

REGISTER TODAY!

HOW TO REGISTER:

Please respond by phone, fax or e-mail
BEFORE June 14, 2008

Complete the attached form on reverse side

Fax Registration (preferred):

Fax completed registration to Patti Young at:
(217) 698-4585

Register Online (preferred):

www.my.americanheart.org (active on 5/19)

(**Navigate to the Professional Education Center (PEC) under the Conferences and Education heading. In the PEC under Catalog of Offerings, you can select your program under Conferences, Workshops and Symposia to register online.**)

Mail Registration:

American Heart Association, Midwest Affiliate
ATTN: Patti Young
2524 Farragut Drive, Suite A
Springfield, IL 62704
(217)698-3838 Ext. 4

Email Registration:

Email registration and payment information to
Patti Young at Patti.Young@heart.org

Questions or Special Needs?

Please contact

Peggy Jones, AHA State Health Alliance Dir.
(peggy.jones@heart.org)

- or -

Kathleen O'Neill, AHA Dir. of Quality Initiatives
(kathleen.oneill@heart.org)

Continuing Medical Education Accreditation Information

Physicians

The American Heart Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Heart Association designates this educational activity for a maximum of **7.00 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

All faculty participating in CME/CE activities sponsored by The American Heart Association will disclose to the audience (1) significant financial relationships with the manufacturer(s) of products from the commercial supporter(s) and/or the manufacturer(s) of products or devices discussed in their presentation, and (2) unlabeled/unapproved uses of drugs or devices discussed in their presentation. Such disclosures will be made in writing in course presentation materials.

Physician Assistants

AAPA accepts Category I credit from AOACCME, Prescribed credit from AAFP, and *AMA PRA Category 1 Credit™* from organizations accredited by ACCME.

Nurses

This program (08-AP-158) has been approved by the American Association of Critical Care Nurses (AACN) for **7.00** Contact Hours, Category A, File number 00014011.

Emergency Medical Services

This continuing education activity is approved by the American Heart Association, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), for **7.00** Advanced CEHs, activity number 08-AMHA-F1-0049.



Illinois STEMI Conference:

*Rational for Regional
Models of Care,
Achieving Consensus through
Collaboration*

Friday, June 20, 2008
8:00 am – 4:30 pm

Embassy Suites & Conference Center
100 Conference Center Dr.
East Peoria, IL 61611
www.embassysuiteseastpeoria.com
Phone: (309) 694-0200



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Conference Overview

The American Heart Association, Midwest Affiliate, The Illinois Chapter of the ACC, and Region V of the U.S. Public Health Service are coordinating this state initiative to ensure that our citizens receive the best STEMI care regardless of where they are in Illinois. This meeting will provide the rationale behind developing regional delivery of care within the framework of challenges faced by rural and metropolitan areas. An in-depth look at successful systems delivering benchmark door to balloon times and will enable workgroups formed at this meeting to begin translating such models into a statewide STEMI patient care plan by establishing collaborative partnerships with key stakeholders to develop consistent lifesaving protocol and procedures statewide.

Numerous professional will be in attendance including cardiologists, emergency department physicians, nurses, EMS professionals, hospital administrators, Department of Public Health, and many other health care professionals caring for STEMI patients across Illinois.

Please pass this brochure along to colleagues who may be interested in attending.



We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us to serve you better. Check with staff at the on-site registration desk if you require special assistance to fully participate in the meetings.

AGENDA:

7:00-8:00	Registration/Networking/Exhibits
8:00-8:15	Welcome Darrell Gumm, MD Conference Overview Diane Wallis, MD
8:15-9:15	Rationalization for Regionalization of Care William French, MD UCLA Medical Center
9:15-10:15	A State Approach to STEMI Regionalization: Reperfusion of Acute Myocardial Infarction in Carolina Emergency Departments (RACE) & AHA Mission Lifeline Overview Mayme Lou Roettig, RN, MSN Duke University Medical Center
10:15-10:30	-BREAK/Exhibits-
10:30-11:00	Illinois EMS Overview & History Bill Iverson, MS, MA, NREMT-P
11:00-11:45	OSF EMS & ED Overview & "Heart 777" George Hevesy, MD & Darrell Gumm, MD
11:45-12:45	-LUNCH-
12:45-1:15	Good Samaritan's Cardiac Alert Program Pete Kerwin, MD
1:15-1:45	The Stat Heart Program Frank Aguirre, MD
1:45-2:45	STEMI Workgroups
2:45-3:00	-BREAK/Exhibits-
3:00-4:00	STEMI Workgroups: Reporting, Comments & Questions Workgroup Facilitators
4:00-4:15	STEMI Survivor Story
4:15-4:30	Closing Remarks/Call To Action Diane Wallis, MD

PLEASE PRINT OR TYPE:

Name: _____

Organization: _____

Degree(s): _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

****required for CEU/CME redemption****

Registration Fee:

\$ 150 Physicians **\$75 All Others**

Payment for registration is by _____ check or credit card only. We encourage team participation! The registration fee is for each individual. Each participant must complete the registration information to ensure proper continuing education credits. This form may be copied.

Method of payment:

Check drawn on US bank; Check # _____
Make checks payable to: American Heart Association

Credit Card Payment: Visa MasterCard
 American Express

Account number: _____

Expiration date: (month/year) ____/____

Print name as it appears on card: _____

I authorize the use of my card for this purpose.

Signature _____

Please register for ONE Workgroup Session.

(Indicate your choice by placing a check next to the session of choice).

QA, Data Collection & Measurement

STEMI Certification Standards

EMS: Urban Perspectives

EMS: Rural Perspective