

Prehospital/Disaster Medicine

Controversies in Prehospital Care: The Evidence vs the Fad

Faculty: Katie L. Tataris, MD, FACEP

When EMS protocols publicly available on the internet are analyzed, many differences are noted. This group discussion, in rapid sequence, will focus on controversial EMS protocols that are handled by EMS medical directors throughout the country, such as ketamine for pain or excited delirium, RSI, & field termination of resuscitation.

- Discuss the evidence behind various EMS protocols.
- Discuss how to develop protocols based on new scientific information.
- Discuss the current research on these topics.

Send them Out: How to Choose Appropriate Patient Transport Methods

Faculty: Howard K. Mell, MD, MPH, CPE, FACEP

Patients often require specialty transport, for interfacility movement between hospitals, to skilled care, or back home. Insurance coverage is dependent on medical necessity, but how do you choose the appropriate method, comply with EMTALA, support the medical necessity of your choice, and document adequately so insurers pay promptly? This presentation will review capabilities of BLS and ALS ambulance, critical care transport, and regulatory / insurance considerations to help move your patients with the appropriate level of care.

- Discuss the scope of practice of basic versus advanced life support EMS and contrast this with critical care (ground or air) capabilities.
- List several documentation elements that support medical necessity of EMS transport method chosen.
- Describe EMTALA obligations for care during interfacility transport.

Many Faces of Disaster

Faculty: Howard K. Mell, MD, MPH, CPE, FACEP

The plane crash, the mass shooting, the school bus struck by a train, the weather disaster, the bridge collapse; Are you, your ED and your community ready to respond? The speaker will discuss lessons learned from a variety of large scale multiple casualty incidents (MCI) to understand the challenges they present to an emergency department and its community.

- Explain the challenges with multiple patient arrivals by different modalities.
- Describe challenges of multiple distractions & other needs during an MCI.
- Discuss how to prepare for a large volume MCI, including the most recent MCI.



Evolving Concepts in EMS

Faculty: Katie L. Tataris, MD, FACEP

The prehospital environment is continually evolving to optimize patient care. Paradigms change & technology improves. This continued evolution requires us to stay abreast of the most current concepts. Is the cervical collar an ancient relic? Are prior relics, like tourniquets now high tech? What other strategies are proven to be useful to help reduce the trauma patient's morbidity & mortality? Join this expert in a high-yield review of hot topics in EMS care.

- Discuss the risks & benefits of prehospital pediatric intubation & alternate options.
- Describe various options for management of the combative patient in the out of hospital environment.
- Review the new priorities and concepts of prehospital cardiac arrest care.
- Discuss the options spinal motion restriction and C-spine "precautions."

Hot Topics in the Recent EMS Literature

Faculty: Howard K. Mell, MD, MPH, CPE, FACEP

The speaker will review recent hot topics in EMS literature. In this fast-paced panel presentation, EMS experts will discuss the most important articles effecting patient care before they reach the hospital. This course is designed for EMS medical directors and for all emergency physicians who interface with EMS personnel in the emergency department.

- Explore key concepts from important EMS articles found in recent published literature.
- Discuss how these articles may be changing who arrives to the ED, how they arrive there, and with what prehospital treatments.
- Examine the need for future EMS research.



Intersections: EMS Dispatch, Telemedicine, Community Paramedicine

Faculty: Michael Gonzalez

With the changing face of health care and increasing Community Paramedicine/Mobile Integrated Health (MIH) is emerging as a healthcare delivery approach to reduce ED patient crowding and create new career pathways for EM and EMS physicians. In particular, with the new "ET3" funding model released by CMS and the federal government, there are opportunities to increase the sustainability of MIH programs and new avenues for development of emergency telemedicine. This session will explore the motivations providing impetus for developing alternate prehospital treatment and destination pathways, describes current and existing community paramedicine projects, and explores future research opportunities in this rapidly expanding area of EMS.

- Describe trends in population demand for emergency/unscheduled care and EMS call volume which have informed development of community paramedicine.
- Describe opportunities for, and concerns related to, development and expansion of MIH programs from within EM and the medical community.
- Review a program which has successfully integrated EMS and telemedicine to improve care for communities and decrease ED crowding.

Is There a Doctor on Board?: Managing In-Flight Emergencies

Faculty: Howard K. Mell, MD, MPH, CPE, FACEP

40,000 feet and 2 hours from your destination and the captain inquires overhead, "Is there a doctor onboard?" The speaker will discuss the topic of in-flight emergencies and navigate how to manage them with the available tools, and consider ethical & medical-legal pitfalls.

- Review legal and ethical obligations and risks for domestic and international flights.
- Describe what resources are available to you as a physician in flight.
- Review and implement a step-wise approach to in-flight emergencies through a series of cases.

Prehospital Large Vessel Occlusion (LVO) Stroke Detection: Do Screening Tools Perform?

Faculty: Remle P. Crowe, PhD, NREMT

With advances in endovascular treatment, early recognition of patients experiencing LVO stroke is more important than ever. Several LVO screening tools have been developed for use by EMS professionals in the prehospital setting. Selecting the best scale is challenging as published validation studies indicate that these new instruments have high predictive value. However, these studies are often performed using trained evaluators among a cohort of patients already diagnosed with ischemic stroke. The question remains, how do these instruments fare in everyday prehospital practice settings? Using a national database of more than 7.5 million prehospital records, the speaker will explore how the RACE, LAMS, and VAN tools perform compared to the Cincinnati Prehospital Stroke Screen for LVO detection.

- Describe the components of the Rapid Arterial occlusion Evaluation (RACE), Los Angeles Motor Scale (LAMS), Vision Aphasia Neglect (VAN), and Cincinnati Prehospital Stroke Scale (CPSS).
- Describe the effects of pre-test probability on the predictive performance of stroke screening instruments.
- Compare and contrast the effects on predictive performance of assessments conducted in real-world prehospital settings versus evaluations among selected validation cohorts.

Run! Hide! Fight!: Active Shooter in the ED

Faculty: Howard K. Mell, MD, MPH, CPE, FACEP

How many departments prepare for an actual shooter in the hospital setting? This course will help learners strengthen their skills of situational awareness, review “Run, Hide and Fight,” and understand how they can create a simulation curriculum for an active shooter drill in their emergency department.

- Identify potential violent threats, where security/police are located, where exits/escape routes are, and safe places to hide if needed.
- Review “Run, Hide, Fight,” when faced with an active shooter.
- Describe how to create simulations for ED staff, to prepare for an active shooter.