SSN 1447-4999

CONFERENCE REVIEW

EMS Today Conference

Baltimore Convention Centre, Baltimore, Maryland, USA
2 to 6 March 2010

Dr Malcolm Boyle and Bill Lord

Senior Lecturers, Department of Community Emergency Health and Paramedic Practice
Monash University, Melbourne, Australia

This was the 28th EMS Today Conference and was preceded by numerous workshops in the two days prior. The workshops covered topics like; leadership, ALS core content refresher program, advanced airway course, hands on reality-based command training, understanding the legal environment for EMS leaders, ALS assessment, emergency paediatric care course, presentation tips and techniques, haemodynamic monitoring for the critical care transport provider, airway assessment for dummies, emergency ethics, critical care certification course, and flight and critical care paramedic examinations.

The official conference opening was on Thursday 4th March, however there were some sessions on the Wednesday evening. The official opening also included the presentation of the Street Medicine Society/John Prior and Innovators awards. The evening session on **EMS Diagnosis and Treatment of AMI – 2010** by Dr. Slovis covered the diagnosis of AMI using predominately 12 lead ECGs and history taking. Dr Slovis highlighted that undertaking a prehospital 12 lead only adds about two minutes to scene time, and that aspirin is one of the important prehospital drugs in terms of patient outcome. The evidence suggests that early percutaneous coronary intervention (PCI) has better outcomes than thrombolytics. Other points highlighted were GTN does not improve survival in AMI, morphine use in some incidents of AMI increases mortality, clopidogrel is not an EMS drug, and beta blockers at this stage are not an EMS drug. The main take home message was *eliminate ischemia, minimise size of the infarct and avoid complications*.

The opening keynote address, the James O. Page Leadership Lecture was presented by A.J. Heightman, editorial director of the JEMS Journal, and was titled **Climbing Your Own Mt Everest**. The address was aimed at paramedic health, predominantly obesity, and was based on A.J.'s personal experience with obesity and how he went about controlling his eating habits and decreasing his weight. A.J. highlighted some points about taking heed of close friends and family who see you change over time, claiming that those people have your health in mind and are looking after your best interests when they make suggestions. He also highlighted how his own medical problems were a direct cause of his obesity and that all these medical problems disappeared when he had shed 120 pounds (54 kg). While A.J.'s presentation was intended to reflect leadership, I felt that his message was a little unrelated to my expectations of the opening keynote address.

Thursday morning consisted of eleven concurrent sessions. There did not appear to be any themes to the sessions per se, as they covered a diverse range of topics. All conference

sessions were more didactic or information focused, with little or no actual research components to speak of. While some of the sessions did incorporate relevant research, in most cases, either the data was not current or they tended to ignore research findings originating outside of North America. The session, ***Evolution and Revolution in Cardiopulmonary Resuscitation*** by Dr Pepe covered more on the evolution of CPR, predominately within the USA, and included studies where Dr Pepe had been an investigator. The session lacked a balance of information from outside of the USA and the “revolution” part of the session lasted less than 15 seconds with passing comment on hypothermia during and post cardiac arrest, and the early success of the new CPR rates.

The Prehospital Care Research Forum consisted of four oral presentations and three poster presentations. Dr Baxter Larmon, co-founder of the UCLA Center for Prehospital Care Prehospital Care Research Forum, gave an overview of the forum, then introduced each of the presenters who had about 12 minutes to present, followed by a brief question time. The oral presentations were: ***An assessment of Undergraduate Paramedic Students’ Empathy Levels: Attitudes to Patient’s Medical Condition*** by the author (Mal Boyle), ***The Unfamiliar Broselow Pediatric Emergency Tape*** by Chris Henderson, ***An Analysis of the Paramedic Administration of Fentanyl*** by Chris van Luen, and ***Difference in Prehospital Interventions Based on Crew Configuration*** by Jeffery Schilts.

The first afternoon session, ***Triaging Complaints Through the use of the Management Pain Scale*** by Guy Haskell, was a bit misleading in the title as it was about management of staff issues using a “scale” with actions attributed to each level, levels one through five, and how it could be used. This “scale” is similar to what some ambulance services use in their clinical auditing process. The second afternoon session was ***10 Reasons You Need an Electronic Data System*** by Greg Mears. Greg started off by showing that it is part of President Obama’s vision of health reform that an integrated health record will help improve various aspects of communication and decrease errors and costs. The justification points were to ensure standard definitions, enhance data exchange, and to allow for benchmarking comparisons. The ten points justified why there is a need for an electronic EMS data system, which supported the points raised at the start of the session.

The Friday morning sessions had a staggered start for each of the 13 concurrent sessions. The session, ***Penetrating Trauma: Mechanisms of Injury, Caveats of Care*** by Dr Edward Dickinson focussed mainly on gunshot wounds. Some of the highlights to come out of the presentation were personnel safety, *constantly review the ABCDE, always presume the worst, and never assume anything* as it will always lead to trouble. The final point on traumatic arrests, unless the patient is in a narrow complex PEA, the outcome is very poor.

The afternoon sessions consisted of 10, 9 and 7 concurrent sessions. In the first session, ***Gender Differences in Pain Management***, Bill Lord covered the issue of inequality in the management of pain by paramedics. Bill highlighted results from a study in Victoria, Australia that demonstrated female patients were less likely to receive morphine for pain management even though they had more severe pain. Bill then covered some of the reasons why there are differences in pain management and what is currently known on the topic.

The final of the JEMS games was held between 1830 hours and 2130 hours.

The closing address on Saturday morning was given by Gordon Graham, who spoke on customer service. He began by speaking about risk management, stating that as a part of a customer service, health professionals need to get things done right the first time and minimise the risk of mistakes that may affect the customer. Gordon’s main points for

customer service were: technical competence, that is the getting it right the first time; treat the patient with dignity and respect, treat them as you would like to be treated; and finally the WOW factor, to do something special for a patient or to value add, so that word gets around about the service given by the provider. This WOW factor would seem to have more relevance in other service industries rather than an EMS/fire service.

The overlap of some sessions from the morning into the afternoon, and to some extent in the two afternoon sessions, made it difficult to choose sessions, as conference delegates would either have to miss the end of one session to be in time for the next session, or stay until the end of one session and miss the start of the next session. The session, ***Understanding the New Trauma Triage Guidelines*** by Dr Richard Hunt, covered the reasoning behind the changes to the last version of the American College of Surgeons Field Triage Decision Scheme. For those who had read the January 2009 publication from the Centre of Disease Control (CDC) about the development of the 2006 Field Triage Decision Scheme, and looked at the other supporting information on the CDC web site, then this session provided no new information.

The Prehospital Research Forum Best Paper Award was won by Chris Henderson, a firefighter/paramedic from St. Petersburg Fire & Rescue and an EMS adjunct instructor at St Petersburg College, Florida for his paper, ***The Unfamiliar Broselow Pediatric Emergency Tape***. The best oral presentation was won by Chris van Luen, a Paramedic Supervisor with the City of Berkeley Fire Department, for his paper, ***An Analysis of the Paramedic Administration of Fentanyl***.

The JEMS games as always, was based on a simulated incident involving the assessment of paramedics responding to medical events or cases of injury to determine the best EMS team. There was a run off conducted on the Wednesday to narrow down the participants to three finalists who participated in the final on Friday night. This year the games were won by Cape Fear EMS from Sussex County EMS.

Abstracts for next year's EMS Today Conference, to again be held in Baltimore USA, are due by the end of October, 2010.

The topics covered in each session can be seen in the program which is available for download [here](#).