

Program Agenda

- 8:00 am Registration, Final Sign-In & Refreshments
- 8:25 am Welcome/Announcements
- 8:30 am Disease Management of Patients with Chronic Pulmonary Disease**
Thomas Kallstrom, MBA, RRT, FAARC
American Association for Respiratory Care
- 9:30 am Break and Exhibits
- 9:45 am Airway Management: Plan for Success and Failure**
Michael A. Gentile, RRT, FCCM, FAARC
Duke University Medical Center
- 10:45 am Break and Exhibits
- 11:00 am AARC Update**
Thomas Kallstrom, MBA, RRT, FAARC
American Association for Respiratory Care
- 12:00 pm Lunch and Exhibits
- 12:45 pm The Synergy Challenge: Creating the "Win-Win"**
Ken Thigpen, BS, RRT, FAARC
- 1:45 pm Break and Exhibits
- 2:00 pm What to Do When Conventional Ventilation is Failing**
Michael A. Gentile, RRT, FCCM, FAARC
Duke University Medical Center
- 3:00 pm Break and Exhibits
- 3:15 pm Does Work on the Farm Cause or Prevent Lung Disease?**
Susanna Von Essen, MD, MPH
University of Nebraska Medical Center
- 4:15 pm Conclusion, Evaluation, Awarding of Certificates

Audience

This conference is designed for physicians, physician assistants, nurse practitioners, nurses, respiratory therapists and other health care professionals who care for patients with pulmonary diseases and respiratory problems.

Purpose

This conference will provide current information on conditions and diseases affecting the respiratory system and healthcare management.

Learning Objectives

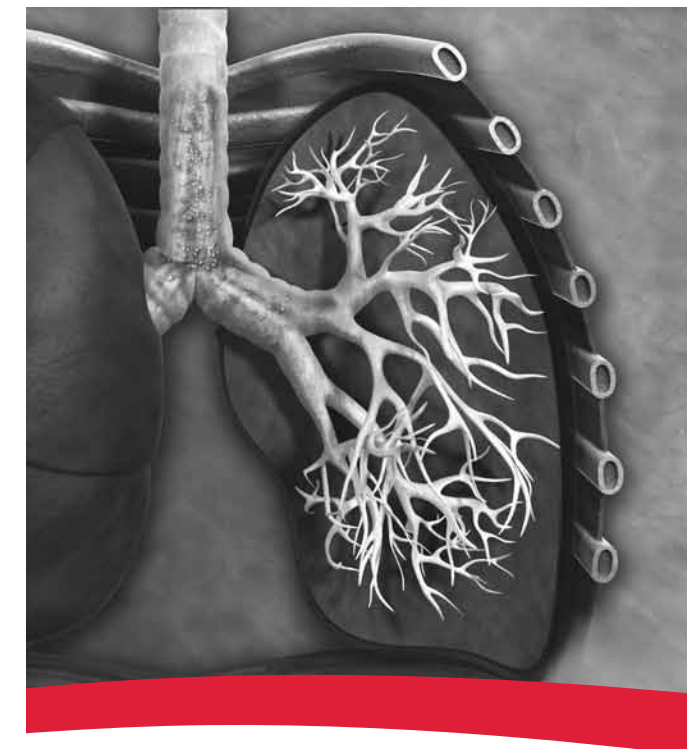
At the conclusion of this program participants should be able to:

- Describe the outcomes of RT driven disease management
- Explain how protocols can be useful in asthma and COPD
- Identify the indications for endotracheal intubation
- Describe the precautions and hazards associated with airway management
- Express the different strategies to be used with neonatal, pediatric and adult patients
- Restate the published guidelines for airway management
- Present overview of respiratory care 2015 and beyond
- Describe how AARC helps RTs in healthcare and the community
- Assess where we are on the continuum of healthcare
- Recognize fundamental strategies to help insure long-term success
- Appreciate the key roles they play as individual and as a team member for insuring success
- Identify causes of Ventilator Induced Lung Injury (VILI)
- Describe the role of PEEP in supporting gas exchange
- Define "Lung Protective Ventilation" strategy
- List indications for high frequency ventilation and ECMO
- Describe common lung conditions associated with farm exposure
- Understand measures that can prevent lung disorders caused by agricultural exposure

Blank conference pages will be provided. No handouts will be printed and offered at registration. The speaker's powerpoints will be posted on-line for you to view or print within one week of the conference and for 30 days from posting at www.stlukes.org/professional-education.



Department of Education & Lifelong Learning
2720 Stone Park Blvd.
Sioux City, Iowa 51104



Tri-State Pulmonary Care Conference 2012

Friday, February 24, 2012

8:00 am – 4:15 pm

St. Luke's Regional Medical Center

Sponsored By

St. Luke's Regional Medical Center Department of Education and Lifelong Learning and St. Luke's College, Respiratory Care Program



For the life of Siouland.

Conference Etiquette

Participants are asked to turn off cell phones and beepers when attending sessions, or change them to a silent signal if necessary. Please step outside the room when responding to a page or call. Children and infants are not permitted in the educational sessions. Out of respect for all participants please keep personal conversations to a minimum.

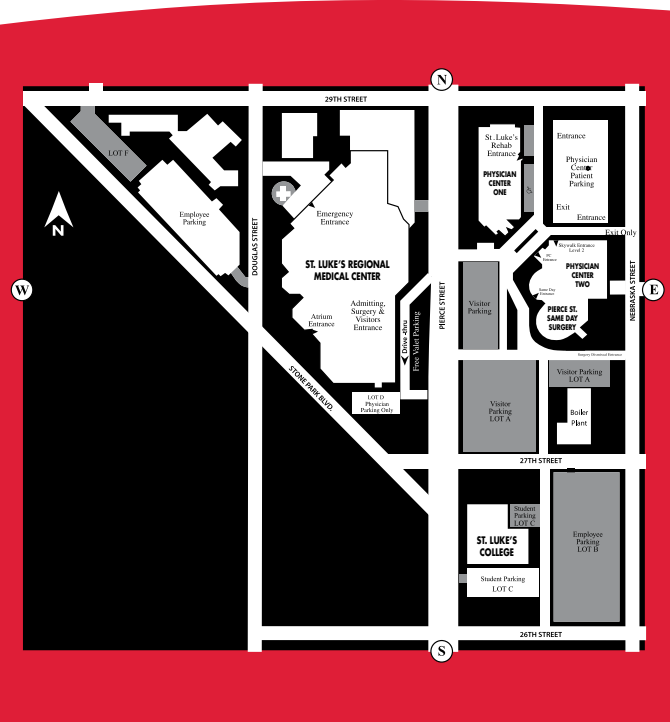
Conference Location

St. Luke's Institute for Health Education Auditorium (Main Hospital, Lower Level), 2720 Stone Park Blvd., Sioux City, IA.

Please dress in layers. Personal preferences vary and room temperatures may fluctuate.

Parking

Parking is available on Pierce Street across from the hospital in Visitor Parking Lot A and Physician Center Patient Parking Ramp on both the 4th and 5th floor levels. Additional parking is available at Employee Parking Lot B at 27th and Nebraska Street.



Faculty

Thomas Kallstrom, MBA, RRT, FAARC

Associate Executive Director/Chief Operating Officer, American Association for Respiratory Care, Irving, Texas.

Michael Gentile, RRT, FCCM, FAARC

Associate in Research, Divisions of Adult Pulmonary and Pediatric Critical Care Medicine, Duke University Medical Center, Durham, North Carolina.

Ken Thigpen, BS, RRT, FAARC

Administrative Director, Pulmonary Services, St. Dominic Hospital, Jackson, Mississippi.

Susanna Von Essen, MD, MPH

Professor, Department of Environmental, Agricultural and Occupational Health, College of Public Health; Division of Pulmonary, Critical Care, Sleep and Allergy, Department of Internal Medicine, University of Nebraska Medical Center, Omaha, Nebraska.

Continuing Education Credit

Nursing

Nurses will be granted 7.2 contact hours/0.72CEU (continuing education units) by St. Luke's Regional Medical Center an Iowa Board of Nursing approved provider. Iowa Provider #40. No partial credit will be granted.

Respiratory

Application has been made to the American Association of Respiratory Care (AARC) for 6.00 hours continuing education contact hours for respiratory therapists.

Family Practice Physicians

Application for CME credit has been filed with the American Academy of Family Physician Credit. Determination of credit is pending.

Other

6.00 hours. It is the licensees' responsibility to determine if the continuing education programs they attend meet the requirements of their professional licensure board.

Registration Information

Fee: \$85 Non-affiliates (\$95 after February 17, 2012)

\$42.50 St. Luke's Health System Employees and Affiliates (\$52.50 after February 17, 2012)

Pre-register by February 17 to save \$10.00! Registration fee includes luncheon, refreshments, materials and recording of continuing education credit.




Refund Policy

Requests for registration refunds must be received by 5:00 pm on February 17. Fees will be refunded with the exception of \$25.00 (per registrant) for administrative fees. Registrants who cannot attend may send a substitute in their place. A full refund will be made if St. Luke's cancels the conference. Please contact Rose Weber (712) 279-3235.

ADA

We encourage participation by all individuals. Advance notification of special needs will help us better serve you. Please notify us of your requests (i.e. vegetarian meal, mobility) at least two weeks in advance of the program.

Please submit your **registration form and payment** by one of the following methods:

-  On-line: www.stlukes.org/professional-education
-  Mail: St. Luke's College
St. Luke's Regional Medical Center
2720 Stone Park Blvd.
Sioux City, IA 51104
-  Fax: (712) 233-8017

For further assistance, contact the Department of Education and Lifelong Learning at (712) 279-3235 or 1-800-352-4660 ext. 3235.

Tri-State Pulmonary Care Conference 2012

Friday, February 24, 2012 #12-002

- \$85 Non-affiliates \$95 after February, 17
 \$42.50 SLHS empl./affil. \$52.50 after February, 17

Please select credit requested:

- Nursing: **7.2** contact hours/ **0.72** CEU
 Respiratory Care: **6.00** CRCE hours pending
 Family Practice Physicians: AAFP **6.00** hours pending
 Other: **6.00** hours (All licensees are responsible to determine if the continuing education program meets the requirements of their professional licensure board)

PLEASE PRINT

Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Soc. Sec: # _____ (requested for record keeping)
 Email: _____
 (Confirmation of online-registration will be provided if email is supplied)
 Profession: _____
 Prof. Lic: # _____ State: _____
 Employer: _____
 Payment Enclosed: \$ _____ (make checks payable to St. Luke's)

Credit Card Information

I authorize use of my credit card to pay for the conference fee marked above:
 Check one: MasterCard Visa

Discover American Express

Acct. # _____ Exp. Date: ___/___/___
 3 digit number on the back of your credit card (V code): _____
 Cardholder Name (Print): _____
 Signature: _____

Billing Information

Any participant requesting that their registration fee be billed will be charged a \$10 processing fee. Please list billing address:
 Name of organization: _____
 To the attention of: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
Approved for JE: _____ Manager/Director: _____
 Cost Center: # _____ - _____

Office Use Only Date Rec'd. _____ Fee \$ _____
 Cash Check J.E. CC