of psychological morbidity, wellbeing and quality of life, and has been working with the Bachelor Health Science (Paramedicine) team at Whitireia New Zealand for three years.

**Raphael M. Barishansky, MPH, MS, CPM**, is the deputy secretary of health planning and assessment for the Pennsylvania Department of Health. He previously served as the director of the Office of EMS at the Connecticut Department of Public Health (2012–2015).

**Eric Bauer, BS, FP-C, CCP-C, C-NPT**, is the founder/CEO and lead educator for FlightBridgeED, LLC.

**Captain Dick Blanchet (ret.), BS, MBA**, worked as a paramedic for Abbott EMS in St. Louis, MO, and Illinois for more than 22 years. He was also a captain with Atlas Air for 22 years on a Boeing 747 with more than 21,000 flight hours. Prior to that he graduated from the U.S. Air Force Academy and served 22 years as a USAF pilot. LTC Blanchet flew the C-9A Nightingale aeromedical aircraft and the C-5 Galaxy.

**Jason Boitnott, BSN, RN, NRP**, is a paramedic/registered nurse from Texas. He is passionate about free, open-access medical education.

**Jason Bowman MS, FF/CCEMT-P**, is a 4th year medical student at Texas A&M going into emergency medicine. Prior to medical school, Jason was a firefighter and critical care paramedic for nearly 10 years. During this time he established the prehospital ultrasound program at Keller Fire Rescue in north Texas where he used ultrasound for cardiac arrest, heart failure, obstetrical emergency and to diagnose strokes in the field, among many other uses.

**Ken Bouvier, NREMT-P**, is deputy chief of operations for New Orleans EMS. He served as NAEMT president from 2004–2006 and received the Rocco Morando EMS Lifetime Achievement Award in 2008.

**Bill Bullard** is senior vice president for the Abaris Group. He provides strategic planning and project coordination on a variety of emergency care projects.

**Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE**, is currently a clinical educator and business development manager for Erlanger LIFE FORCE Air Medical in Chattanooga, TN.

**John R. Clark, JD, MBA, NRP, FP-C, CCP-C, CMTE**, is a paramedic and lawyer who is the chief operating officer of the International Board of Specialty Certification (IBSC)—formerly the Board for Critical Care Transport Paramedic Certification (BCCTPC).

**Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE**, is an EMS educator, e-content developer, author and clinical researcher with over 100 publications. He also coordinates the education for AirLink/VitaLink Critical Care Transport in Wilmington, NC, and is the IAFC board vice president.

**Jeremy Cushman, MD, MS, EMT-P**, is a paramedic, emergency and EMS physician, and medical director of fire, EMS and law enforcement agencies in the Rochester, NY, area, where he is chief of the Division of Prehospital Medicine at the University of Rochester.

**Michael W. Dailey, MD, FAEMS**, is chief, division of prehospital and operational medicine and an associate professor of emergency medicine at Albany Medical College in Albany, NY. Currently, he serves as a member of the State Medical Advisory Committee. He was the medical director and a primary investigator for the NYS pilot project for basic life support naloxone.

**Heather Davis, EdD, NREMT-P**, holds a doctorate in education from the University of Southern California. She is the paramedic program director at the UCLA Center for Prehospital Care. She is a published author, national speaker and National Registry board member.

**Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P**, is an ER/critical care transport nurse and the founder of Pedi-Ed-Trics.

**Lynne Dees, PhD**, is the hybrid paramedic program coordinator for the University of Los Angeles Center for Prehospital Care. Involved in EMS since 1984, she worked as a field paramedic in the Fort Worth-Dallas metroplex for 29 years.

**Darrell DeMartino** is an adjunct associate professor at Lansing Community College and has been involved in EMS since the early 1990s. He is a paramedic educator, nurse and nurse practitioner. In addition to a clinical role and educator, he has been an instructional/curriculum developer with a strength in using instructional technology.

**Jim DuCanto, MD**, is an experienced anesthesiologist, as well as a teacher and inventor in the fields of basic and advanced airway management. He has recently devised a simple and effective simulation of airway management during active emesis with Nasco/Lifeform, known as the Life/form® S.A.L.A. D. Simulator. In addition, he has developed an improved rigid oropharyngeal suction catheter with SSCOR Inc., known as the DuCanto Catheter, which is intended to provide improved suction during airway management in patients with contaminated airways. Dr. DuCanto is eager to share his simulation system and improved suction catheter with prehospital providers to offer them improved training and confidence in the management of contaminated airways.

**Leon Eydelman, MD**, is a critical care fellow at Emory University, Atlanta, GA.

**Connor Fitzpatrick, AEMT, EMS-I**, has served as medical operations director for some of the world's largest events and venues, including Burning Man, the U.S. Open, Madison Square Garden and Yankee Stadium. He volunteers as an instrument-rated pilot for Patient Airlift Services and as an AEMT instructor and ALS supervisor. He is also certified by the Department of Homeland Security to teach response to terrorist bombings instructor, by CONTOMS as a tactical EMT and as a Connecticut POSTC police instructor.

**Gustavo Flores, MD**, is a physician and paramedic from San Juan, Puerto Rico. He is director of Emergency & Critical Care Trainings LLC.

**Ralph J (R.J.) Frascione, MD, FACEP**, is the EMS medical director for Regions Hospital EMS in Oakdale, MN. He is a professor of emergency medicine and longtime Eagle and EMS medical director. He has been involved in EMS research for more than 25 years, most recently publishing statewide survival improvements of the Minnesota Resuscitation Consortium.

**Matt S. Friedman, MD**, is a board-certified EMS and emergency medicine physician. He completed an EMS fellowship with the Fire Department of New York (FDNY) and his emergency medicine training at Mount Sinai School of Medicine. He is currently the associate medical director of prehospital care at Maimonides Medical Center in Brooklyn, NY. He also serves as the lead house physician for Yankee Stadium, Madison Square Garden and the U.S. Open. He has served as the medical director for numerous mass gatherings and large music festivals.

**Edward Gabriel** is the principal deputy assistant secretary for preparedness and response at HHS. He was global director and in charge of crisis management and business continuity at the Walt Disney Company and New York City's deputy commissioner of emergency management. He served 27 years with FDNY EMS.

**Andy Gienapp, MS, NREMT-P**, is the administrator for the Wyoming Department of Health, Wyoming Office of EMS in Cheyenne, WY. Andy is a reservist in the Army National Guard, paramedic and vice-chair for CAPCE.

**W. Scott Gilmore, MD, EMT-P, FACEP, FAEMS**, is the medical director for the St. Louis Fire Department. He started his career in healthcare as an Emergency Medical Technician-Ambulance and continues to maintain his license as a paramedic.

**William "Buck" Gleason, BS-EHS, EMT-P**, is the clinical quality manager for the Office of the Medical Director and the MedStar Mobile Integrated Healthcare system in Fort Worth, TX. He has been instrumental in the design and development of the current clinical quality improvement program at MedStar, and for its 15 participating municipalities and first-responder organizations.

**David Glendenning, EMT-P**, is education coordinator with New Hanover Regional Medical Center Division of EMS and a paramedic instructor at Cape Fear Community College.

**Frank Gresh** is the chief information officer for the Emergency Medical Services Authority (EMSA) in Oklahoma City and Tulsa, OK.



**Matthew Gutierrez** is a helicopter flight officer/paramedic and lead EMT/paramedic instructor for the California Highway Patrol.

**Mic Gunderson** has been in EMS for over 40 years in various leadership, managerial and clinical roles. He currently serves as the national director for clinical systems in the Quality and Health IT Department at the American Heart Association.

**Christopher Hunter, MD, PhD, FACEP, FAEMS**, is the assistant program director of the emergency medicine residency program at Orlando Regional Medical Center, the associate medical director of the Orange County EMS system—a consolidated group of fire rescue and ambulance services providing medical direction to over 2,000 emergency medical technicians—and the medical director of the Orlando Health Air Care Team.

**Reg James** is president of Amerimed Medical Solutions in Buford, GA. He has over 32 years of experience in EMS and 8 years in MIH.

**Jeffrey L. Jarvis, MD, MS, EMT-P, FACEP, FAEMS**, is EMS medical director for the Williamson County EMS system and Marble Falls Area EMS and an emergency physician at Baylor Scott & White Hospital in Round Rock, TX.

**Anne Jensen, EMT-P, BS**, is the program manager for the City of San Diego EMS Resource Access Program.

**Sean Kaye, BA, EMT-P**, is a specialist with the EMS Performance Improvement Center at the University of North Carolina in Chapel Hill. He works with EMS agencies and other stakeholders to utilize data to improve system performance and patient care. In 2015 he was appointed to the National EMS Advisory Council (NEMSAC), a nationally recognized council of EMS representatives and consumers that provide advice and recommendations regarding EMS to the National Highway Traffic Safety Administration.

**Brandon Kelley, NRP**, serves as the EMS supervisor in the Wyoming Office of Emergency Medical Services and the Wyoming Emergency Medical Services for Children coordinator. He was appointed by the governor of Wyoming to serve as a public safety communications commissioner and also serves the American Academy of Pediatrics as a member of the Pediatric Emergencies for Prehospital Professionals (PEPP) Steering Committee.

**Sean Kivlehan, MD, MPH**, is the associate director of the International Emergency Medicine Fellowship at the Brigham and Women's Hospital and Harvard Medical School. He works as an attending physician in the emergency department, which is a level 1 trauma and burn center, and on multiple international emergency medicine projects.

**Susie Kochevar, RN, BSN**, has worked as a nurse in the ER, ICU, flight trauma, oncology, neurology, pediatric ER and critical care transport. She currently uses all her acquired skill set as a school nurse.

**Jon Krohmer, MD**, is the director of the Office of EMS at the National Highway Traffic Safety Administration. Prior to joining NHTSA, he served in the U.S. Department of Homeland Security and as an emergency physician and local EMS medical director.

**Baxter Larmon, PhD, MICP**, is a professor of emergency medicine at the David Geffen School of Medicine UCLA and the founding director of the UCLA Center for Prehospital Care.

**Rob Lawrence, MCMI**, is chief operating officer of the Richmond Ambulance Authority. Before that he held the same position with the English county of Suffolk as part of the East of England Ambulance Service.

**Jill League** has been the coordinator of community outreach for Advocate Sherman Hospital in Elgin, IL, for the past 18 years. She collects and analyzes data for the MIH program, and coordinates patient visits and paramedic schedule.

**Mark D. Levine, MD, FACEP, FAEMS**, is an associate professor of emergency medicine and emergency medicine course director at the Washington University School of Medicine in St. Louis. He started his career as an Emergency Medical Technician-Basic.

**Tina Link** has been the manager of community outreach for Advocate Sherman Hospital for the past 19 years. She has a BS in health studies with a concentration in community health from Eastern Illinois University.

**Robert Mabe, NRP, FP-C, EMSI**, is a critical care flight paramedic for Life Force Air Medical. He has been in EMS since 1996 and an EMS educator since 1999. Rob holds multiple instructorships from NAEMT, AHA and AAP. He currently works as a base educator for Life Force 2.

**John Macdonald** was employed for by the DC Fire and EMS Department, where he served as the director of fleet management for a fleet of emergency vehicles. John currently manages vocational vehicles, including ambulances, at the GSA.

**Dovie Maisel, EMT-P**, is senior vice president international operations for United Hatzalah—United Rescue in Israel.

**Ray Mallory, NRP**, is training manager - operations for the Richmond Ambulance Authority in Richmond, VA.

**Randolph Mantooth**, speaker, actor, EMS and fire service advocate, is well known for his starring role as L.A. County firefighter/paramedic Johnny Gage in NBC's EMERGENCY!

**Juan March, MD, FACEP**, is a professor at the Brody School of Medicine in Greenville, NC, and current chair of CAPCE. Dr. March is also a member of the Prehospital Emergency Care editorial board and has published research dealing with the EMS provision of care.

**Asha Margolis, DO, MPH, MS**, is board certified in emergency medicine and EMS after completing a fellowship at the Johns Hopkins University School of Medicine, where he also completed residency and was chief resident. He is currently on faculty at Johns Hopkins and continues to work closely with several local, state and federal agencies as a medical officer within the Center for Law Enforcement Medicine at Johns Hopkins.

**Dixon Marlow** is chief executive officer for Amerimed Medical Solutions in Buford, GA. Amerimed Medical Solutions is the parent company of Home Physician Care. HPC was created to provide mobile care outside the walls of the typical medical office in 2007.

**Jennifer McCarthy, MAS, NRP, MICP**, serves as the founding member, associate professor and director of the Paramedic Science Program at Bergen Community College in Lyndhurst, NJ. As the founding member, she designed a 5,000 square foot emergency medicine laboratory and a 6,000 square foot inter-professional simulation center. In addition, Jennifer is the simulation task force co-chairperson for the Health Profession Division leading efforts to improve IPE simulation initiatives and advancement of science-based medical simulation activities.

**Sarah McCrea, EMT-P, RN-BSN**, is EMS quality improvement coordinator for Las Vegas Fire and Rescue (LVFR). In spring 2015, she was an integral member of the work group that successfully passed state legislation for the future of community paramedicine services in Nevada.

**Bryan McRay** is the safety and risk management director for the Richmond Ambulance Authority in Richmond, VA. He has 27 years of prehospital experience in both the volunteer and career ranks.

**Greg Mears, MD**, is medical director for ZOLL. He has been an EMS physician, educator and specialist in performance improvement for more than 25 years. He demonstrates a passion for building integrated systems of care and for using real-time data to drive EMS operational and clinical decisions.

**Bobbie Merica** is the author of Medical Moulage: How to Make Your Simulations Come Alive and owner of Moulage Concepts, an international medical and trauma moulage company that specializes in hospital, trauma, mass casualty and prehospital moulage training, supply and certification.

**Lou Meyer** is project manager for the California EMS Authority's community paramedicine pilot project.

**Branden Miesemer, NRP, FP-C**, is a flight paramedic in the Midwestern United States and an adjunct paramedicine instructor for several local colleges. He is an advocate for leveraging technology and social media to provide low-cost, cutting-edge medical education and training.

**Kirk Mittelman** is a 35-year public safety veteran. He is currently the program director for Mt. Nebo/University of Utah's paramedic program.

**Anne Montero, RN, BSN**, is the cocreator and public health partner for the first national community paramedic pilot program in rural Eagle, CO. She led a team of educators and experts in developing the 3.0 version of the community paramedic curriculum in 2011, and is currently leading the training program for the California community paramedic pilot project.

**James Oscarson** is a Republican member of the Nevada State Assembly, representing District 36. He was first elected to the chamber in 2012.

**David Page, MS, NRP**, is director of the Prehospital Care Research Forum at UCLA. He is a senior lecturer and PhD candidate at Monash University. He has over 30 years of experience in EMS and continues to be active as a field paramedic for Allina Health EMS in the Minneapolis/St. Paul area.

**P. Daniel Patterson, PhD, MPH, MS, NREMT-P**, is an assistant professor of emergency medicine at the University of Pittsburgh Department of Emergency Medicine. He is principal investigator of a federally funded project to develop evidence-based guidelines for fatigue risk management in the EMS setting.

**Lee Palmer, DVM, MS, DACVECC, NRP, EMT-T, WEMT, CCRP, TP-C**, is an emergency/critical care veterinarian and paramedic who provides training in K9 Tactical Emergency Casualty Care to military, law enforcement and SAR K9 handlers, as well as Tier 1 operators and civilian tactical medics.

**Desiree Partain, CCP-C, CP-C**, is the clinical program manager at MedStar Mobile Healthcare in Fort Worth, TX. She's a critical care paramedic and mobile healthcare practitioner at MedStar.

**Amar Patel, DHSC, MS, NRP**, is the director of the Center for Innovative Learning at WakeMed Health & Hospitals. He's responsible for integrating technology-based educational programs to include human patient simulation, healthcare gaming, hybrid education and online learning applications. Dr. Patel has over 20 years of experience in the fire and EMS services, disaster medicine and critical care transport.

**Paul E. Pepe, MD, MPH, FACEP**, is a professor of emergency medicine, internal medicine, surgery, pediatrics, public health and the Riggs Family Chair in Emergency Medicine, as well as the director of regional out-of-hospital care systems and event/disaster preparedness in the Office of Health System Affairs at the University of Texas Southwestern Medical Center (UTSW) in Dallas. He simultaneously serves the City of Dallas as its director of medical emergency services for public safety, public health & homeland security and as the EMS/public safety medical director for Dallas County government.

**Jonathan Politis, MPA, NRP**, has been practicing as an EMT and paramedic since 1971 and is an accomplished EMS educator, leader and author.

**Ed Racht, MD**, is the chief medical officer for American Medical Response.

**Neal Richmond, MD**, is medical director of MedStar Mobile Healthcare in Fort Worth, TX.

**Vincent Robbins, FACHE**, is president and CEO of MONOC, New Jersey's largest EMS and mobile healthcare shared service hospital cooperative. He is president of the National EMS Management Association (NEMSMA).

**Veronica Ryl** is a Canadian Advanced Care Paramedic based in Edmonton, Alberta. She works in a multitude of EMS departments including community care (mental health and assisted-living facility divisions), ER hospital integration, a critical support unit, emergency ambulance response in urban/rural settings and a First Nations reservation. Veronica is also a provincial trainer to her EMS colleagues on mental health readiness. She has been in the industry for 10 years.

**Ritu Sahni, MD, MPH**, is past president of the National Association of EMS Physicians (NAEMSP).

**Michael Salomish, BSEE, MSEE**, was the principal investigator for research conducted under a DHS SBIR contract to investigate the measurement and analysis of EMS key performance indicators in real time. With a strong background in big-data analytics developed through early career focus on the development of command, control, communications, computers and intelligence solutions for the army and intelligence community, he transitioned into using data analytics to support operations improvement. He provides product management for DataTech911 Public Safety applications.

**Kenneth A. Scheppke, MD, FAAEM**, is EMS medical director of the following: Palm Beach County, Palm Beach Gardens, Boynton Beach, West Palm Beach, Town of Palm Beach, Greenacres, Palm Beach State College EMS Academy and JFK Medical Center.

**Jay Scott, BS, NREMT-P**, is the executive director of the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). His tenure includes refinement of organizational accreditation process, transition to paperless accreditation applications and development of the Best Practices in Continuing Education document, the CAPCE accreditation manual and the CAPCE curriculum matching document.

**Steve Shahan** is a fire chief, EMT and Managing partner of Taddeo & Shahan, LLP. Steve has many years of experience in EMS law, and he is his firm's primary trial attorney for defense of EMS providers, fire departments and fire suppression systems contractors.

**Scott H. Smith, EMT-P**, is with the Divers Alert Network (DAN).

**Kenneth Snow** has been the lead mobile health provider-paramedic for Advocate Sherman Hospital for the past six years. He has over 14 years of experience as a licensed paramedic and lead EMS instructor.

**Pat Songer, EMT-P, ASM**, is an administrative director and chief of EMS at Humboldt General Hospital (HGH), a rural critical access hospital in Winnemucca, NV. He is a board member of the National EMS Management Association (NEMSMA) and chair of NEMSMA's Practitioner Mental Health and Wellbeing Committee.

**Andrew Spain, MA, NCEE, EMT-P**, is director of accreditation and certification for the Society for Simulation in Healthcare. He is a nationally certified EMS educator and is also a licensed paramedic in Missouri.

**Matthew Streger, Esq., MPA, NRP**, is a partner at Keavney & Streger in Princeton, NJ. He has over 30 years of EMS experience in a wide range of roles.

**Dan Swayze, DrPH, MBA, MEMS**, is the vice president and chief operating officer of the Center for Emergency Medicine of Western Pennsylvania. He has a doctorate in public health, an MBA and a master's degree in EMS. Dr. Swayze is widely considered a pioneer in community paramedicine.

**Mike Taigman** is the facilitator for the EMS Agenda 2050 project. Mike is also an improvement guide for FirstWatch, where he helps customers understand how to use data and performance measures.

**Jonah Thompson** is a full-time community paramedic with the CONNECT program, based out of the Center for Emergency Medicine of Western Pennsylvania in Pittsburgh, PA. He has over 20 years of EMS, disaster response and military experience.

**Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C**, is an emergency room and intensive care unit charge nurse and preceptor at the University of Missouri's Level 1 trauma center and tertiary referral center. He also practices as a paramedic with both the university and Cole County EMS.

**Heather Timmons, RN, BSN, CCRN**, has been a nurse at Providence Medford Medical Center for nearly 25 years. She has been the trauma nurse coordinator for a Level III trauma facility since January 2015.

**David Travis** currently serves as the Mission: Lifeline EMS program manager for the American Heart Association. He has been involved in EMS for more than 35 years and was the EMS Chief for Hillsborough County Fire Rescue in Tampa, FL.

**Oren Wacht, PhD, EMT-P**, is a professor in the department of emergency medicine at Ben Gurion University. He is also a paramedic in the Israeli EMS system and army reserve, and an advisor to the Israeli Ministry of Health.

**Jonathan Washko, MBA, NREMT-P, AEMD**, is assistant vice president for the Center for Emergency Medical Services with North Shore–Long Island Jewish Health System in New York City and Long Island, NY. He is considered a leading industry expert on EMS system design, system status management and high-performance EMS concepts.

**Chris Watanabe, RHIA, CHPS**, is vice president of business services and HIPAA officer for REMSA (Regional Emergency Medical Services Authority), a non-profit community service in Reno, NV.

**Timothy Whitaker, BS, EMT-P, CMTE, CHSE, CHSOS**, has a passion for simulation that has developed over his 25+ years of EMS experience as a provider and educator, most recently becoming a certified healthcare simulation educator and certified healthcare simulation operations specialist. He is a tailored solutions consultant/clinical educator for CAE Healthcare.

**Brent Williams** is FirstNet's senior EMS advisor. He joined FirstNet from the Michigan Department of Health and Human Services, where he served as an EMS Radio communications consultant to the EMS and Trauma Systems Section since 2002. In that role, Williams was the subject matter expert on EMS radio communication systems and requirements.

**Nicola Worrillow, BSc, PGDip, MSc**, is a registered adult nurse and part-time nursing lecturer at Leeds Beckett University and has worked in various urgent and emergency healthcare settings. She completed her MSc in specialist community public health nursing and was subsequently awarded a Health Education England PhD studentship.

**Michael Wright, NRP**, has been in public service since 1982 beginning as a U.S. paratrooper with the 101st and 82d Airborne divisions. He is currently licensed as an ACLS instructor, Wisconsin tactical medic, Wisconsin EMS Instructor II, community paramedic and president of Southeast Tactical LLC.

**Rob Wronski, BS, MBA**, is bureau chief for the South Carolina Department of Health Bureau Chief of EMS.

**Matt Zavadsky, MS-HSA, EMT**, is the chief strategic integration officer at MedStar Mobile Healthcare, the exclusive emergency and non-emergency EMS/MIH provider for Fort Worth and 14 other cities in North Texas.



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Cut-Off Date for Special Rates: September 25, 2017

#### Courtyard by Marriott Las Vegas Convention Center .11 miles from cc

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#### Harrahs 1.40 miles from cc

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#### Hilton Grand Vacations Las Vegas Convention Center .40 miles from cc

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#### Las Vegas Marriott Convention Center .20 miles from cc

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#### The Cosmopolitan of Las Vegas 2.00 miles from cc

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#### The Linq 2.00 miles from cc

Rate: \$145 Single/double occupancy  
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#### Treasure Island 1.20 miles from cc

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CHECK-OUT TIME IS 11:00 A.M.

#### Westgate Las Vegas .30 miles from cc

Rate: \$95 Premium; \$115 Signature  
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### Airfare Discounts and Reservations

Airfare discounts from 2% to 10% for EMS World Expo participants are available through various airlines. Discounts are valid on travel from September 12, 2017 to September 22, 2017. Book your flight by contacting:

#### United Airlines

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800.426.1122  
Discount Code: ZXE8512032

#### Delta Airlines

<http://www.delta.com/air-shopping/search-Flights.action>  
800.328.1111  
Discount Code: NMPLB

### Car Rental

#### Enterprise Rent-A-Car

800.261.7331  
Discount Code: XZ1766

#### Shuttle Information

For groups visiting Las Vegas, Airport Shuttle offers a \$40.00 per person round trip rate, which is a discount of \$4.00 per person from our retail rate on all round-trip tickets.

### Housing Scam Warning

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## TWO Easy Ways To Register

- 1 Complete registration at [emsworldexpo.com](http://emsworldexpo.com)
- 2 Call 508-743-8531 or 877-398-6944 (Monday-Friday 9 A.M.-5 P.M. EST)  
(please have your credit card handy)

**You may also email us at [EMSWorldExpo@xpressreg.net](mailto:EMSWorldExpo@xpressreg.net) for registration information.**

Conference Pass	SUPER SAVER: JUNE 1	EARLY BIRD: SEPT. 11	STANDARD: OCT. 20
3-Day Conference	<b>\$440</b>	\$470	\$570
3-Day Conference - <b>NAEMT Member</b>	<b>\$315</b>	\$345	\$445
NAEMT Join Now	<b>\$40</b>	\$40	\$40
3-Day Conference - <b>Military</b>	<b>\$225</b>	\$275	\$325
2-Day Conference	<b>\$320</b>	\$345	\$445
1-Day Conference	<b>\$205</b>	\$235	\$335

## Save With Group Rates!

Group Conference Pass			
3-Day Conference: 3-5 people	<b>\$310</b>	\$340	\$405
3-Day Conference: 6+ people	<b>\$270</b>	\$300	\$365

Exhibit hall			
Exhibit Hall Only - Includes Opening Ceremonies & Keynote	<b>\$20</b>	\$25	\$35

International Roundtable on Community Paramedicine (IRCP)			
Co-located this year with EMS World Expo, on Oct 15-17.	<b>\$435</b>	\$455	\$475

Workshops			
P1/P2: Teleflex: Prehospital Emergency Care Procedural Cadaver Lab	<b>\$95</b>	\$125	\$149
P3: Medical Preparedness and Response to Bombing Incidents (MGT 348)	<b>\$45</b>	\$45	\$50
P4: EMS Essentials of Simulation	<b>\$275</b>	\$330	\$350
P5: Creating an Evidence-Based Practice for EMS in Integrated Healthcare	<b>\$235</b>	\$255	\$275
P6: National Association of EMS Physicians® Medical Direction Overview Course™ (MDOC)	<b>\$235</b>	\$255	\$275
P7: Handtevy Pre-Hospital Pediatric Overview Course	<b>\$295</b>	\$295	\$325
P11: All-Hazards Moulage: A Simple Approach to MCI Scenarios	<b>\$265</b>	\$295	\$324
P13/14: Active Shooter Response	<b>\$140</b>	\$170	\$199
P15: EMS Instructor Update: Tools for Success	<b>\$140</b>	\$170	\$199
P16: EMSPOCUS: Beyond the Fast Exam	<b>\$140</b>	\$170	\$199
P20: Psychological Trauma in EMS Patients (PTEP)	<b>\$175</b>	\$195	\$215
P21: EMS Safety Course	<b>\$200</b>	\$220	\$240
P22: Tactical Emergency Care Course (TECC)	<b>\$235</b>	\$255	\$275
P23: World Trauma Symposium: EMT/Paramedic/Nurse/Other	<b>\$235</b>	\$255	\$275
P24: World Trauma Symposium: Physician	<b>\$310</b>	\$330	\$350
HOT: Hands-On Guided Cardiac Dissection	<b>\$25 With conference registration \$75 Without conference registration</b>		

Refer to page 16-19 for detailed information on all the workshops.

Show Events			
Medtronic Lunch and Learn	<b>\$10</b>	\$10	\$10

Information contained herein is subject to change without notice.

## Group Discount

The group discount cannot be combined with any other discounts. All groups **MUST** be registered at the same time. Group registrants do **NOT** have to be from the same agency/department. Discount applies to 3-day conference only.

## Military

Military attendees are required to show active or retired Military Photo-ID-CAC card onsite to receive the discount.

## Cancellation Policy

Cancellation requests must be received in writing and postmarked by August 28, 2017. Cancellations received by this date will receive a refund minus a \$100 processing fee. Registrants wishing to cancel may send someone to take their place without penalty if they send a written request with the replacement person's name by August 28, 2017. No refunds will be issued after August 28, 2017. If you do not cancel and do not attend the event, you are still responsible for full payment.

All cancellations must be submitted in writing and sent to [EMSWorldExpo@hmpcommunications.com](mailto:EMSWorldExpo@hmpcommunications.com) for consideration.

Hotel and transportation reservation cancellations must be handled by the individual registrant directly with the hotel, airline and/or other company.

No refunds are offered for classes that may be suspended or shortened due to weather or other conditions or circumstances beyond HMP Communications' control.

## Children

Under no circumstances will children under the age of 18 be allowed in the exhibit hall or educational session rooms at any time.

## Session Seating

Seating is limited for all session rooms and is available on a first come, first served basis.

## ADA Disclaimer

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