

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS

IOWA EVENTS CENTER

• DES MOINES, IA •

NOVEMBER 10-12, 2016

[FULL BROCHURE INSIDE]

NEW AT THE CONFERENCE!

- **A&E SERIES : NEW ORLEANS EMS**
LIFE BEHIND THE CAMERAS
- **S.A.V.E : SAFELY ADDRESSING VIOLENT ENCOUNTERS**
- **LABOR & SEX TRAFFICKING IN IOWA**

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2016



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- Iowa Methodist Medical Center is a Primary Stroke Center.
- Three of our hospitals (Iowa Methodist Medical Center, Iowa Lutheran Hospital and Methodist West Hospital) are accredited Chest Pain Centers.

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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



FULL CONFERENCE BROCHURE
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OCTOBER 31ST TO SAVE \$50.



FEBRUARY 25, 2017-CORALVILLE, IOWA,
FORMAL CES OFFERED. REGISTRATION
OPEN -- REGISTER NOW-LIMITED SPACE!

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

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> BOARD MEETINGS

- > **October 20, 2016**
WDM Station 19- 1:00—3:00pm
- > **November 10, 2016**
11:15am -12:15pm : Every member is encouraged to attend the annual meeting. Votes will be taken regarding bylaw changes, new board members will be introduced and reports on activity of the Association will be given.
- > **December 15, 2016**
Teleconference - 1:00—3:00pm

> IEMSA OFFICE

5550 Wild Rose Ln. , Suite 400
 West Des Moines, IA 50266

515.225.8079 • fax: (877) 478-0926
 email: administration@iemsa.net
 Office Manager: Lisa Cota Arndt

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> uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

FEBRUARY 25, 2017

AT THE RADISSON • CORALVILLE

(Previously the Holiday Inn) **located at 1220 1st Ave., Coralville**

Formal EMS CEHs and Nursing CEUs applied for.

MORNING AGENDA:

- 7:30AM- 8:00AM Registration/Welcome
- 8:05AM- 9:00AM Pediatric Pain Management
—Dr. Joshua Stilley
- 9:00AM-10:00AM Traumatic Injury
—Stephanie Haley-Andrews
- 10:00AM-11:00AM Pediatric Septic Shock: A Case Study
—Laurie Gehrke / Eli Landry
- 11:00 AM-NOON Case Study: Pediatric GSW
—Stephanie Haley-Andrews
- NOON- 1:00PM Lunch (provided)

AFTERNOON AGENDA:

- 1:00PM-2:00PM Hands-On Skills Training
- BLS and ALS tracks for all providers.
—EMSLRC Faculty & Stephanie Haley-Andrews
- 2:00PM-3:00PM Acute Life Threatening Events
—Stephanie Haley-Andrews
- 3:00PM-4:00PM Pediatric Mass Casualty Events
—Michael Kaduce
- 4:00PM-5:00PM Mass Casualty Exercise
—EMSLRC Faculty

Registration Tuition: JUST \$80 for IEMSA Members **and \$110** for Non-Members (includes an IEMSA Membership). **Lunch is included in your Registration Fees.**

REGISTER ONLINE--[Click Here](#) **or call 515-225-8079** You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at the time of initial login. Once logged in--go to the "Online Store" tab at the top of your screen, click on the "Uh-oh! Peds!" icon, complete the registration, process payment and you're registered! You can PAY BY CREDIT CARD OR register online and check the "MAIL MY CHECK" option and send the check to: IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266 - No refunds after January 29th. All refunds prior to January 29th will be subject to a \$50 cancellation fee.

OR print and complete the REGISTRATION FORM (PDF Flyer/Registration Form available online at www.iemsa.net/conference.htm, click on "Uh-Oh Peds! Conference", to find the PDF link), **fax it to 877-478-0926** or **email/scan it to administration@iemsa.net.**

NEED HOTEL RESERVATIONS?  Coralville--**we have a room block for \$84/nt.++** You can **reserve by calling 319-351-5049** Check in is at 3pm, check out is at 11am and cancellations need to be made prior to 6pm the day of the reservation.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

A NOTE FROM OUR PRESIDENT

EMERGENCY MEDICAL SERVICES OF TODAY :

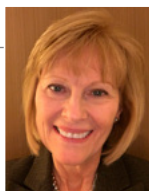
Embracing Research & Trends to Make a Difference

BY LINDA FREDERIKSEN, Executive Director, MEDIC EMS,
IEMSA President / Board of Directors



"It's the same old thing...nothing ever changes!" Although it sometimes seems like things

NEVER change, as of late, I've noticed that transformation of our industry has been gaining speed.



> **It's important to stay abreast of evolving issues in our profession**, and if you haven't yet had a chance to read the 2016 EMS Trend Report, make sure that you do. Created by Fitch and Associates and EMS1.com in partnership with the National EMS Management Association, this publication takes a look at the forces shaping the present and the future of EMS in our country.

> **Rather than trying to survey thousands of agencies, the authors of this report focused on a smaller, but diverse geographic and demographic representative group of EMS agencies (called the "EMS Trend Report Cohort")**, each of which committed to supply detailed information, year after year. Cohort agencies were asked about their clinical care, operations, finances, and perception of trends within the industry.

> **The report recognizes that while an expanding research base has contributed to the increase in evidence-based care, significant differences still exist.** Variation was noted on the use of mechanical CPR devices and hypothermia in resuscitation, to name just a few. Nearly every agency reported the use of CPAP, and it's interesting to speculate on what device, medication, or procedure becomes the next thing in our industry to dramatically change patient care.

> **It seems like we're all in the finance business lately, mostly by necessity.** For most agencies, personnel costs continue to represent the largest chunk of the budget, gaining only modest if any increases in both wages and benefits. Billing and reimbursement continue to grow in importance, especially with the impact of ICD-10, along with future changes to Medicare and Medicaid. About half of cohort agencies used in-house staff for billing, while the other half outsourced to a third party billing vendor.

What should we as an industry be consistently measuring to improve? The playbook on this is quite interesting, with similarities and a few differences found to be readily apparent. It was noted that in order to improve the quality of care, EMS Agencies need access to outcome data from other partner agencies, such as hospitals. Data must be carefully and consistently measured. For example when considering response time, when does the clock start for your agency? For some, it's when the call is received in the dispatch center, and for others, it may not begin until the ambulance wheels are turning.

> **What do our patients have to say?** As an industry, we fall short on measuring and considering patient experience. Nothing is more powerful than the "Voice of the Customer", and how can we know if we're improving if we don't ask the patients and communities that we serve? Are you surveying your patients to see how you're doing?

> **A wise man once said, "If you do what you always do, you'll get what you've always gotten."** We must evaluate the research that now gives us reasons to question whether we should continue to conduct our EMS operations "because that's the way we've always done it," or look for new alternatives to care for our patients in a more efficient, effective, system-wide manner. Indeed, EMS Providers were most definitely created to care for patients with "emergencies." As we evolve into the future, we must be equally prepared to care for our customers in the public health arena, demonstrating that we are as capable with non-urgent and chronic care issues as we are with emergencies. To help prepare for this, IEMSA has held Community Paramedicine/Mobile Integrated Healthcare Stakeholder Group meetings over the past two years, which continue to chart progress and gain interest. Consider joining us for our next meeting, which is scheduled for October 13, 2016 from 2:00 to 4:00 pm. This is TRULY an exciting time in our profession.

> **In closing, thank you for your commitment and dedication to EMS!** We look forward to seeing everyone at the 2016 Conference and Trade Show November 10-12 at the Iowa Events Center, and stay safe!

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IEMSA
Iowa Emergency Medical Services Association

**STAND UP
IOWA
DAY-ON-THE-HILL**

AND

EMERGING TRENDS CONFERENCE

FEATURING **JAY FITCH, PHD**



Dr. Jay Fitch is internationally recognized for leadership as a consultant, educator and innovator in the fields of EMS and public safety. His body of work, spanning nearly 40 years, includes the development and implementation of original operational and strategic solutions for individual organizations, as well as the broader systems in which they operate. Dr. Fitch is in demand as a speaker and author. **Dr. Fitch's knowledge of the industry and his expertise in organizational development is built on real-world experience.** He was among the first paramedics trained in the USA and was named EMS Director in St. Louis at the age of 24. He was responsible for the operational implementation of the Kansas City EMS system and served as

ONLINE REGISTRATION
IS OPEN **NOW!**

THURSDAY, FEBRUARY 9, 2017

at the **Marriott Downtown - Des Moines**

JOIN US FOR IOWA EMS DAY-ON-THE-HILL FOR FREE!

AND PLEASE PLAN TO JOIN US the night before for our IOWA EMS RALLY EVENT--Wednesday, February 8th from 6-8p at the Marriott Des Moines. You will receive the IEMSA Talking Points and other important reference material for our morning on the hill. Pizza and beverages are complimentary.

president of a large private ambulance service. Since creating Fitch & Associates, he has personally led numerous complex projects reflecting the entire public safety spectrum, with results that have transformed emergency care for those communities.

From these varied experiences, Dr. Fitch learned to value many perspectives—from patient to caregiver to public official—that go into creating exemplary EMS/public safety programs. Since 1984, he and the consulting team at Fitch & Associates have worked with small and large organizations throughout the world, helping make sense of their current situations and providing a path toward greater success. In recent years, additional business entities under the MedServ name have been created to meet evolving client needs.

SCHEDULE OF EVENTS FEBRUARY 9, 2017

FREE to attend!

6:30am IOWA EMS-DAY-ON-THE-HILL : All Aboard! Bus leaves the Marriott Des Moines to arrive at Capitol at 7:00am in the Rotunda 2nd Floor. OR just meet us there.

7-9:00am WE'RE ON THE HILL of course! It's Iowa EMS Day on the Hill!

EMERGING TRENDS CONFERENCE

5.0 Optional EMS CE's applied for.

REGISTER ONLINE --

\$70 IEMSA Members/\$80 Non-Members

LUNCH INCLUDED

[Click here](http://www.iemsa.net) to log-in and register payment must be received prior to the event-you can pay securely online by credit card or register online and select "Mail My Check" at www.iemsa.net (registration is not confirmed until payment is received). OR print, complete and fax or email a registration form available online at <http://www.iemsa.net/conference.htm> - Click on "Emerging Trends Conference"

09:30-10:00 **REGISTRATION** (beverages provided)

BEYOND THE YELLOW BRICK ROAD : 10:30 – 11:45PM

Tornado-force changes in our profession are all around us. The "Wizard of Oz" story touches a chord in each of us but there is more to this tale for EMS leaders than just entertainment. In this era of change and transformation, what lessons can we take from the journey to Oz and back again? As founding partner of Fitch & Associates, Jay has been educating, mentoring and inspiring EMS leaders for more than three decades.

LUNCH PROVIDED : 11:45-1pm

DEFYING GRAVITY : 1-2:15pm

Gravity is a fundamental force of the universe. It also offers key leadership insights for emergency services. Dr. Fitch will describe how we often try to defy universal leadership truths associated with the forces of gravity. In his unique style, using case examples and personal experience, Jay will provide practical tools to keep your leadership grounded and increase your organization's success potential.

USING HIGH RELIABILITY ORGANIZATION (HRO) STRATEGIES IN EMS : 2:30pm – 3:45pm

Dr. Fitch will review contemporary research and draw a clear map of where emergency services organizations need to be focused in the years ahead. He will review contemporary research and outline practical ways leaders can use HRO principles to address key factors including reducing risk and improving trust in EMS organizations.



OUR VOICE ON THE HILL LEGISLATION

> 2017 IOWA EMS Day on the Hill is scheduled for February 9, 2017--Plan to be there!

BY MARK SACHEN

Legislative Chair and NC Region Board Member

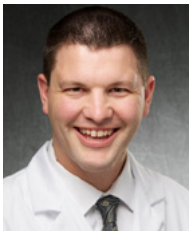
- > As the political season heats up as we near the November elections, at IEMSA we are already hard at work drafting our legislative agenda for the upcoming session. Working to modernize and update sustainable funding streams for EMS continues to be one of our top priorities. Last year, the legislation for benefitted EMS districts had some encouraging potential. While it got lost in the shuffle at the end of last session, it still has a great deal of potential going into this next session.
- > Mental health and its impact on EMS in Iowa is also another priority for IEMSA. The burden placed on EMS systems throughout the state, with long distance transports to fewer and fewer facilities, has to be something addressed by lawmakers.
- > Medicaid Reimbursement rates are another issue we've been working hard to correct. By working with the legislature, we certainly hope to adjust the Iowa's managed care reimbursement rates to, at the very least, be comparable to our surrounding states. Iowa's managed care system is presenting unique challenges to providers, including EMS.
- > Building a strong foundation for Community Paramedicine and Mobile Integrated Healthcare initiatives is another priority for our organization. As healthcare costs continue to rise, we as a nation need to find new and better ways to deliver the services our patients need. IEMSA is a strong proponent of Community Paramedicine and Mobile Integrated Healthcare.
- > Your voice is important! Currently, IEMSA members account for approximately 10% of the state's EMS providers. Our mission is to provide Iowa EMS a voice. The voice of Iowa EMS is strong. That voice only gets stronger with more of you becoming members and getting involved. There is strength in numbers! More members leads to more ideas, and more ideas lead to the best solutions to the issues facing our profession. If you are already a member, thank you! If you are not currently a member, I challenge you to join IEMSA and become part of a great organization that represents the proud profession that is EMS.
- > I would also like to express my thanks to my fellow members of IEMSA. Your thoughts, opinions and ideas are how we develop our legislative agenda and determine what issues that we as an association will work on from year to year. The input and feedback we receive from all of you, allows us to best serve our association and is very much appreciated. Contact us by visiting www.iemsa.net. From the website, you can access your regional and at-large directors by phone or email. Thank you all again for allowing us the privilege of serving you!

20 QUESTIONS--RESULTS OF OUR ANNUAL EMS SURVEY

BY MARK MCCULLOCH -IEMSA VICE PRESIDENT

- > **Our annual membership survey underwent a little “nip and tuck” for 2016.** If you were one of the 195 respondents you probably noticed a few familiar questions and a bunch of new stuff. After three years of consistent returns we decided to retire a few questions related to attrition, retention, turnover, burnout, and education. These particular challenges facing Iowa responders will continue to shape our actions, policy, and our industry as a whole. So with 3 years of consistent data, we felt it pertinent to move onto new topics. It is however, important to understand that while moving forward to explore new topics in EMS, we must not forget about what we have learned thus far.
- > **I will spare you the boredom of statistical analysis** and instead offer the following synopsis regarding our Survey of EMS in Iowa: First and foremost; dwindling numbers of rural EMS providers rings out as the loudest and most frequently reported concern, behind only the lingering push for EMS to attain an “Essential Service” designation. Second, people generally support System Standards Development even though our data also suggests many people do not completely understand it. Next; to everyone's surprise, the overwhelming majority of respondents see value in EMS data reporting, and many share similar expectations for returns. Concerns regarding mental health burdens, medication shortages, and opiate overdoses produced mixed results, suggesting these issues may be isolated to specific geographic regions, population centers, or within specific types of services (ALS).
- > **One concerning trend continues from surveys past – the age/ experience distribution of our respondents; the overwhelming majority of which are over 35 years old, with more than 15 years working in EMS.** This means one of two things. Either we have an impending shortage of EMS responders on the horizon (a crisis level shortage), or only the older population of our membership are filling out our survey. I speculate it's a little of both. The real bread and butter of the survey came from the numerous free-text responses. Thank you for not swearing! From these free-text entries, we learned a lot. Not just what is summarized above, but most importantly suggestions on moving forward.
- > **It became clear to us while reviewing your comments that we have left out a significantly important element in our “grass roots” campaign for improving EMS in Iowa: public support.** We must not only focus our efforts on legislators, policy makers, and each other; we must engage our communities! Does your neighbor know that they may not get a certified responder when they call 911? Do they know that only 3 people are providing EMS service to their corner of the county, or that their own ambulance company had to choose between filling their fuel tanks and re-certifying their only 2 EMTs? I wonder if anyone knows that reimbursement for ambulance service is lower in Iowa than any of our neighboring states. Do your neighbors know that they could be part of the solution by volunteering or simply by contacting their representatives? Iowa communities are known for rallying to support those in need. My friends, EMS is in need. We must make an effort to engage!
- > Link to a PDF of the 2016 Survey Results Summary is posted to the website at: <http://iemsa.net/legislature.htm>

MEDICAL DIRECTOR UPDATE



There were quite a few changes with the release of the updated American Heart Association Advanced Cardiac Life Support

guidelines last year. We will soon be rolling these changes out to the state protocols. My personal favorite update is lidocaine; I laugh when I see medications get kicked out and then bounce right back in. It can be difficult to apply the highest level of ACLS guidelines to the field, but focusing on good compressions, early defibrillation, and airway/breathing control when able seem to be good markers of success.

> Prehospital cooling is one area where there have been a lot of changes both with each update as well as between the update periods. Cooling patients after cardiac arrest started after two studies in 2002 showed benefits when patients were significantly cooled after resuscitation.^{1,2} Initial guidelines targeted 32-34°C. However, as is common in medicine, things that are found to be great at one time are soon refuted. A Swedish study by Nielsen et al in 2013 found that patients who were cooled to either 33°C or 36°C had similar outcomes.³ This brought about the possibility that hypothermia may not be a necessary component of post-cardiac arrest care.

> When we look at the physiology of a patient after cardiac arrest, we know that there is significant stress on each of the organs. As temperature increases, so does metabolic demand. Likewise, if we cool patients down we decrease the amount of oxygen and sugar needed to maintain life, almost like a short hibernation period. However, with the Nielsen study showing equivalent outcomes at 36 and 33 degrees, it may not be necessary too cool all patients to such a low temperature.

> When we look at EMS specific data there are not great indications that cooling in the prehospital environment has a large impact on outcomes. It would make sense that the earlier we initiate cooling the better the patient will do, but there has not been evidence of this in the literature.⁴

> One of the main ways we have initiated cooling in the prehospital environment is through cold normal saline. When we stop and think about it, giving a lot of fluid to someone who may be in heart failure does not seem like the most ideal of situations. We all have treated someone with pulmonary edema, and inducing it on a patient who is already tenuous can have a negative impact. This may be one of the reasons why prehospital cooling is not beneficial for outcomes, but we do not know for sure.

> So what are we to do in EMS? Well, let's look at what we know. We know high temperatures are bad. We know that keeping a patient somewhere between 33-36°C is probably best. We know that prehospital cooling is not a necessity for good outcomes. My take-away from these is that we need to make sure the patient is not hyperthermic, so appropriate clothing or blanket modifications is important as is the temperature in the ambulance. Using ice packs to cool a patient can be helpful but there is not yet data to say if this is necessary or not. Again, avoiding hyperthermia seems to be the most important component. And yes, you probably need a thermometer if you are going to track a patient's temperature. Which one? I don't care, just use one.

> Other aspects post-arrest care are also critically important. We need to adequately oxygenate the patient but not over-oxygenate as that can be bad as well, so aim for 94-99% pulse-ox. Tracking end-tidal CO₂ can be very helpful for patient management with a goal of 35-45,

and more and more services in our state are adding this to their equipment which is awesome. We also need to support the blood pressure adequately, so if you need to give fluid or start pressors for the pressure go ahead and do so. And watch for post-arrest dysrhythmias as they are pretty common.

> In summary, post-arrest care is a constantly moving target. Just like lidocaine keeps bouncing in and out of the guidelines, post-arrest targeted temperature management is not something we have been able to definitively understand in the literature yet, and I expect it to continue to change in the coming years. Therefore, we stick with what we know is beneficial based on data and continue to provide high quality care.

> As always, please let me know if you have any questions or ideas for future topics.

References

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2. Group THaCAS. Mild Therapeutic Hypothermia to Improve the Neurologic Outcome after Cardiac Arrest. *New England Journal of Medicine* 2002;346(8):549-556.
3. Nielsen N, Wetterslev J, Cronberg T, Erlinge D, Gasche Y, Hassager C, Horn J, Hovdenes J, Kjaergaard J, Kuiper M and others. Targeted temperature management at 33 degrees C versus 36 degrees C after cardiac arrest. *N Engl J Med* 2013;369(23):2197-206.
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BY JERRY EWERS, IEMSA IMMEDIATE PAST-PRESIDENT

IEMSA MEMBERSHIP UPDATE



MEMBERSHIP 101

COMPLETE A
MEMBER APPLICATION
-SEE PAGE 40

> IEMSA budgeted, purchased, and implemented a new membership

software program last year in order to be more efficient in our operations. As Chair of our Membership Committee we have focused on improvements to our internal processes and are working on reviewing benefits and creating a new membership recruitment drive. As with any new software program and conversion of data I've been a part of it's not out of the norm to have hiccups or issues that arise where we need help from tech support. Lisa, our office manager, has been working diligently with our software vendor on a few issues that affected a small number of our affiliate renewal notices not being sent out. With that said, we are now in the process of making sure renewal notices are sent out so we can maintain those important memberships and provide those quality services and benefits to all our affiliate services in Iowa.

WHAT IS MEMBERSHIP?

According to BusinessDictionary.com, membership can be defined as "belonging, either individually or collectively, to

a group." Membership is needed to help build, connect, and grow IEMSA. Membership is the second largest revenue stream for IEMSA that helps pay the expenses of the organization and our lobbying efforts. Membership enables us to offer employer benefits, such as Group Purchasing, free job postings, discounts to conferences and training, scholarships, and a free \$ 10,000 Accidental Death/ Dismemberment insurance policy to our members. For me, membership is a sense of pride and a sense of belonging to a great group of EMS professionals and a way to give back to make EMS stronger and better in Iowa.

WHY IS MEMBERSHIP SO IMPORTANT?

Membership is valuable and critical for any organization. In this economy it is often hard to justify spending your hard earned money on membership fees for professional organizations. It may even be harder for your service or workplace to pay for your individual membership or for an affiliate service membership with shrinking budgets. Yet, that membership can provide great value to you, your employer, and IEMSA.

WHAT ARE THE BENEFITS?

	\$ 10,000 AD&D	FREE Individual Memberships	Member Discounts	DISCOUNTED EMS EQUIPMENT & SUPPLIES FROM BOUNDTREE MEDICAL	VOICE and eNEWS	25% NAEMT Discount
Student		X	X		X	X
Active Retired			X		X	X
Individual	X		X		X	X
Affiliate		X	X	X	X	X
Corporate		X	X		X	

WHY JOIN IEMSA?

IEMSA was established in 1987 and has been actively involved in EMS in many facets. No matter your level of service, type of department, or patch on your sleeve, IEMSA is here to serve you and help be you're VOICE in Iowa. Some join for the professional recognition and networking opportunities, while some join for the member benefits and discounted educational opportunities that are

held throughout the year across Iowa. Others join for the resources, group purchasing, quarterly VOICE publication, our strong advocacy efforts, and timely member alerts through eNews. There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally.

>>> CONTINUED ON **PAGE 10**

>>> CONTINUED FROM PAGE 9

MEMBERSHIP FEEDBACK

Annually, through a survey, we seek feedback from our members in the Fall to gather data that helps us with strategic planning and our legislative efforts. The goal is to hear what our MEMBERS have to say so we can actively be the VOICE of EMS in Iowa. We would love to hear what you have to share with us. Are there any new benefits you would like to see? Is there a training program or event you would like us to create? What about our legislative talking points? How about social media and our website information? Again, we need your feedback and ideas to help improve YOUR organization.

THANKING OUR MEMBERS

Whether you're new to EMS or a seasoned veteran, or a past member, I would encourage you to show your support to our state, our profession, and IEMSA by becoming a member today! For those of you that are members I want to personally say "thank you" for your support in the past and into the future. We need all of you to make a difference. I would encourage every one of you to reach out to a friend or a peer and ask them to join our great organization. The benefits easily outweigh the \$ 30.00 membership fee. I also challenged our Board of Directors to recruit at least one member this year. The more support we have in numbers the greater the associations influence will be, especially legislatively. We need your help in order to grow our organization. We can't do it alone. If you have any questions about membership please contact me directly.



EMS BUREAU UPDATE

BY REBECCA CURTISS IDPH, Bureau Chief-Bureau of Emergency & Trauma Services



IOWA EMERGENCY MEDICAL SERVICES STATISTICS

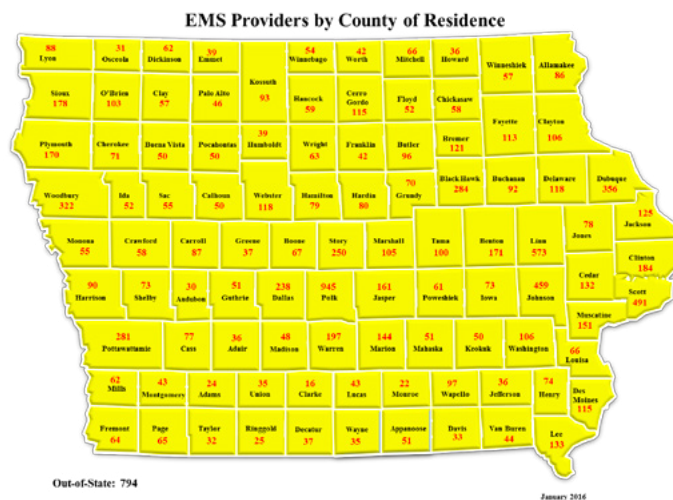
In a retrospective look at certified EMS providers from the Bureau's data base (see table below) the total number of certified EMS providers has changed very little in the past 14 years. While there has been some significant number changes in certain

levels of EMS providers the overall numbers have stayed consistent.

Year	F/EMR	EMT/B	EMT-I	AEMT	EMT-P	PS/PM	Total
2016	1,243	6,708	522	188	301	2,738	11,700
2015	1,344	6,558	539	178	303	2,654	11,576
2014	1,289	6,810	711	99	372	2,581	11,862
2002	2,504	6,135	1,203	0	652	1,153	11,647

8,458 of the 11,647 EMS Providers (72%) indicated that they are active with one or more services as of January 2016. Further data collection and analysis would be required to identify how many certified EMS providers are working in a field outside of an authorized service program that requires an EMS certification or if they obtained an EMS certification for other reasons than working in EMS. The Bureau is aware that some individuals are taking an EMS certification course solely for college credit with no intention of working as a provider of emergency medical services.

The map below indicates the number of certified EMS providers that reside within each county or out of state as of January 2016. While the map shows the certified EMS provider's county of residence, it does not capture the county where they may be providing services.



Each authorized service program as part of their authorization and reauthorization process identify staff members that are paid, volunteer, or a combination of paid and volunteer. The table below shows the staff status of each of the 917 authorized service programs as of January 2016.

Service Type	Paid	Volunteer	Paid/Volunteer
Air Ambulance	20	0	0
Ambulance	135	277	66
Non-Transport	70	338	11
Totals	225 (25%)	615 (67%)	77 (8%)



IOWA EMS PROGRAMS AND DRUGS

In Iowa an authorized EMS program that carries and administers drugs must identify the ownership of their drugs. In accordance with Iowa Administrative Code (IAC) Section 657, Chapter 11 titled Drugs in Emergency Medical Service Programs, the ownership of the drugs falls into one of three options: medical director-based; pharmacy-based; or a combination pharmacy-based and medical director-based. A signed written formal agreement between the service program and the drug's owner must be maintained at the service's primary program site and be available for inspection. Each of the three ownership options has specific requirements that must be maintained at all times. The following information and examples were developed in collaboration between the Bureau of Emergency and Trauma Services and the Iowa Board of Pharmacy to assist with the understanding and compliance of some of the specific requirements.

REGISTRATIONS REQUIRED IN MEDICAL DIRECTOR-BASED EMS PROGRAMS

In each EMS program where the drugs are medical director-based (ownership of the drugs maintained in and used by the EMS program remains with the medical director) and maintains controlled substances (Scheduled II – V) in its program, the physician medical director for the primary program site must obtain and maintain registration through the Iowa Board of Pharmacy under the Iowa Uniform Controlled Substances Act (CSA) and through the Drug Enforcement Administration (DEA) for each location serving as a primary program site. A medical director that already holds CSA and DEA registrations at another location (for example, his/her primary place of employment) is not automatically “covered” by these other registrations. Every individual location in Iowa that handles or stocks controlled substances must have such registrations for the individual location. In service programs that maintain multiple stations, only the primary program site requires such registrations, so long as the substations only have the controlled substances on hand that are needed to immediately treat its patients. If a substation has any replenishment stock of controlled substances, it effectively becomes another primary program site and must obtain and maintain appropriate CSA and DEA registrations for that specific location. A medical director-based service program that does not include controlled substances in its program is not required to maintain such registrations.

Example 1: XYZ Ambulance is a Paramedic level program that operates from 6 different locations within the city (Stations numbered 1-6). The service's medical director practices at a private clinic in town and volunteers his time for the service. The medical director purchases all of the drugs required by protocol for the Paramedic level EMS program including controlled substances. A small stockpile of drugs including controlled substances is maintained in Station 1 for resupplying Stations

1-3. Station 4 maintains a similar stockpile to resupply stations 4-6. The only drugs maintained at Stations 2, 3, 5, & 6 are the drugs in each ambulance's drug box. In this example CSA and DEA registrations in the medical director's name would be required specific to Station 1 and Station 4. The medical director's CSA and DEA registrations issued for the clinic would not cover the drugs at either station. CSA and DEA registrations would not be required for Stations 2, 3, 5, and 6 as no stockpile of controlled substances is maintained at these individual stations.

Example 2: ABC Ambulance is an AEMT level service program that operates from a single base location. By treatment protocol, approved by the service's medical director, the service carries auto-injector epinephrine, aspirin, glucose paste, lactated ringer's, and normal saline. The service maintains a stockpile of the drugs and IV solutions for replacement at their base station. The service's medical director owns and maintains the drugs for the service. In this example there is no requirement for CSA and DEA registration specific to the EMS program as no controlled substances are being utilized or maintained by the program.

PROCUREMENT OF PRESCRIPTION DRUG PRODUCTS IN MEDICAL DIRECTOR-BASED EMS PROGRAMS

When a medical director-based program (drugs owned by the service's medical director) needs to obtain prescription drugs for use in the program, such drugs must be obtained from a pharmacy, wholesaler or practitioner that is licensed in Iowa. Such purchase of drugs is essentially a wholesale transaction to transfer ownership of the drug products to the medical director. As such, these transactions are not considered “prescription” transactions and the medical director or designee should not be issuing a prescription in the name of the service or practitioner to present to a pharmacy. When buying products from a pharmacy, the medical director or designee needs to simply identify the products that the service needs to purchase. The pharmacy should then provide the products as a wholesale transaction, while not processing the products through the pharmacy's computer system as prescription transactions. The pharmacy needs to create a disbursement record that contains all required information as identified in the board's rules to provide to the service as well as maintain a copy in its records. The service is required to maintain this record as its receipt record for at least two years from the date of the transaction. For Schedule II controlled substances, the service must provide a completed DEA Form 222 that is specific to the location where the substances will be stored or utilized.

TRANSFER OF CONTROLLED SUBSTANCES IN A MEDICAL DIRECTOR-BASED EMS PROGRAM

In a service program that has multiple primary program sites, where controlled substances are stored at each primary program

>>> CONTINUED ON **PAGE 12**

>>> **EMS BUREAU UPDATE** --CONTINUED FROM **PAGE 11**

site, each site where controlled substances are stored (beyond what is needed to immediately treat its patients) must obtain and maintain Iowa CSA and DEA registrations. As such, each site that is individually registered must account for the controlled substances at the individual site. When the individual location obtains controlled substances, the required documentation must be maintained for at least two years from the date of the transaction. If a primary program site needs to transfer controlled substances to another primary program site, all the

required documentation must be completed as this is effectively a transfer of ownership between the two registered locations. Such documentation includes a disbursement record (created by the seller to provide to the buyer and a copy maintained by the seller) and, if a Schedule II controlled substance, a DEA Form 222.

For additional questions regarding drugs and EMS programs please feel free to contact Steve Mercer by email: steven.mercer@idph.iowa.gov

MOBILE INTEGRATED HEALTHCARE AND COMMUNITY PARAMEDICINE IN IOWA

The original intent of our EMS systems since the mid-1960s was to provide patient care for acute or emergency events. However, studies show that 10-40% (or greater) of ambulance service responses from across the United States are for non-emergent events. Many times patients who lack access to primary care, regardless of the reason, utilize EMS to access emergency departments for routine health care services. A majority of these patients could be more appropriately cared for in primary care offices or alternate locations. The current healthcare and reimbursement infrastructure systems do not support other appropriate, cost-effective transport alternatives.

> **After some 30 plus years of development of this model of providing prehospital care, the future of EMS may be much different.** The erosion of the volunteer model in many areas, generational changes in the overall workforce, continued budget challenges and national changes in healthcare are challenging the EMS infrastructure and demanding innovative strategies. Mobile Integrated Healthcare Systems and utilization of Community Paramedicine is one area of interest that is being looked at by many organizations.

> **The EMS Agenda for the Future, released in 1996 by the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau presented the following vision:** Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.

> **This vision above helped to establish the concept that community paramedicine can utilize EMS providers in an expanded role as part of a community-based team of health services and providers.** This community-based team would have the ability to not only provide acute illness and injury care, but could also identify health risks and provide follow-up care, treatment for chronic conditions, and community health monitoring.

> **Mobile integrated healthcare (MIH) is a model in which a variety of community health care providers and agencies** (e.g. practitioners, public health, hospitals, social services, etc.) organize to deliver a broad spectrum of patient-centered preventive, primary, specialty, and rehabilitative care outside of traditional medical facilities. MIH is an organization of multi-disciplinary medical, nursing, and other practitioners which may or may not include EMS. MIH is also an administrative organization of mobile health care services which is operated by a health/medical agency, facility, or system.

> **Community paramedicine (CP) services are able to fill gaps in patient care identified by its providers and by others in the community's health care network.** EMS can prevent new or recurrent medical episodes through these services. This reduces the incidence of ambulance transports, emergency department visits, hospital admissions and readmissions, preserving medical resources and helping to reduce healthcare costs. Paramedicine practitioners may provide clinical, operational, or logistical services as part of a comprehensive MIH system, but not as a standalone or independent entity. CP emphasizes the role of EMS members providing primary care in the patient's home which is an environment and role EMS is already familiar with and practices in.

> **Iowa Code chapter 147A and Iowa Administrative Code section 641, chapters 131 and 132 currently allows certified Iowa emergency medical care providers to render emergency and nonemergency medical care** within their scope of practice as part of an authorized service program, hospital, or other entity in which healthcare is ordinarily provided. These provisions would be applicable to a certified Iowa EMS provider functioning as a member of a MIH system either working directly for an authorized EMS program or another component of the MIH. Regardless of which component of the MIH system the certified Iowa EMS provider was working for, they would still be limited to the scope of practice based on their current level of certification. Development of a "Community Paramedic" certification or endorsement currently is not required for MIH systems utilizing Iowa certified EMS providers.

> **The term "expanded role" is used to describe the difference between a community paramedicine EMS provider and a traditional EMS provider.** Traditional EMS practices in a prehospital setting with a skill set designed for acute responses to medical diseases or traumatic injuries. An expanded role would depict the ability of the CP EMS provider to perform an enhanced assessment and medical history and to develop care plans; use non-traditional medications such as vaccines; perform treatments

for chronic diseases such as diabetes or congestive heart failure; and conduct injury prevention activities such as home safety assessments for falls and other hazards. CP as part of a MIH system should not be viewed as a new scope of practice, but rather a specialty area for EMS.

> **As with the traditional delivery of prehospital care, CP programs must also be physician-driven and employ physician oversight.** To ensure CP programs are effective, the program must be an integral part of the medical home concept where patients are cared for by a physician who leads the medical team and all aspects of prevention, acute, and chronic needs of the patients. Everything in the continuum of care from how the CP EMS provider participates in the development and implementation of a patient's care plan, where to get the orders, and how to provide documentation in the patient's medical records needs to be addressed and established by policy and protocol.

> **The agency that employs an Iowa EMS Provider must ensure that each individual has the necessary education and skill capabilities to complete the required tasks.** This may require the EMS provider to obtain additional education and skill training beyond their initial education for certification. While the CP EMS provider's additional education should be standardized, there should also be "built in flexibility" to tailor the education to meet the identified community gaps and needs. Caution must be employed when a skill or procedure that is outside of the EMS provider's scope of practice has been identified as a community gap or need. In these instances the CP program would need to request and receive approval from the Iowa Department of Public Health for a pilot program employing the new skill or procedure. If approved, data from the pilot program would be utilized to determine if a change in scope of practice would be necessary.

> **MIH systems are encouraged to first conduct a community assessment to identify their community health care needs.** This

assessment should be conducted with involvement from all health care partners to include not only EMS but local practitioners, hospitals, public health, social services, and other partners identified at the local level. Once the assessment has been completed results should be reviewed, analyzed, and shared with all involved partners. The community assessment results would be used to build a local program that may include CP to assist in filling the identified gaps.

> **Since its formal inception in the United States in 1973, EMS will continue to evolve and develop to meet the needs of our society.** All healthcare components will continue to be challenged by healthcare reform, workforce issues, cost containment, and reimbursement models, rapidly expanding technology, educating the next generation of providers, and many other issues. Because EMS is the healthcare link between public safety and public health, it will remain the safety net¹ for patients and will face these challenges at an accelerated rate due to its proximity and value to community-based efforts. The decision to develop and implement a MIH system will require involvement from multiple partners, community assessment data, increased knowledge and psychomotor skills may be required for involved EMS providers, and acceptance from other health care partners as well as the public.

> **The Iowa Department of Public Health and the Bureau of Emergency and Trauma Services continues to support the development and implementation of effective community-based healthcare teams** such as Mobile Integrated Healthcare (MIH) systems that are comprised of multiple partners and helps to decrease the burden on limited healthcare resources, saves healthcare dollars, and improves patient outcomes.

¹ *EMS Agenda for the Future, released in 1996 by the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau*



BY KERRIE HULL:

RN, EMERGENCY SERVICE COORDINATOR-CALHOUN COUNTY

> **As most of you know, the Iowa Department of Public Health has been having discussion meetings and presentations on Time Critical Conditions since 2015 across the state.** Draft Preparedness Service Areas have been sent out for feedback. It is proposed to include EMS System Development funds as part of the partnerships with hospitals and public health starting with fiscal year 2018.

> **If you haven't started developing your EMS System, you will need to start to be an integral part of these partnerships.**

System Standards gives you the baseline to build a strong EMS System that works best for your citizens, your communities and your partners in EMS. It includes 8 basic components of system organization; staffing and training; communications; response & transportation; facilities/critical care; data collection & system evaluation; public information & education; and disaster medical response.

> **Utilizing these standards will help design and implement an integrated, measurable, sustainable state wide EMS System in Iowa and your communities.** As you work with these proposed partnerships, you will find common ground to work together as a team for not only time critical conditions but the many non-time critical patients you take care of day after day. Working together with your EMS service partners, your public health and hospital partners you can strive for ways of "how can we do it better for our patients?"

If you have questions, would like to be a part of this committee or would like assistance from a member of the Iowa EMS System Standards Committee, please contact Kerrie Hull, khull@calhouncountyiowa.com or 712-297-8619.



STEMI IN IOWA

12-LEAD ECG EDUCATION

Mission: Lifeline Education...

- > Mission: Lifeline, with the assistance of Mercy School of Health Sciences is offering 12-Lead ECG education to EMS services in the state of Iowa. We are very happy to offer this to EMS agencies in Iowa. This educational offering is free of charge and will provide 2 hours of continuing education. The instructors come to your service to provide this class. For more information call Mercy School of Health Sciences at 515.643.3180 or visit www.mchs.edu. Please visit the Mission: Lifeline website for updates under the EMS tab at www.heart.org/missionlifelineIA.
- > Hospitals are now receiving Mission: Lifeline Education. This offering focuses on the statewide STEMI guideline for Non-PCI Hospitals, the system of care, collaboration with EMS and the PCI Center, thrombolytic use and more. Instructors have assigned regions and are coordinating classes with each hospital. As hospitals complete the education, they will be listed on the website.

EMS Funding

- > The 3rd round of funding for EMS 12-Lead ECGG equipment was announced in early August. The website is up to date with a list of services receiving funding. Services that have applied will not need to resubmit applications for any subsequent rounds of funding.
- > The application process is now open and will remain open until all funding has been awarded. The next round of funding will be announced in late October, 2016.
- > Prehospital 12-Lead ECG is an extremely valuable tool in recognizing STEMI heart attacks as early as possible. Iowa is far below national average in prehospital 12-Lead ECG acquisition in rural area patients. Mission: Lifeline seeks to develop the system of care for STEMI patients in those areas. This is the key goal of funding the purchase of equipment for those services in rural areas. Those services will fully participate in the system of care and Mission: Lifeline initiatives across the state. If you have questions about future funding opportunities or whether this is right for your service, please contact Heather Maier at Heather.Maier@heart.org or Gary Myers at Gary.Myers@heart.org.

Referral Hospital Funding

- > Mission: Lifeline has funded the purchase of 12-Lead ECG Receiving Software at 20 Non-PCI Hospitals in Iowa. Approximately 20 more will be offered this funding by the end of 2016. At this time, funding is being prioritized by hospitals near EMS agencies granted funds for 12-Lead ECG monitors. We are also evaluating hospitals in areas with EMS services that currently perform 12-Lead but cannot transmit due to the hospital not having the ability to receive. We will post the names of hospitals awarded funding on our website under the hospital tab. Please visit www.heart.org/missionlifelineIA.

STEMI Guidelines for EMS

- > You can find the hospital and EMS guidelines on the website. Please share these with your staff, volunteers and leadership. These will be covered in Mission: Lifeline education offered to both hospitals and EMS.

Statewide Data

- > We are collecting large amounts of data in Iowa. 24 PCI Centers are contributing data on every STEMI patient they care for. This allows us to track our progress and direct our initiatives for optimal performance.
- > Some of the positive trends we are seeing are more patients receiving 12-Lead ECG's in the prehospital setting, patients getting to primary PCI in a shorter amount of time and a drop in overall mortality. These numbers will wax and wane, but we will continue to see an overall improvement with the current engagement and large number of hospitals and EMS services working on system performance in their regions.
- > One area that needs the attention of hospitals and EMS in every region is public awareness. In the last quarter, 82% of patients in our rural areas drove themselves to the hospital. Historically, 75% of people drive themselves to the hospital in rural areas and more than 50% in urban areas. Mission: Lifeline will have materials for you to distribute at your events and in your communities. Please contact us if you are interested in receiving materials. We will post examples on the website.



SPOTLIGHT ON TRAINING

> Southwestern Community College (SWCC) is located in Creston, IA, with centers in Osceola and Red Oak. The EMS Training Program is led by new Coordinators Jan Beach-Sickels, PM, and Megan England, AEMT. Medical Director is Matthew Epp, MD, ED physician at Greater Regional Medical Center in Creston.

Southwestern conducts EMR, EMT and AEMT courses and offers classroom and hybrid classes at the EMT and AEMT levels. On-campus classes are held in the Allied Health & Science Center, which houses a skill lab and sim lab. Beginning this fall the EMS training program will be able to utilize these for classes. Providing education opportunities area wide has always been a priority for the SWCC EMS Training Program. Trainings may be held at the SWCC Osceola or Red Oak centers whenever possible. Based on the training needs for a specific area, we may use alternate locations such as fire stations or community centers. SWCC EMS Training Program also provides opportunities to obtain continuing education hours (CEHs) for EMS personnel. An annual conference is held on the main campus in Creston once a year as well as subject specific workshops.

FOR MORE INFORMATION CONTACT:

Megan England

mengland@swcciaowa.edu
641-782-1332

Jan Beach-Sickels

jsickels@swcciaowa.edu
641-344-3020





RESPIRATORY RATE

IS IT VITAL?

BY Jan Beach-Sickels, PM

Southwestern Community College • Creston, Iowa



That one vital sign, the one that gets left out so often - respiratory rate - is it really important? After all, everyone breathes 20 times a minute, right? The answers are yes, respiratory rate really is important - vital, you might say, and no, everyone doesn't breathe 20 times a minute.

> **Located near the respiratory center in the medulla of the brain, are chemoreceptors in the cerebrospinal fluid that monitor oxygen, pH, and carbon dioxide levels.** Changes in these chemicals trigger the brain to adjust rate and depth of breathing. In most patients, the primary trigger is a rising CO₂ level, indicated by a drop in pH. This is referred to as hypercapnic drive. In patients who have a continuously higher than normal CO₂, such as in late stage COPD patients, the back-up to stimulate us to breathe is a low O₂ level. This is referred to as hypoxic drive.

> **Many conditions can cause an increase in the CO₂ levels and can have an effect on the breathing rate and depth of breathing.** Metabolic acidosis, which can be caused by sepsis, diabetic ketoacidosis, or some gastrointestinal conditions, results in a rise in CO₂, and stimulates faster and deeper respirations. Respiratory acidosis can be caused by chronic respiratory conditions such as emphysema, bronchitis, or asthma, and more acute respiratory conditions such as pneumonia, pulmonary embolism and pulmonary edema.

> **It is easy to recognize a problem exists when a patient is breathing slowly, or not at all.** The BVM comes out of the bag and the patient is ventilated. It's also imperative that we recognize a rapid respiratory rate. Let's review the difference between ventilation and respiration. Simply put, ventilation is the movement of air in and out of the lungs. Respiration is classified as external respiration when the oxygen reaches the alveoli and is exchanged for carbon dioxide. Internal respiration occurs when the oxygenated blood circulates through the body, oxygenating the cells at the capillary level. One could have ventilation without actually experiencing respiration. A variety of causes could prevent respiration in the presence of ventilation, such as fluid or pus in the lungs, airway burns, or poor lung compliance.

> **Another cause of inadequate respiration in the presence of ventilation is an abnormal respiratory rate and/or depth.** Tidal volume and minute volume should be considered when evaluating adequate ventilation. The average tidal volume, or amount of air taken into the airway in one breath, is 600 ml. With a normal respiratory rate of 12 breaths per minute, minute volume is 7,200 ml. However, with each breath, approximately 150 ml of air fills the airway structures that lead to the lungs, and is not available for gas exchange. This is referred to as dead air space, and this measurement is

constant. Therefore, with each breath, 150 ml is deducted from the tidal volume and that volume is called alveolar volume. In the above case, alveolar volume is 5,400 ml.

> **While it's not necessary to get an exact measurement of alveolar volume, consider these examples:**

1. Shallow breathing with tidal volume of 300 ml at a rate of 26 breaths per minute = a minute volume of 7,800 ml. Deducting dead air space results in an alveolar volume of 3,900 ml, about 72% of normal.
2. Shallow breathing with tidal volume of 200 ml at a rate of 40 breaths per minute = a minute volume of 8,000 ml. Deducting dead air space results in an alveolar volume of only 2000 ml, about 37% of normal.
3. Breathing at normal depth, 600 ml, at a rate of 6 breaths per minute = a minute volume of 3,600 ml. Deducting dead air space results in an alveolar volume of 2,700 ml, or 50% of normal.

> **From these examples, one can see that both rate and depth of breathing are worthy of being assessed on every patient.**

Other assessments are rhythm of breathing (regular or irregular), and the quality of breathing (breath sounds, chest rise and fall, use of accessory muscles). Abnormal breathing indicates that something is wrong. In fact, the respiratory rate can help us recognize early signs of whether a patient is stable or unstable. In a study by Goldhill and colleagues, 21% of hospitalized patients who had a respiratory rate of 25-29 breaths per minute, died during their hospital stay. Patients with higher respiratory rates had a higher mortality rate. A study by Cretikos and colleagues found that in hospitalized patients with a respiratory rate of >24, over half experienced a serious complication, such as cardiac arrest or the need for ICU care.

> **On your next call, you find your patient has a respiratory rate of 36, and depth of breathing is somewhat shallow.**

You're reminded of the calculations, dead air space, and the difference between ventilations and respiration, and realize that the patient is breathing too fast to move adequate oxygenated volume to the alveoli. Applying oxygen via nasal cannula or mask may make the tidal volume richer in oxygen, but it doesn't necessarily get more oxygen to the alveoli, so you provide BVM ventilations with high flow O₂. While patients often resist this ventilation assist, explaining the procedure in a calm manner and giving ventilations when they breathe in (but at a proper rate of 12/min) often helps the patient relax and accept the BVM.



- > **Early recognition of a patient's abnormal respiratory status** can result in early treatment, create an urgency to determine the cause of the abnormality, and provide a better outcome for the patient.
- > **You may be asking, "What about pulse oximetry?"** While the pulse oximeter is a standard assessment tool, there are many conditions that can cause a misrepresentation of the patient's condition. Pulse oximetry is not dependable in patients with hypothermia, carbon monoxide poisoning, or shock for instance. One should not take the reading of a device over what the provider sees, hears, or feels.

- > **Another tool is waveform capnography.** While this article will not cover the use of capnography, it should be recognized as a valid tool to determine adequate ventilation, and used in the assessment of patients with abnormal respiratory presentation.
- > **In summary, while respiratory rate is the most neglected of the vital signs, it is truly vital.** Assessing that the patient is breathing is not enough – one must determine if there is adequate ventilation and adequate oxygenation. Respiratory rate, depth of breathing, quality, and rhythm of breathing are all important assessments, and can help you recognize whether your patient is stable or unstable. Count. Treat. Document. Repeat.

Respiratory Rate

Continuing Education Quiz

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer all questions, and achieve at least an 80% score.

Deadline: December 31, 2016

Complete this Quiz and:

- **mail to** IEMSA - CE Quiz
5550 WILD ROSE LANE, STE. 400
WEST DES MOINES, IA 50266
- **fax to** (877) 478-0926
- **or email to** administration@iemsa.net

1. As long as a patient is breathing between 12 and 20 times a minute, he has adequate breathing.
 - a. true
 - b. false
2. There is evidence that patients with a respiratory rate over ____ per minute are likely to be critically ill.
 - a. 16
 - b. 20
 - c. 24
 - d. 30
3. An average adult male patient is breathing 20 times a minute with a tidal volume of 500 ml. His minute volume is ____ and alveolar volume is _____.
 - a. 1000, 700
 - b. 10000, 7000
 - c. 6000, 4500
 - d. 9000, 6000
4. A conscious but lethargic patient is breathing 40 times a minute with a shallow depth. He is sweating and pale. Pulse oximetry reads 95%, and pulse is 112. Which of the following statements is TRUE?
 - a. The patient shows signs of inadequate ventilation and should be assisted with a BVM.
 - b. The patient should be placed on oxygen via nasal cannula since his SpO2 is 95%.
 - c. The patient should be given oxygen via non-rebreather mask because he is conscious.
 - d. The patient does not need oxygen because his SpO2 is 95%.
5. The proper rate of ventilating an adult patient is:
 - a. every 3 seconds
 - b. every 6 seconds
 - c. every 10 seconds
 - d. every 12 seconds
6. Which of the following is most likely to cause metabolic acidosis?
 - a. pneumonia
 - b. airway injury
 - c. sepsis
 - d. bronchitis

7. Which of the following is most likely to cause respiratory acidosis?
 - a. excessive vomiting
 - b. sepsis
 - c. shock
 - d. pulmonary embolism

8. One way of assessing the quality of breathing is to:
 - a. listen to lung sounds
 - b. check pulse oximetry
 - c. observe rhythm of breathing
 - d. count the rate of breathing

9. In normal circumstances, the stimulation to breathe occurs when chemoreceptors send a message to the brain that:
 - a. the pH level is too high
 - b. the carbon dioxide level is too high
 - c. the oxygen level is too low
 - d. the oxygen level is too high

10. A positive outcome of recognizing and treating an abnormal respiratory rate is that:
 - a. early recognition will result in earlier treatment of hypoxia
 - b. identifying a rapid respiratory rate can create an urgency in determining its cause
 - c. the patient may be prevented from becoming critically ill
 - d. all of the above

NOT A MEMBER? But would like to earn this CE. Join our Voice for positive change in EMS by joining IEMSA today. Visit www.iemsa.net, go to our membership page and apply online today at http://iemsa.net/member_account.htm --just \$30/year.

Name _____

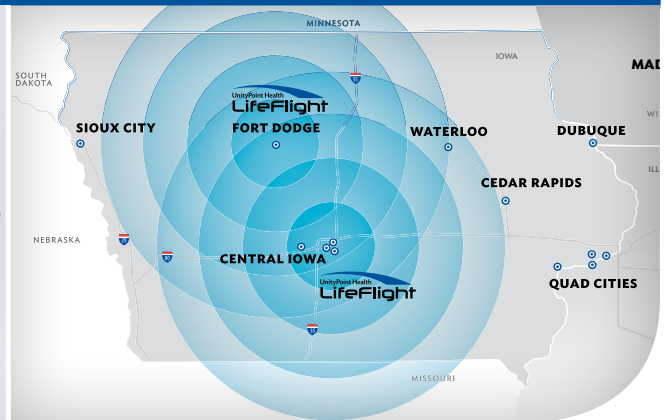
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> IEMSA 27TH ANNUAL CONFERENCE & TRADE SHOW

On behalf of the Board of Directors of IEMSA, you are invited to attend our annual conference and trade show at the IOWA EVENTS CENTER in Des Moines, Nov. 10-12, 2016. We are proud that our conference has become nationally recognized for excellence and that we regularly enjoy an attendance of well over 1,000 participants. Our blend of national, regional and local speakers and the variety of the classes offered make this conference one you won't want to miss.

EARN AFFORDABLE CEs : Earn CEs at an affordable price. CEs are a mix of Formal and Optional--see course outline for details.

WHO SHOULD ATTEND : Basic Providers, ALS Providers, Educators, Managers/Supervisors, Service Directors, Medical Directors, and Nurses.

OUR BIGGEST VENDOR HALL YET : The Vendor Hall is a valuable part of your conference education. It's where you'll have a chance to see and try out many of the newest EMS products on the market, pick up some freebies, and make business contacts that could benefit your department. This year you could win some valuable product and service "Give-Aways" Friday and Saturday during the breaks in the exhibit hall. Must be present to win. There will be NO DRAWINGS DURING THE LUNCH HOURS.

AWARDS CEREMONY : To be held again this year, to honor those you have nominated for EMS excellence.

Location : IOWA EVENTS CENTER
(Community Choice CU & HyVee Hall)
730 Third Street
Des Moines, IA 50309
www.iowaeventscenter.com

> BOARD OF DIRECTORS

- > President : Linda Frederiksen
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-
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> ANNUAL BOARD MEETING

- > November 10th, 2016
Annual Meeting 11:15-12:15pm
Annual Conference, Meeting Room
TBD --Community Choice Credit
Union Convention Center

> IEMSA OFFICE:

- > 5550 Wild Rose Ln., Suite 400
West Des Moines, IA 50266
Phone : 515.225.8079
Fax : 877.478.0926
email: administration@iemsanet.net
Office Mgr: Lisa Cota Arndt

WWW.IEMSA.NET

22	AFFORDABLE CONTINUING EDUCATION : Compare the cost of getting your CEs and CEUs to other educational resources and you'll see this conference is a very affordable way to get your required continuing education credits done.
23	CONFERENCE HIGHLIGHTS : This page will guide you through the details of the conference. Review it--to learn, what's included, exhibit hall schedule, registration deadlines, cancellation policies and more!
28	NEW! S.A.V.E. PROGRAM PRE-CONFERENCE WORKSHOP -- "Safely Addressing Violent Encounters"
30	FRIDAY & SATURDAY SCHEDULE AT A GLANCE : Get a big picture look at the entire 2-Day Conference program. This easy guide helps you plan your 2-days at the conference.
38	THE FRIDAY NIGHT ENTERTAINMENT IS A CRAZY HAT THEMED CELEBRATION! Prizes will be awarded for best hats in several categories. Start planning your hats today!
40	IEMSA MEMBERSHIP APPLICATION! Become a Member for just \$30 and SAVE up to \$90 on your conference registration.
41	REGISTRATION FORM --REGISTER BY OCTOBER 31ST AND SAVE \$50

OUR EVENT HAS GONE MOBILE!

SEE
PAGE 9
FOR
DETAILS



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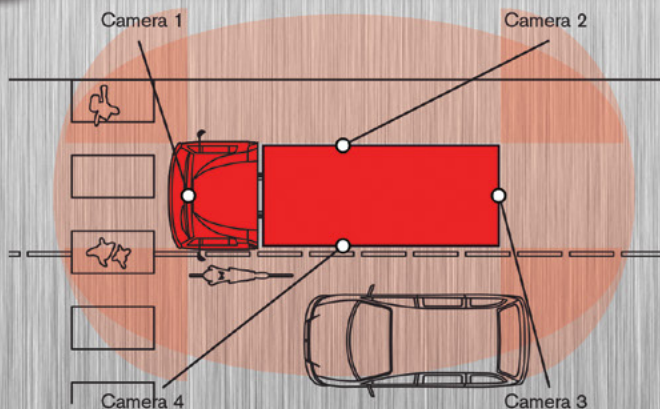
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IEMSA
Iowa Emergency Medical Services Association

Become a Member of IEMSA
INDIVIDUAL MEMBERSHIP APPLICATION on Page 40.

SAVE UP TO \$90
ON YOUR CONFERENCE REGISTRATION

BECOME A MEMBER OF IEMSA FOR \$30 AND
SAVE UP TO \$90 on your conference registration fees.
Not attending the conference? Become a member today
by visiting www.iemsa.net.

> OUR HISTORY

Founded in 1987, IEMSA has been actively involved in emergency medical care in Iowa. The Iowa EMS Association has been the guiding force in:

- Initiating and supporting EMS legislation for funding of training and equipment for ambulance services in Iowa.
- Representing its members on task forces, advisory groups and boards at the local, regional, state and national levels.
- Addressing issues that affect EMS services through service director meetings and educational programs.
- Establishing a communication link for its members through a newsletter that provides updates on current EMS happenings.
- Bringing nationally recognized speakers and topics to a statewide Annual EMS Conference and Trade Show.

> OUR PURPOSE

The Iowa Emergency Medical Services Association strives to continually improve emergency medical services in Iowa by:

- Promoting and advancing the quality of care and professionalism of those who deliver emergency medical care throughout Iowa.
- Promoting and providing public education and information related to emergency medical care.
- Serving as a channel of communication for local and county EMS groups to share their concerns with state and national agencies.
- Promoting the development of the highest ethical standards for EMS care providers.
- Promoting teamwork among those who are dedicated to saving lives and helping the sick and injured.



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EDUCATION CONTINUING EDUCATION AFFORDABLE

Attending the IEMSA Conference is a great way to obtain affordable, formal and optional continuing education. IEMSA is diligent in its efforts to provide a conference that meets the needs of nursing, and all levels of EMS Providers. This year IEMSA appreciates the support of Eastern Iowa Community College, who makes continuing education possible at our conference.

REGISTER TODAY!

THIS IS HOW IT WORKS:

> CEHs:

EASTERN IOWA COMMUNITY COLLEGE will award one continuing education hour (CEH) of credit for each contact hour attended. Most credits are formal, and a few are optional. Please check the schedule for details. CEHs earned will be applicable for renewal of an Iowa EMS Provider certification.

> CEUs:

ILLINOIS AND IOWA NURSING CEUs are approved through Eastern Iowa Community College Iowa Board of Nursing Approved Provider No. 8.

> CEH/CEU PROCESS:

IEMSA PARTICIPANTS MUST BE

PRE-REGISTERED TO INCLUDE NAME, LEVEL

OF CERTIFICATION, AND CERTIFICATION NUMBER.

Upon check-in on the day of the conference, you will receive a nametag with a barcode. For participants to be awarded CEU/CEHs, it is your responsibility after each presentation you have attended, to scan your nametag barcode to receive credit for attendance.

After the conference, you will receive an email with a link to your certificate of attendance. The link will take you to a quick post-conference survey. After the survey is complete--you will see a link to your certificate in the top left corner of your screen. Click that link--to show your certificate. You can then download, save, and/or print it. Your conference certificate will include CEU/CEH detailed information, including the Iowa EMS sponsor number designating formal education (FE) or optional education (OE).

★ = FORMAL CE

○ = OPTIONAL CEs

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IEMSA 27TH ANNUAL CONFERENCE & TRADE SHOW



**REGISTER BEFORE
OCTOBER 31ST
AVOID \$50 LATE FEE!**

To avoid the Late Fee your registration must be received in our office or posted online by 12AM October 31st.
**ALL REGISTRANTS
WILL RECEIVE AN
IEMSA BACKPACK.**

> REGISTRATION DEADLINE: Register prior to October 31st to ensure entrance to the conference. Registrations received after this date and on-site registrations may be limited. IEMSA will not invoice services for payment. PO's are not an accepted form of payment.
Register by October 31th before 12am to SAVE \$50.

> CONFIRMATION: Registrations processed online will automatically receive a registration confirmation immediately via email. All others will not receive a confirmation unless requested by email to: administration@iemsanet.net.

> CANCELLATION/REFUND POLICY: Refunds, less a \$50 processing fee, will be made for cancellations made prior to October 15th. No refunds will be made for cancellations after October 15th. IEMSA reserves the right to cancel any session or special event that does not meet the minimum requirements, or to change a speaker as necessary.

> REGISTRATION SIGN-IN: Packets and badges will be available for pick up in the first floor lobby of the Veteran's Memorial Community Choice Credit Union during the following hours: Thursday, Nov. 10 from 7:00am to 5:00pm; Friday, Nov. 11 from 7:00am to 5:00pm; and Saturday, Nov. 12 from 7:00am to Noon. **IEMSA MEMBERS:** Don't forget to join IEMSA or renew your membership. Conference registration member discount not allowed for non-active members. NON-Active Members taking the conference discount will be billed accordingly. Visit www.iemsanet.net and go to Membership for all the details.

> CELL PHONES/PAGERS: Out of courtesy for fellow attendees, it is requested that all cell phones and pagers be turned off during all sessions, the Annual Meeting, the Awards Ceremony, and the Honoring Our Own Presentation.

HIGHLIGHTS

> EXHIBIT HALL : HYVEE HALL C

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EXHIBIT HALL HOURS:

- **THURSDAY, NOVEMBER 10TH**
VENDOR HALL WELCOMING RECEPTION
4:30PM-7PM
- **FRIDAY, NOVEMBER 11TH : 9AM-5:40PM**
GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL
DRAWINGS WILL DONE DURING THE A.M AND P.M. BREAKS ONLY--**MUST BE PRESENT TO WIN.**
- **SATURDAY, NOVEMBER 12TH : 9:10AM-1:40PM**
GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL
DRAWINGS HELD DURING A.M. BREAK ONLY--**MUST BE PRESENT TO WIN.**

> ANNUAL BOARD MEETING :

Thursday, November 10th, 11:15-12:15
Every member is encouraged to attend the annual meeting. Votes will be taken regarding bylaw changes, new board members will be introduced and reports on activity of the Association will be given.

> AWARDS CEREMONY : Saturday, November 12th, 1200-1300, during lunch. Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, and Hall of Fame.

> HONORING OUR OWN :

Saturday, November 12th, 0730-0815
Please join us in honoring those no longer with us at this moving ceremony.

> LUNCHES : Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. Our venue is a little farther away from the usual lunch sites, and with the short lunch break, we are encouraging you to include our plated hot lunch in your registration. In an attempt to keep the conference affordable, we kept the lunch price at \$15/day, a discounted price from what we are charged. Lunches must be purchased when you register—you will not be able to purchase a lunch the day of the event. **Lunch is on your own on Thursday.**

Concession stands will be available during the lunch break on Thursday, Friday and Saturday. Food Concession open in the exhibit hall on Friday and Saturday.

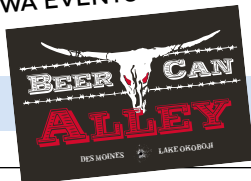
> BREAKS : Coffee, tea and water will be available during registration. Two refreshment breaks will be provided on Friday and Saturday at no additional cost--served in the exhibit hall.

> CONFERENCE HOTEL GROUP RATES :

—SEE PAGE 37 FOR DETAILS

THURSDAY NIGHT FUN
GATHERING PLACE EVENT : 7:30-11P

LOCATION: BEER CAN ALLEY - NOV. 10TH
(NO COVER FOR CONFERENCE ATTENDEES)
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BOUND TREE MEDICAL – IEMSA’S NEW GROUP PURCHASING PARTNER –

IEMSA’s Membership Committee is excited to update you on the Group Purchasing Program. The contract has been awarded to Bound Tree Medical. Bound Tree has entered into a two-year contract with IEMSA to provide our Affiliate Members with considerable discounts on their products.

As the leading EMS distributor in the United States, Bound Tree Medical has been providing emergency medical equipment, supplies and pharmaceuticals to fire departments, law enforcement agencies, military, and other EMS organizations for over 35 years. Bound Tree offers thousands of quality products from leading manufacturers paired with innovative service to help you save time and save lives.

THE RIGHT PRODUCTS

Bound Tree offers an extensive product offering including value-priced private label products, kitting solutions, recertified equipment and a full line of pharmaceuticals.

Private Label Products – With savings up to 20% off of name-brand medical supplies, Bound Tree’s portfolio of private label products enables providers to deliver quality treatment at a better overall value.

Kitting Solutions – Bound Tree’s pre-assembled kits provide a cost-effective, convenient way to respond quickly, providing immediate care for emergency situations.

Recertified Equipment – Bound Tree’s recertified equipment includes AEDs, monitor/defibrillators, infusion pumps, pulse oximeters, suction units, ventilators and vital sign monitors from top manufacturers.

Pharmaceuticals – Bound Tree offers a full line of EMS pharmaceuticals including Class II and Class IV drugs.

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Bound Tree offers valuable services to increase efficiency and accuracy, reduce liability and positively impact your bottom line.

Operative IQ – Maintain accurate inventory records, reduce overhead costs and eliminate costly mistakes.

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Bound Tree University – Maintain certification with more than 20 hours of FREE, accredited CEUs.

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Bound Tree has the resources to offer convenient online ordering, timely deliveries and disaster support services.

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Bound Tree’s dedicated account managers offer valuable input on cost/quality tradeoffs, state/local requirements, industry changes and new product introduction.



Brooke Teeselink

Brooke has more than six years of experience in the EMS sales industry and is in her first year with Bound Tree. She is a committed Account Manager who was born and raised in northwest Iowa. Brooke strives to provide even more value to her customers with extraordinary service and a superior product offering.



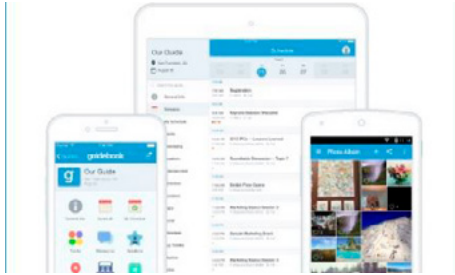
Peter Lawrence

Going on three years with Bound Tree, Peter has over 15 years of Medical Sales experience. He is a dedicated Account Manager who works remotely and takes pride in treating his customers with great sincerity and the manner that he would like to be treated as a customer.

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IOWA EMS ASSOCIATION 27TH ANNUAL CONFERENCE - 2016 HAS GONE MOBILE!



The Iowa EMS Association - 27th Annual Conference - 2016 has gone mobile using Guidebook.com!

We strongly encourage you to download our mobile guide to enhance your experience at Iowa EMS Association - 27th Annual Conference - 2016. You'll be able to plan your day with a personalized schedule and browse exhibitors, maps and general show info.

The app is compatible with iPhones, iPads, iPod Touches and Android devices. Windows Phones and Blackberry users can access the same information via our mobile site.

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Once you're downloaded you should check your Guide Book for the latest updates. We'll be updating the Guide on a regular basis as details for events come together, and as exhibitors are added to our vendor hall.

Be sure to check the exhibitor listing for **Give-Away information from our vendors.**

LOOKING FOR INFO ABOUT SPEAKERS: A FULL LIST OF SPEAKERS AND THEIR ENTIRE RESUME AND PHOTOS ARE LISTED IN THE GUIDE BOOK. JUST TAP ON THE "SPEAKER BIOS ICON" AND THEN THE SPEAKER. IT'S ALL THERE FOR YOUR REVIEW.

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PRE-CONFERENCE WORKSHOPS THURSDAY, NOVEMBER 10, 2016

AFFILIATE MEMBER SERVICES BENEFIT OF MEMBERSHIP: Current Affiliate IEMSA Member Services/Organizations are allowed \$120 towards your choice of TWO of the 1/2 Day Workshops on this page. **Become an Affiliate Member Before you Register to Qualify.** Use Promo Code: AFF-LEADER (PROMO CODE will not apply discount if used to register within an ONLINE Group Registration, or if your service is NOT an active Affiliate Member of IEMSA.)

1/2 DAY SERVICE DIRECTORS WORKSHOP

\$60 MEMBER / \$90 NON-MEMBER

8:00 AM - 11:15 PM -- **THURSDAY MORNING WORKSHOP**
EMS LEADERSHIP IN IOWA—BUREAU OF EMERGENCY AND TRAUMA SERVICES—SERVICE DIRECTOR WORKSHOP ★

-IDPH EMS FIELD COORDINATORS : MERRILL MEESE & JEFF EASTMAN

This workshop will assist current or prospective EMS program service leaders meet or exceed the state requirements for an authorized service program. The workshop will provide a review and discussion of the administrative rules and provide resources to assist with maintaining compliance.

1/2 DAY LEADERSHIP/MANAGEMENT WORKSHOP

\$60 MEMBER / \$90 NON-MEMBER

12:15 PM - 4:30 PM -- **THURSDAY AFTERNOON WORKSHOP**

THE GREAT RISKS OF EMS

 ★

RAYMOND L. FOWLER, M.D., FACEP, DABEMS
 JOSHUA D. STILLEY, M.D.

EMS medical direction has found that there are three great risks associated with the practice of clinical emergency medical services in the field. The first is the management of advanced airways. The second is unsafe driving practices. The third is the nontransported patient. This discussion will concentrate on essential issues relating to the evaluation and management of these risks, the greater risks, as a part of an overall quality management program for emergency medical services.

HOW MEDICAL DIRECTORS THINK

 ①

RAYMOND L. FOWLER, M.D., FACEP, DABEMS
 JOSHUA D. STILLEY, M.D.

The mindset of an EMS medical director is a complicated piece of geography. It is critical that an EMS medical director be experienced in all areas necessary to protect the public to whom the EMS providers are responding as well as to keep EMS providers safe from potential risks. This discussion will provide insight into the thought process of an experienced EMS medical director who oversees large complex urban and suburban EMS systems.

PERILS OF NON-TRANSPORT EMS

 ★

RAYMOND L. FOWLER, M.D., FACEP, DABEMS
 JOSHUA D. STILLEY, M.D. AND JEFF BEASON, DO, RN, EMT-P

Within the three great risks of EMS, perhaps no greater risk is found than if the patient that is not transported. This discussion will touch on many of the critical points regarding the assessment and management of patients that ultimately result in a nontransport by EMS systems. A review of pertinent literature regarding these patients is included, and strong suggestions will be made to the audience regarding essential elements of protocols and quality management regarding non-transported patients.

1/2 DAY : MEDICAL DIRECTOR WORKSHOP

 ★

\$60 MEMBER / \$90 NON-MEMBER

PRESENTED BY THE IDPH EMS FIELD COORDINATORS :
 MARY CHWIRKA & ELLEN MCCARDLE-WOODS

(THURSDAY MORNING WORKSHOP)

8:00 AM - 11:15 PM

This workshop will assist the current or prospective physician medical director with the roles, responsibilities and available tools to provide medical direction and oversight for an Iowa EMS program. This session meets the Iowa Administrative Code requirement that all service program medical directors attend an Iowa Department of Public Health sponsored workshop within one year of assuming duties.

At the conclusion of this presentation the participants will be able to;

- Describe the roles, responsibilities, & duties of the medical director of an Iowa authorized EMS program as defined in Iowa Code Chapter 147A and Iowa Administrative Code (IAC) Section 641 Chapter 132
- List the resources available to assist the EMS physician medical director supervise the system
- Apply knowledge & information from today's workshop to given scenarios

1/2 DAY : DRUGS & QI/CQI WORKSHOP

 ★

\$60 MEMBER / \$90 NON-MEMBER

PRESENTED BY THE IDPH EMS FIELD COORDINATORS

(THURSDAY AFTERNOON WORKSHOP)

12:15 PM - 2:15 PM

REGULATION OF DRUGS IN IOWA EMS PROGRAMS

 ★

PRESENTED BY SUE MEARS, RPH, COMPLIANCE OFFICER, IOWA BOARD OF PHARMACY AND STEVE MERCER, EXECUTIVE OFFICER, IOWA DEPARTMENT OF PUBLIC HEALTH

This presentation will be a scenario based discussion and review of the regulations that governs the ownership, control, storage, and record keeping of drugs within an authorized Iowa EMS Program.

2:30 PM - 4:30 PM

QA/CQI AND EMS

 ★

PRESENTED BY STEVE MERCER, EXECUTIVE OFFICER, IOWA DEPARTMENT OF PUBLIC HEALTH AND MERRILL MEESE, EMS FIELD COORDINATOR, IOWA DEPARTMENT OF PUBLIC HEALTH

This presentation will provide a basic overview of quality assurance (QA) and continuous quality improvement (CQI) programs and how they can be applied to an EMS program to meet minimum regulation requirements.

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- Pharmaceuticals
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- IV Products
- Immobilization
- Wound and Burn Care
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Danielle Hargens, EMT, FF
District Sales Manager
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FULL DAY : CRITICAL CARE PARAMEDIC (CCP) REFRESHER

\$120 MEMBER / \$150 NON-MEMBER ★

8:00 AM - 8:50 AM

ETCO2 MONITORING FOR THE CCP ★

--JULIE DAVIS, RN, PM

With all the tools at our disposal, few are as valuable as the monitoring of end tidal carbon dioxide. This talk will review and provide an in depth look at the pathophysiology, morphology, and application of real time EtCo2 monitoring.

9:00AM - 9:50 AM

CVICU CASE STUDIES: BALLOON PUMPS ★

--JULIE DAVIS, RN, PM

The critical care curriculum provides initial education regarding balloon pumps. Rarely does the critical care paramedic use the skills and knowledge applicable to this practice. This session will review the importance of timing, inflation, and deflation of balloon pumps. In addition, this course will review the correct response to a balloon pump emergency.

10:00 AM - 11:15AM

FLUID RESUSCITATION: FEAST OR FAMINE ★

--ROSEMARY ADAM, RN, PM

This one-hour presentation will center on the role of fluid resuscitation in 2 types of shock: hemorrhagic and septic with the controversies inherent in both. This presentation has been developed for prehospital, emergency and ICU paramedics and nurses for formal continuing education.

12:15 PM - 1:30 PM

CCP 12 LEAD: STEPPING OUTSIDE YOUR COMFORT ZONE ★

--JAMIE TEMPLE, BA, NRP, CCP

Learning happens when we step away from our comfort zone and go all in. This 12 Lead EKG session will review the basics of 12 LEAD interpretation (our comfort zone), and when you are all warm, fuzzy, and comfortable, challenge you to see additional information that may have been previously hidden. This session will add many new 12 LEAD tools to your CCP toolbox, and allow you to put them to use in case presentations.

1:45 PM - 3:00 PM

ADVANCED AIRWAY MANAGEMENT FOR THE CCP ★

--CASEY THOMPSON, PM, CCP

This one-hour presentation will delve into advanced airway situations encountered by the CCP. This course will also discuss various strategies that are available to assist the CCP in managing the advanced airway.

3:15 PM - 4:30 PM

A CRITICAL CARE REVIEW OF HIGH RISK OB PATIENTS ★

--JACOB DODDS, PM, CCP

Fewer rural hospitals are providing obstetrical services, or have greatly reduced their capability of assuming high-risk pregnancies. As a result, EMS providers are finding themselves transporting these patients to tertiary facilities with much greater frequency. With so much that can go wrong, it is important for the EMS provider to be aware of the special circumstances that these high-risk transfers can bring. The course will provide a general overview of the pearls and pitfalls when called upon to transport the high-risk obstetrical patient.

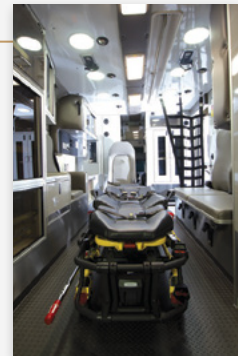
PRE-CONFERENCE WORKSHOPS -->>>> CONTINUED ON PAGE 28



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THURSDAY

PRE-CONFERENCE WORKSHOPS THURSDAY, NOVEMBER 10, 2016

1/2 DAY : AHA STEMI/12 LEAD SCENARIO BASED / HANDS ON TRAINING ★

\$60 MEMBER / \$90 NON-MEMBER
 (THURSDAY AFTERNOON WORKSHOP)

12:15 PM - 4:30 PM

PRESENTED BY HEATHER MAIER, RN CCRN CEN
 MISSION:LIFELINE DIRECTOR - IOWA - MIDWEST AFFILIATE

More than 1 Million Americans will suffer a heart attack each year. More than a quarter of them will not survive. Others will be left with lifelong complications and burdens that reduce their quality of life. Defined systems of care for time critical diagnosis, such as heart attacks, insure victims get the right care in a timely manner. Early identification via 12-Lead ECG in the prehospital setting launches the entire system of care into action. This has been proven to save time and muscle, save lives and improve overall outcomes for heart attack victims. This course will provide:

- A background on the STEMI System of Care,
- Overviews of current state protocols and guidelines,
- A review of the pathophysiology of myocardial infarction
- Identifying the patient with vague symptoms
- How to properly obtain a 12-Lead ECG with tips and tricks
- 12-Lead Interpretation for ALS providers
- Patient care initiatives for the cardiac patient
- Will include lecture and hands-on experiences

By attending this course, participants will be able to:

1. Identify appropriate opportunities to perform 12-Lead ECG in the prehospital setting as evidenced by discussion and participation in scenario-based training,
2. Discuss their role in the STEMI System of Care as evidenced by participation in group discussions;
3. Perform 12-Lead ECG of diagnostic quality, identify troubleshooting with equipment by participation in scenario-based training; and
4. Identify patient care priorities in the cardiac patient through participation in group discussions and scenario-based training.

1/2 DAY : S.A.V.E. PROGRAM : "SAFELY ADDRESSING VIOLENT ENCOUNTERS - S.A.V.E." ★

\$60 MEMBER / \$90 NON-MEMBER
 (THURSDAY AFTERNOON WORKSHOP)

PRESENTED BY



BOB PORESKEY, EMT-P has spent over 35 years developing and teaching the principles of unarmed self-defense and fitness training. As a life coach and defensive tactics master instructor he combines the mental and physical aspects of personal wellbeing. His diverse and extensive instructional experience includes providing specialized training for law enforcement, security and health care professionals. Bob is a co-founder of PCS "Protective Consulting Solutions" and has presented and trained first responders across the nation in managing difficult behaviors.



SHAWN TOMPKINS, B.S., EMT-P, has spent over 20 years as a firefighter/paramedic in Upstate New York. He has been trained as both a "Defensive tactics" and "Verbal Judo - Communications and De-escalation" instructor, and has spent hundreds of hours training fellow emergency responders across the nation to manage aggressive behavior. Shawn is the co-developer of the "Safely Addressing Violent Encounters" Program and PCS "Protective Consulting Solutions" partner.

12:15 AM - 4:30 PM

Assaults that injure first response personnel are at an all time high and will continue to escalate into the next decade. Although more than five percent of calls for help involve a violent patient, little training is provided to effectively address this growing problem. This hands-on, interactive program provides the needed skills to not only identify a violent scene, but also, simple techniques that can easily be applied to any aggressive person. Based on a foundation of medically accepted and liability conscious practices, S.A.V.E. will teach you how to safely control violent patients in need of medical treatment and how to defend yourself and your partners against unexpected assaults.

Objectives:

- Discuss the extent of violence in emergency responses.
- Recall four signals that identify impending violence.
- Discuss the role of personal intuition in improving awareness
- Recall the key principles of effective self-defense,
- Demonstrate safe and effective strategies to manage violent behaviors.
- Demonstrate effective strategies to mitigate and defend against assaults
- Define patient restraint and outline patients that may require restraint.
- Recall key elements for appropriate documentation of violent encounters.

1/2 DAY : FIRE/RESCUE HANDS-ON TRAINING**\$60 MEMBER / \$90 NON-MEMBER**

--JERRY ESLICK, DEPUTY CHIEF, WDM FIRE
 HELD OUTSIDE (IN-PART)--PLEASE DRESS FOR WEATHER ACCORDINGLY.
ATTENDEES MUST BRING: HELMET, SAFETY GLASSES, GLOVES.

8:00 AM - 11:15 AM -- **THURSDAY MORNING WORKSHOP****GRAIN BIN RESCUE**

This course is designed to raise awareness about bin-rescue procedures and equipment, will provide extensive hands-on training. Participants will gain experience working in grain bins and using technical rescue equipment, such as ropes, harnesses, carabineers, mechanical-advantage systems, anchorage points, cofferdams, breathing apparatus, tripods, and victim packaging. They will experience firsthand an actual engulfment and the pressures involved on their body. Participants will get their hands dirty. We will be simulating engulfment, and actually be pulling people out of grain, just like in a rescue situation. We'll be packaging people and pulling them through the roofs of bins, working at heights, and building cofferdams in grain. We're going to show how time intensive and how difficult these things can be.

NEW VEHICLE TECHNOLOGY

This program is a dynamic learning experience highlighting information on new technology found in today's vehicles. The program couples a multi-media classroom presentation with an innovative hands-on program. This program is designed for all emergency responders since new technology impacts the response to many different situations, from vehicle lockouts to vehicle fires to motor vehicle crashes.

HYBRIDS

Throughout the training program, the Instructor will dispel some of the commonly held myths surrounding hybrid vehicle extrications. Emergency personnel will be educated on the unique dangers surrounding these vehicles and how to minimize the risk to both themselves and victims. From an in-depth look at the technology in hybrids to response procedures, this training covers everything needed to operate safely and effectively around these vehicles. This session includes a lecture presentation, and a quick-reference sheet on current hybrid models.

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FRIDAY SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL CEs ① = OPTIONAL CEs

WHEN YOU REGISTER YOU WILL BE ASKED TO SELECT ONE SESSION FOR EACH TIME SLOT.

NOTE: SOME SESSIONS REQUIRE YOU ATTEND TWO SESSIONS.

7:45 AM - 9:00 AM -- KEYNOTE SPEAKER GENERAL SESSION - BALLROOM ①

LIFE BEHIND THE CAMERA --NEW ORLEANS EMS - DAN FLYNN, HOLLY MONTELEONE, NICK MANNING AND TITUS TERO

9:00 AM - 9:45 PM

- **BREAK IN THE EXHIBIT HALL**--HYVEE HALL C
Give-Away Drawings Begin and Refreshments and a treat will be served in the exhibit hall for this break.
- **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**
"DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH IN THE EXHIBIT HALL."

9:45 AM - 10:35 AM

- **CARDIAC ARREST : MECHANICAL CPR SAVE AND DUAL SEQUENTIAL DEFIBRILLATION** ★
--NEW ORLEANS EMS - DAN FLYNN, HOLLY MONTELEONE, NICK MANNING AND TITUS TERO
- **TALK THE TALK** ★
--BOB PORESKY & SHAWN TOMPKINS
- **EVERY BREATH YOU TAKE" : THE MOST COMMON RESPIRATORY DIAGNOSES** ★
--JANET TAYLOR RN, CEN, NREMT-B
- **HAZARDOUS MATERIAL RESPONSE TO A CHEMICAL EXPOSURE- PART 1 OF 2** ★
(2 SESSION COURSE) --ART SAENZ, PHD

10:45 AM - 11:55 AM

- **HAZARDOUS MATERIAL RESPONSE TO A CHEMICAL EXPOSURE- PART 2 OF 2** ★
(2 SESSION COURSE) --ART SAENZ, PHD
- **DEFENSIVE TACTICS FOR OFFENSIVE SCENES** ★
--BOB PORESKY & SHAWN TOMPKINS
- **STREET DRUGS AND PARAPHERNALIA** ★
--CASEY THOMPSON, PM, CCP
- **CRITICAL THINKING IN EMS** ★
--RAYMOND L. FOWLER, M.D., FACEP, DABEMS & JEFF BEASON, DO, RN, EMT-P

NOON - 1:00 PM

LUNCH-- YOU HAVE TWO OPTIONS for Lunch:

- **CONCESSION STANDS** ARE OPEN IN THE EXHIBIT HALL WITH SEATING
- **SIT-DOWN LUNCH** -- you can purchase lunch with your registration. It includes a plated sit-down lunch. In an attempt to keep the conference affordable, we kept the lunch price at \$15/day. Lunches must be purchased when you register--you will not be able to purchase a lunch the day of the event. This lunch is served in the educational area of the event center.

1:00 PM - 1:50 PM

- **THAT SMELL, THE LOOK, NOW TREAT IT!** ★
--ANDREA ZICKMUND NREMT-P/FF
- **END-OF-LIFE CARE CONSIDERATIONS FOR THE EMS PROVIDER** ★
--JACOB DODDS, PM, CCP
- **EMS STANDBY AT SPORTING EVENTS** ★
--SCOTT RICHARD FP-C, CCP
- **HAZARDOUS MATERIAL SIMPLIFIED - PART 1 OF 2** ①
(2 SESSION COURSE) --ART SAENZ, PHD

2:05 PM - 2:55 PM

- **HAZARDOUS MATERIAL SIMPLIFIED - PART 2 OF 2** ①
(2 SESSION COURSE) --ART SAENZ, PHD
- **SHE'S HAVING A BABY! : PREGNANCY COMPLICATIONS** ★
--JANET TAYLOR RN, CEN, NREMT-B
- **ETHICS IN EMS: EXAMINING THE EMS COMPASS PROJECT** ★
--RAYMOND L. FOWLER, M.D., FACEP, DABEMS
--JEFF BEASON, DO, RN, EMT-P

- **SUICIDES OF EMS PROVIDERS: INCREASING FAMILY AWARENESS AND HOW TO HELP BEFORE IT'S TOO LATE!** ★
--ANDREA ZICKMUND NREMT-P/FF

2:55PM - 3:40PM

- **BREAK AND GIVE-AWAY DRAWINGS** --HYVEE EXHIBIT HALL C
Give-Away Drawings Held & Refreshments and a treat will be served
- **GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL**--HYVEE HALL C
DRAWINGS CONTINUE--**MUST BE PRESENT TO WIN.**

3:40 PM - 4:55 PM -- KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM

LABOR AND SEX TRAFFICKING IN IOWA ★ ----PANEL: RHONDA DEAN, VICTIM RIGHTS COORDINATOR (CVAD); CATHERINE O'KEEFFE, EXEC. DIR., BRAKING TRAFFIK ; DANIEL MILLER, M .D.; SHANNON FINDLAY, M.D.



SATURDAY SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL CEs ○ = OPTIONAL CEs

WHEN YOU REGISTER YOU WILL BE ASKED TO SELECT ONE SESSION FOR EACH TIME SLOT.

NOTE: SOME SESSIONS REQUIRE YOU ATTEND TWO SESSIONS.

7:30-8:15 AM

HONORING OUR OWN : Please join us in honoring those no longer with us at this moving ceremony in the Ballroom.

8:25 AM - 9:15 AM -- KEYNOTE SPEAKER GENERAL SESSION--BALLROOM

THE LONG VIEW: THE HISTORY AND FUTURE OF EMS ○ --RAYMOND L. FOWLER, M.D., FACEP, DABEMS

9:15 AM - 9:45 PM

- **BREAK AND GIVE-AWAY DRAWINGS** --HYVEE EXHIBIT HALL C
Give-Away Drawings Held & Refreshments and a treat will be served
- **GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL--HYVEE HALL C**
DRAWINGS CONTINUE--MUST BE PRESENT TO WIN.

9:45 AM - 10:35 AM

- **BIZARRE AND UNUSUAL CASE STUDIES:
YOU CAN'T MAKE THIS STUFF UP!** ★
--ANDREA ZICKMUND NREMT-P/FF
- **EMS AND HOMELAND SECURITY** ○
--RICKEY J. SYWASSINK, MSN
- **DRUGS ON THE RUN": TRANSITIONAL PHARMACOLOGY** ★
--JANET TAYLOR RN, CEN, NREMT-B
- **THE INTERSTATE 35W BRIDGE COLLAPSE** ○
(TWO SESSION COURSE) --CHIEF JAMES S. CLACK, ANKENY

10:45 AM - 12:00 PM

- **MAKING A DIFFERENCE EVEN IN DEATH --
HOW EMS IMPACTS DONATION** ★
--JESSICA KUIL, PM, BS, IOWA DONOR NETWORK
- **TODAY'S THREATS** ★ --RICKEY J. SYWASSINK, MSN
- **MAN VS WILD: ENVIRONMENT EMERGENCIES FOR THE EMT** ★
--JANET TAYLOR RN, CEN, NREMT-B

NOON - 1:00 PM -- EXHIBIT HALL CLOSES AFTER LUNCH AT 1:00 PM

LUNCH-- YOU HAVE TWO OPTIONS for Lunch:

- **CONCESSION STANDS** ARE OPEN IN THE EXHIBIT HALL WITH SEATING
- **SIT-DOWN LUNCH** -- you can purchase lunch with your registration. It includes a plated sit-down lunch. In an attempt to keep the conference affordable, we kept the lunch price at \$15/day, a discounted price from what we are charged. Lunches must be purchased when you register—you will not be able to purchase a lunch the day of the event. This lunch is served in the educational area of the event center.

1:00 PM - 2:15 PM

- **THE TOXICOLOGY OF THE MONSTER UNDER THE SINK** ★
--CHRISTOPHER WISTROM, DO
- **INTELLECTUAL DISABILITIES AND AUTISM** ★
--SUSAN SMITH, LMHC, BCBA
- **THE OLD AND THE BEAUTIFUL** ★
--CHERYL BLAZEK, BS, EMT-P EMS AND HEALTH ED. COOR.
- **POST ACTIVE SHOOTER- EMS IN THE WARM ZONE** ★
--LT. ROBERT C. HENRY

2:25 PM - 3:15 PM

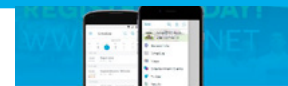
- **CRASH TEST DUMMIES AND FOOTBALL PLAYERS!** ★
--ANDREA ZICKMUND NREMT-P/FF
- **NEONATAL EMERGENCIES, IT'S THE LITTLE THINGS.** ★
--LYNETTE HEMPHILL, RN, CEN, EMT-P
- **WHAT YOU NEED TO KNOW ABOUT SEPSIS? IT'S SHOCKING!** ★
--TODD C. DANIELLO, MD, NRP
- **LEADERSHIP FROM THE BOTTOM** ○
(TWO SESSION COURSE) --LT. ROBERT C. HENRY

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3:25 PM - 4:40 PM -- KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM

THINGS AREN'T AS THEY SEEM ★ --RICKEY J. SYWASSINK, MSN



EMSA CONFERENCE : FRIDAY, DAY 1--NOVEMBER 11, 2016

COURSE DESCRIPTIONS/SPEAKER

★ = FORMAL CEs ○ = OPTIONAL CEs

GENERAL SESSION

7:45 AM - 9:00 AM - ○

LIFE BEHIND THE CAMERA --NEW ORLEANS EMS CREW : DAN FLYNN, HOLLY MONTELEONE, NICK MANNING AND TITUS TERO

Join the New Orleans EMS personnel who have had key roles in the popular A&E series that has taken America along on scene and inside the patient compartment of NOEMS ambulances on fast-paced calls and shown what EMS is like in the City of New Orleans. Paramedics Holly Monteleone, Nick Manning, Dan Flynn and Titus Tero will talk about what it's like to run EMS in New Orleans, how they got selected to be part of the show and what the experience has been like for them to be showcased on a national TV series. Come hear their story and ask questions about their experience.



TRACK 1

9:45 AM - 10:35 AM

CARDIAC ARREST : MECHANICAL CPR SAVE AND DUAL SEQUENTIAL DEFIBRILLATION ★

--NEW ORLEANS EMS PARAMEDIC CREW : DAN FLYNN, HOLLY MONTELEONE, NICK MANNING AND TITUS TERO
Improved cardiac care and outcomes for patients with acute coronary syndrome are hot topics these days. In addition to 12 lead transmission, new and improved standardization of protocols and especially safety for EMS providers en route, there has been renewed interest in mechanical CPR. This class will take a deeper look at this topic as well as the newer topic of Double sequence External Defibrillation. Join our TV stars Dan, Holly, Nick and Titus as they move from behind the Camera to a topic from the back of the squad!

10:45 AM - 11:55 AM

DEFENSIVE TACTICS FOR OFFENSIVE SCENES ★

--BOB PORESKY & SHAWN TOMPKINS
"Scene Safety" has been listed as a critical fail on State and National EMS exams for years and cited in countless fire scene injuries and deaths. Sadly, current curriculum and publications seem to address only the extremely violent cases rarely encountered by EMS personnel. This interactive and case based presentation will take a realistic look at "scene safety" by using situations common to EMS and fire personnel. Participants will learn to look for indicators of violence and choose an appropriate response through use of video based scenarios.

1:00 PM - 1:50 PM

THAT SMELL, THE LOOK, NOW TREAT IT! ★

--ANDREA ZICKMUND NREMT-P/FF
Burn calls can be some of the worst calls an EMS provider can get. This presentation will review the burning process, the possible causes, and the specific treatments of burns including special populations. It will also discuss the difficult fears all FF/EMS professionals have of getting burned and the uphill battle of recovery and the inevitable question after recovery "Now what?"

2:05 PM - 2:55 PM

SHE'S HAVING A BABY! : PREGNANCY COMPLICATIONS ★

--JANET TAYLOR RN, CEN, NREMT-B
This course looks at pregnancy from the very start. Miscarriage, tubal pregnancy, gestational diabetes, pre-term labor, incompetent cervix and more. Great for fulfilling the core content for paramedic refresher transition courses.

TRACK 2

9:45 AM - 10:35 AM

TALK THE TALK ★ --BOB PORESKY & SHAWN TOMPKINS

The majority of situations with a potential for violence are either escalated or de-escalated within the first few seconds of patient contact. However, with technology almost eliminating the need for verbal communications, many providers have lost the ability to calm tense situations through words. This interactive lecture will provide a better understanding of why people become agitated, and offer techniques to achieve voluntary compliance.

10:45 AM - 11:55 AM

STREET DRUGS AND PARAPHERNALIA ★

--CASEY THOMPSON, PM, CCP

Discuss commonly used street drugs and the effects on the body. Identify clues that can assist the EMS provider in identifying abuse of specific drugs to include various drug paraphernalia. Discuss new "trends" in drug abuse and the paraphernalia associated with their use.

1:00 PM - 1:50 PM

END-OF-LIFE CARE CONSIDERATIONS FOR THE EMS PROVIDER ★

--JACOB DODDS, PM, CCP

Despite the controversy that can often be associated with them, awareness by both patients and healthcare providers about end-of-life care decisions have increased the prevalence of patients who have advanced directives regarding their final wishes. EMS providers should be aware of these options, and be prepared for how to handle them when presented with those situations. This course will provide a general overview of the types of legally recognized options for end-of-life care, their implications during an EMS response. Throughout the course, these topics will be reinforced with case studies of several well-known end-of-life cases that illustrate how these issues can place an EMS provider in a difficult position ethically.

2:05 PM - 2:55 PM

ETHICS IN EMS: EXAMINING THE EMS COMPASS PROJECT ★

--RAYMOND L. FOWLER, M.D., FACEP, DABEMS
--JEFF BEASON, DO, RN, EMT-P

Examining the EMS Compass Project: Ethical and moral imperatives exist in the practice of medicine. Emergency medical services providers are bound by these principles. This discussion will cover essential, critical elements of the ethics of the practice of EMS, with attention to the newly developing EMS quality metric standards soon to emerge on a federal level.

TRACK 3

9:45 AM - 10:35 AM

"EVERY BREATH YOU TAKE" : THE MOST COMMON RESPIRATORY DIAGNOSES ★

--JANET TAYLOR RN, CEN, NREMT-B

We will review the most common respiratory diagnoses found in EMS and the differences between the way the symptoms present in EMS and the treatment options. Included in the list of diagnoses are COPD, Asthma, CHF, Pneumonia, Pulmonary Embolus and ARDS. Also included are special notes about Ventilator Acquired Pneumonia (VAP) and what we can do in EMS to prevent VAP and improve our patient's outcome in the long run.

10:45 AM - 11:55 AM

CRITICAL THINKING IN EMS ★

--RAYMOND L. FOWLER, M.D., FACEP, DABEMS

--JEFF BEASON DO, RN, EMT-P

Thinking critically is not genetically acquired. EMS confronts every single clinical presentation of all age groups, from birth to old age. This discussion will layout for the attendees the elements necessary to be able to think in a critical fashion in all situations, from cardiac arrest to excited delirium. Special focus will be made on issues that prevent providers, from physicians to nurses to EMS providers, from thinking clearly and critically regarding the patients for whom they are responsible.

1:00 PM - 1:50 PM

EMS STANDBY AT SPORTING EVENTS ★ --SCOTT RICHARD FP-C, CCP

With the recent popular movie, Concussion, the subject matter of sports related injuries, (particularly concussive injuries) has become a hot topic. This session will discuss how EMS plays a role in assisting community and school athletic trainers with identification, assessment and referral of potential head injured athletes through the proper channels.

2:05 PM - 2:55 PM

SUICIDES OF EMS PROVIDERS: INCREASING FAMILY AWARENESS AND HOW TO HELP BEFORE IT'S TOO LATE! ★

--ANDREA ZICKMUND NREMT-P/FF

Suicide is an ever increasing problem in the EMS world. The presenter comes from the experience of losing 2 EMT partners in 1 yr due to suicide and has a deep passion for increasing the awareness of this problem to not only EMS providers, but the families and friends of THE EMS PROVIDER! This lecture will discuss the importance of really knowing what kind of career the EMS provider is getting into, talking about the stereotypes of EMS providers and how to change it and the importance of watching for the signs and symptoms of the EMS provider who is having difficulty dealing with the stress and getting them help before it's too late.

TRACK 4

9:45 AM - 11:55 AM

HAZARDOUS MATERIAL RESPONSE TO A CHEMICAL EXPOSURE ★

(2 SESSION COURSE) --ART SAENZ, PHD

The purpose of this lesson is to review all aspects related to working an EMS, Hazardous Material, or Fire, if exposure to an unknown chemical, or unknown substances are a possibility. Another purpose of this lesson is to perform and evaluation of the chief complaint or identify the important details gained by understanding how chemical exposures are measured. Given the hazard and incident information, be able to plan out a safe and effective response to the situation.

1:00 PM - 2:55 PM

HAZARDOUS MATERIAL SIMPLIFIED ①

(2 SESSION COURSE) --ART SAENZ, PHD

The primary objective of this class is to help the student recognize and understand the basic building blocks of Elements on the earth that make up all the products we use in EMS, Hazardous Material and fire that we can be exposed to. The second purpose of this class is to show the student that this will increase your knowledge of Hazardous Material used in your daily life. The student will all so understand the multiple hazards, dealing with chemical compounds and the effects it can have.

GENERAL SESSION

3:40 PM - 4:55 PM

LABOR AND SEX TRAFFICKING IN IOWA ★

--PANEL: RHONDA DEAN, VICTIM RIGHTS COORDINATOR (CVAD); CATHERINE O'KEEFFE, EXEC. DIR., BRAKING TRAFFIK; DANIEL MILLER, M.D. AND SHANNON FINDLAY, M.D.

This Panel will discuss the current initiatives utilized to recognize human trafficking in Iowa as well as reporting and working with victims of trafficking. The panel will include the human trafficking coordinator from the Crime Victim Assistance Division of the Iowa Attorney General's office, a Sexual Assault Nurse Examiner (SANE), the human trafficking coordinator from the Department of Public Safety, and a victim service coordinator working with victims of human trafficking.



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MCN EP 1510 0124



IEMSA CONFERENCE : SATURDAY, DAY 2--NOVEMBER 12, 2016

COURSE DESCRIPTIONS/SPEAKER

★ = FORMAL CEs ○ = OPTIONAL CEs

GENERAL SESSION

8:25 AM - 9:15 AM

THE LONG VIEW: THE HISTORY AND FUTURE OF EMS ○

--RAYMOND L. FOWLER, M.D., FACEP, DABEMS

It is essential that every EMS provider know the history of where he and she came from. This discussion will enter into the history of how EMS formed as an entity, particularly in the United States. Discussion will range from long past history to the present and near future, touching on issues such as the EMS Systems Act of 1973 and the invention of cardiopulmonary resuscitation. Following this discussion, the attendee will have a broader understanding of the past, present, and future of emergency medical services.

TRACK 1

9:45 AM - 10:35 AM

BIZARRE AND UNUSUAL CASE STUDIES: YOU CAN'T MAKE THIS STUFF UP! ★

--ANDREA ZICKMUND NREMT-P/FF

A review of bizarre case studies that the presenter has actually experienced that will bring to the light the importance of thinking outside of the box and not getting stuck in tunnel vision when dealing with complicated calls that are not textbook scenarios. This lecture will discuss the importance of patient assessment and prioritizing treatment plans when multiple medical and trauma issues exist together.

10:45 AM - 12:00 PM

MAKING A DIFFERENCE EVEN IN DEATH — HOW EMS IMPACTS DONATION ★

--JESSICA KUIL, PM, BS, IOWA DONOR NETWORK

Emergency medical providers and first responders are often the first link in organ and tissue donation. Their efforts in the field can directly impact how many lives one people can save through organ donation. In addition, they have the ability to ensure that anyone has the opportunity to be a donor by referring scene deaths to the Organ Procurement Organization. The purpose of this presentation is to provide knowledge and tools to bridge potential organ donors to the hospital and refer all scene deaths to Iowa Donor Network.

1:00 PM - 2:15 PM

THE TOXICOLOGY OF THE MONSTER UNDER THE SINK ★

--CHRISTOPHER WISTROM, DO

This class will educate providers on toxicological emergencies caused by differing types of household products. Signs, symptoms and treatment recommendations will be reviewed.

2:25 PM - 3:15 PM

CRASH TEST DUMMIES AND FOOTBALL PLAYERS! ★

--ANDREA ZICKMUND NREMT-P/FF

Sport's injuries are a regular occurrence in EMS, but with the increase of sport related concussions and sudden cardiac arrest of healthy athletes on the field, it's imperative to be aware of how to treat these life and death injuries. Also included is review of other sports injuries from slippery slopes to basketball courts.

TRACK 2

9:45 AM - 10:35 AM

EMS AND HOMELAND SECURITY ○ --RICKEY J. SYWASSINK, MSN

EMS is a sector of the Critical Infrastructure of the United States and therefore is heavily involved in the arena of Homeland Security. That involvement now requires more involvement in the response that EMS has always been involved with. The dynamics have changed in the last

several years with a larger potential for Mass Fatality/Mass Casualty (MFI/MCI). Basic responsibilities at the scene of an incident have remained unchanged, but EMS is faced with several new issues, that they will undoubtedly adapt to as in the past. EMS is still very crucial to any successful investigation, and this training will not only review past responsibilities at incidents, but the critical actions that will need to be added to their responsibilities at MFI/MCI responsibilities in HLS.

10:45 AM - 12:00 PM

TODAY'S THREATS ★ --RICKEY J. SYWASSINK, MSN

Today, EMS is under attack in many locales. No longer is the threat of violence or attack limited to law enforcement or major population areas. Violence in the guise of not only firearms, but knives, fists and any other object that can be used as a weapon, are employed against EMS at an increasingly alarming rate. Complacency can result in the serious injury or even death of EMS personnel, and although the number one priority has been the patient, personnel must remember, regardless of how a situation appears, their number one priority is themselves and their partner(s).

1:00 PM - 2:15 PM

AUTISM SPECTRUM DISORDER ★ --SUSAN SMITH, LMHC, BCBA

Autism Tsunami! The prevalence of identified Autism Spectrum Disorder (ASD) has sky rocked resulting in service providers experiencing a tidal wave in the encounters they have with people on this spectrum. If you haven't encountered someone with ASD yet, it is likely you will in the near future. This presentation will identify the characteristics of Autism Spectrum Disorder (ASD) and offer suggestions on adjustments to the typical emergency response.

2:25 PM - 3:15 PM

NEONATAL EMERGENCIES, IT'S THE LITTLE THINGS ★

--LYNETTE HEMPHILL, RN, CEN, EMT-P

This lecture is meant to help EMS providers care for the neonatal population. Neonatal calls are infrequent and usually involve high levels of anxiety. During this presentation we will discuss ways to make taking care of neonates a little less scary by discussing assessment and treatment strategies along with the use of appropriate sized equipment. In the end it is the "little things" that matter.

TRACK 3

9:45 AM - 10:35 PM

DRUGS ON THE RUN": TRANSITIONAL PHARMACOLOGY ★

--JANET TAYLOR RN, CEN, NREMT-B

In order to meet the standards set by Paramedic Refresher Courses, we are offering Transitional Pharmacy, a presentation looking at the medications that every Paramedic should be familiar with. Some of these medications have been around for a while and others haven't been used in EMS until recently. We will go over these medications and look at some new ways to utilizing them in your arsenal for good patient care. The medications covered include Fentanyl, Phenergan, Magnesium Sulfate, Oxytocin, Amiodarone, Morphine, Nitrous Oxide, Ativan, and Thiamine.

10:45 AM - NOON

MAN VS WILD: ENVIRONMENT EMERGENCIES FOR THE EMT ★

--JANET TAYLOR RN, CEN, NREMT-B

Lions, Tigers and Bears.....wait... Okay maybe not that type of wildlife but there are several things that are necessary to know in order to treat patients who have decided to "rough it" in the great outdoors. Rather than discuss advanced interventions, we are going back to the basics and using common sense knowledge to treat a variety of environmental emergencies including hypothermia, hyperthermia, diving emergencies, bites and stings, altitude sickness and much more.

1:00 PM - 2:15 PM

THE OLD AND THE BEAUTIFUL ★ --CHERYL BLAZEK, BS, EMT-P
EMS AND HEALTH EDUCATION COORDINATOR
Whether better medical care, or better personal care, our population is getting older. This session will discuss the various health care implications and unique situations that may affect our aged patients. Hands-on exercises in this session are designed to help us understand and have empathy for what our geriatric patients may be facing.

2:25 PM - 3:15 PM

WHAT YOU NEED TO KNOW ABOUT SEPSIS? IT'S SHOCKING! ★
--TODD C. DANIELLO, MD, NRP
An in depth review of the pathophysiologic mechanisms of shock and hypoperfusion including recognition, categorization and treatment of the common types of shock with particular emphasis on the leading causes of sepsis and up to date treatment modalities.

TRACK 4

9:45 AM - NOON

THE INTERSTATE 35W BRIDGE COLLAPSE ①

(TWO SESSION COURSE) --JAMES S. CLACK, FIRE CHIEF, ANKENY
This disaster captured the attention of the international media and reporters from around the world were on site the next day. The response by local fire, emergency medical services and law enforcement agencies has been described as a model of effectiveness by many inside and outside of government. He will provide an overview of the response to the I-35W bridge collapse and the multi-faceted response by local, state and federal agencies.

1:00 PM - 2:15 PM

POST ACTIVE SHOOTER- EMS IN THE WARM ZONE ★

--LT. ROBERT C. HENRY

It is a sad fact of life that these incidents are going to increase in frequency and severity. We must spend time planning our response to these events. Law enforcement, Fire, and EMS must collaborate and find effective solutions to provide rapid, lifesaving emergency care to the victims of these tragedies. Pre-event planning and training with all key players is essential if we are to fulfill our mission. Learn how this can be accomplished and give you the information to take back to your key players and begin work on your individual plans.

2:25PM - 3:15PM

LEADERSHIP FROM THE BOTTOM ①

--LT. ROBERT C. HENRY

Truly progressive organizations take advantage of leadership from the rank and file. The street medics, firefighters, and unit nurses are the closest to the public they serve and are in the best position to evaluate true effectiveness of policy, procedure, and culture. They are the representatives of your organizations and if effectively empowered, can have the greatest effect of the public perception of your profession. Learn the effects on organizations that do not embrace this philosophy and give the individual some techniques and tactics to effect change in themselves and their organizations.

GENERAL SESSION

3:25 PM - 4:40 PM

THINGS AREN'T AS THEY SEEM ★ --RICKEY J. SYWASSINK, MSN
Cases will be examined that appear to present one issue, but actually result in total different outcomes than originally believed. Actual cases from around the United States will be demonstrate that even though there are general rules to evaluating a scene, that there are various conditions, both of the victim and the environment, that affect the outcome. Death scenes and medical calls may have an outcome that do not follow the hard, fast rules that are presented academically. Cases will include decedents who have been deceased at least eight (8) hours but show no indicators of rigor mortis, murders that are staged to appear as suicides, motor vehicle accidents where the driver of the vehicle is in question, and a death where the victim was at first thought to have committed suicide and due to these actions, crucial evidence of a murder were lost.



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In 2012 we moved into state-of-the-art, new facilities for both our shop and body shop. You can view them online at www.fostercoach.com

Ford QVM Certified/Remounts

Recently we completed the third inspection and paperwork to become Ford QVM re-certified. We are one of the seven dealer/re-mounters in the United States and Canada with this certification.

Parts and Service

Foster Coach maintains over a \$190,000 plus inventory of ambulance parts. We have seven certified technicians, a veteran parts and service manager, and five qualified auto body repair technicians - all specializing in ambulance repairs and service. We now also accept major credit cards for parts and service.

Third Generation

Foster Coach Sales is set to continue forward with the third generation of our family. No other ambulance dealer can offer the continued and future sales and service that Foster Coach does and will do. We have committed ourselves to being here for the long run!

New Personnel

Bob Parks has recently joined us in our sales department. Bob Parks has been in EMS for over 40 years and brings a wealth of experience and knowledge. He will specialize on new account development.

Horton Dealer

As a new Horton dealer we are already their third largest dealer. Horton continues to be the leader in durability safety features for ambulances.

Medix Dealer

We have recently become a Medix Specialty Ambulance dealer. Medix offers a very good quality product with competitive pricing. They are located in Elkhart, Indiana and are close to home.

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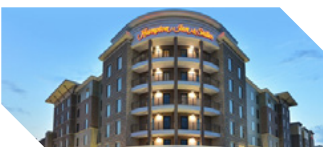


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SAT. NOV 12TH : 9:00AM-1:00PM

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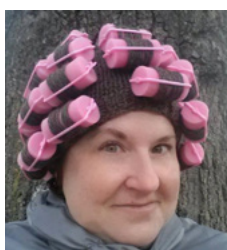
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BENEFITS OF MEMBERSHIP :

- **You are entitled to receive a substantial, members-only discount on registration to all IEMSA events** that offer member discounts, including IEMSA's Annual Conference held each year at the The Iowa Events Center, Des Moines.
- **Patches and other IEMSA merchandise** can be purchased at "members-only" prices.
- **The Voice is an added bonus.** It will keep you informed about advocacy work IEMSA is doing on your behalf on Capitol Hill, EMS projects, continuing education events, concerns and matters of interest to you and other IEMSA members. You can also receive one continuing education credit hour (optional education) by reading the self-study article (found in each newsletter) and submitting your completed test. The Voice can be found on our website at www.IEMSA.net/conference.htm, under Publications.
- **You are entitled to a free, \$10,000 Accidental Death/Dismemberment Insurance policy** (excludes flight personnel).
- **IEMSA members receive a 25% discount** (\$10 off) on NAEMT dues with proof of current membership.

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TO JOIN IEMSA ONLINE: Go to http://iemsa.net/member_account.htm Click the "Login Here" button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at this time. **Don't have an IEMSA Account? click on the "Guest Registration" Link** to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Individual Membership" icon, add to your cart, process payment and you're now registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Memberships are not activated until payment is received. **Mail Checks to:** IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

TO REGISTER BY MAIL OR FAX: Complete this page and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is received and/or processed. If you do not receive an email--please contact the office to confirm your membership was received.

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\$ _____ **1/2 DAY : PM DRUGS & QI/CQI WORKSHOP**
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2-DAY : FRIDAY & SATURDAY CONFERENCE REGISTRATION

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\$ _____ **2-DAY LUNCH - PASS : \$30**

1-DAY : FRIDAY REGISTRATION

\$ _____ **\$165 MEMBER / \$240 NON-MEMBER**

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\$ _____ **1-DAY LUNCH - PASS : \$15**

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**CHOOSE YOUR BREAK-OUT SESSIONS
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REGISTRATION FORM -----> CONTINUED ON PAGE 42



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CONTINUED—

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PLEASE CHECK THE CLASSES YOU WILL BE ATTENDING:

> DAY 1 : FRIDAY, NOVEMBER 11TH, 2016

- 09:45 - 10:35**
- Cardiac Arrest : Mechanical CPR Save and Dual Sequential Defibrillation ★
 - Talk the Talk ★
 - Every Breath You Take" : The Most Common Respiratory Diagnoses ★
 - Hazardous Material Response to a Chemical Exposure ★
(2 SESSION COURSE)
- 10:45 - 11:55**
- Defensive Tactics for Offensive Scenes ★
 - Street Drugs and Paraphernalia ★
 - Critical Thinking in EMS ★
- 1:00 - 1:50**
- That SMELL, The LOOK, Now TREAT It! ★
 - End-of-Life Care Considerations for the EMS Provider ★
 - EMS Standby at Sporting Events ★
 - Hazardous Material Simplified ①
(2 SESSION COURSE)
- 2:05 - 2:55**
- She's Having a Baby! : Pregnancy Complications ★
 - Ethics in EMS: Examining the EMS Compass Project ★
 - Suicides of EMS Providers: Increasing Family Awareness and How to Help Before It's Too Late! ★

> DAY 2 : SATURDAY, NOVEMBER 12TH, 2016

- 09:45 - 10:35**
- Bizarre and Unusual Case Studies: You can't make this stuff up! ★
 - EMS and Homeland Security ①
 - Drugs On The Run : Transitional Pharmacology ★
 - The Interstate 35W Bridge Collapse ①
(TWO SESSION COURSE)
- 10:45 - 12:00**
- Making a Difference Even in Death – How EMS Impacts Donation ★
 - TODAY's Threats ★
 - Man Vs Wild: Environment Emergencies for the EMT ★
- 1:00 - 2:15**
- The Toxicology of the Monster Under the Sink ★
 - Autism Spectrum Disorder ★
 - The OLD and the Beautiful ★
 - Post Active Shooter- EMS in the Warm Zone ★
- 2:25 - 3:15**
- Crash Test Dummies and Football Players! ★
 - Neonatal Emergencies, It's the Little Things. ★
 - What you need to know about Sepsis? It's SHOCKING! ★
 - Leadership from the Bottom ①

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