



## 2022 PROGRAMME 18<sup>th</sup> MEETING

September 15-17, 2022

Omni ChampionsGate – National Ballroom D

Orlando, Florida

United States



Premium Sponsor



Platinum Sponsor



Gold Sponsors



Silver Sponsors



This event guide is provided by the National Association of Mobile Integrated Healthcare Providers

## Schedule at a Glance

THURSDAY September 15, 2022

All Sessions are in National Ballroom D

13.00      *Meeting Opening*

13.30   18.B.6   *Medical trauma - the hidden impacts on patients & programs*

14.15   18.D.6   *Community Paramedicine's Impact on the USA's poorest urban county*

14.45   18.A.3   *Powerful partnerships: how to scale community paramedicine*

15.15 – 15.45   Refreshment Break – sponsored by Image Trend

15.45   18.D.8   *How Community Paramedic education transformed my 9-1-1 practice*

16.15   18.A.4   *Sustaining a fit-for-purpose paramedicine workforce through professionalization*

16.45   17.C.1   *Right care, right place, right now: leveraging telemedicine for paramedic services*

17:30 Opening Reception in the Main Vendor Hall – Sponsored by prehos

## Schedule at a Glance

FRIDAY September 16, 2022

All Sessions are in National Ballroom D

[08.00 18.C.2 Introduction to modern home hospital models](#)

[08.30 18.C.10 A better way to RMA- integrating MIH into daily operations](#)

[09.15 17.B.3 BE BRAVE: a fall recovery class](#)

09.45 – 10.15 Refreshment Break – Sponsored by Public Consulting Group

[10.15 18.A.2 14 Years of CP in America: a look back at highs & lows in the USA](#)

[11.00 18.C.11 MIH: CP and FQHC partnership](#)

[11.45 18.B.5 The gift of time: management of Duchenne's Muscular Dystrophy in the MIH environment](#)

12.15 – 13.15 Lunch, sponsored by ESO

[13.15 18.D.2 Lessons learned and shared from the home hospital through patient case studies](#)

[14.00 18.D.3 The Nova Scotia Cape Breton Community Paramedic and Rapid Assessment Team Supportive Discharge Model: opportunities to improve care for older adults living with frailty](#)

14.45 – 15.15 Refreshment Break – Sponsored by ZOLL

[15.15 18.C.8 Moving RPM out of the shadows and into the spotlight](#)

[15.45 18.C.6 Rural and remote community paramedicine](#)

[16.15 18A.1 The business of MIH: how to secure sustainable funding streams](#)

17:00 Evening on your own

## Schedule at a Glance

SATURDAY September 17, 2022

All Sessions are in National Ballroom D

[08.00 18.C.2 \*Successfully pitching community paramedicine to elected officials\*](#)

[08.45 18.B.9 \*Healthcare Options & Mobility Engagement Program \(HOME\)\*](#)

[09.15 18.B.7 \*Dementia - a personal narrative\*](#)

10.00 – 10.30 Refreshment Break – Sponsored by Pulsara

[10.30 18.B.4 \*Supporting your neighbors: using Community Paramedics for supportive oncology care\*](#)

[11.00 18.C.9 \*Ottawa paramedic remote care monitoring for post-surgical patients; leveraging technology to provide better patient care and reduce health system pressure\*](#)

11.45 – 12.45 Lunch Break – sponsored by the American Paramedic Association

[12.45 18.B.10 \*Ruptured varicose veins, Colles fractures, and skin tears: can you connect the dots?\*](#)

[13.15 18.C.7 \*Indigenous CP in Canada\*](#)

[14.00 17.B.2 \*Heart to Heart: Prehospital Care of the LVAD Patient\*](#)

14.30 – 15.00 Refreshment Break – Sponsored by Public Consulting Group

[15.00 18.D.5 \*International Community Paramedic Certification\*](#)

[15.30 18.D.4 \*HEART BEATS: improving outcomes for stroke survivors\*](#)

[16.00 18.C.12 \*Ottawa Community Paramedic clinical response teams for COVID-19 outbreaks in long-term care and retirement homes; lessons learned and keys to success\*](#)

[16.30 18.B.8 \*To Love your job, you must love the people you serve.\*](#)

THURSDAY September 15, 2022

**12.30 Arrival and Registration – All IRCP sessions will be held in National Ballroom D**

**MEETING OPENING**

13.00 *Welcome to the United States*  
Sean Caffrey, ACP, President, NEMSMA

*Welcome to Florida*  
Steve McCoy, ACP, Florida Department of Health

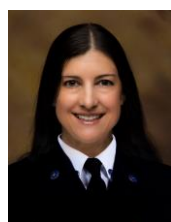
13.10 *IRCP Welcome*  
Gary Wingrove FACPE CP-C, Mayo Clinic [USA]

*Passing of the IRCP Gavel*  
Gary Wingrove, Chair, IRCP [USA]  
Randy Mellow, President, PCC [CAN]  
Sean Caffrey, NEMSMA [USA]

*Proposal by the Association of Ambulance Chief Executives to host the 19<sup>th</sup> IRCP in England*

**IMPORTANT NOTE: The IRCP uses a standardized nomenclature of professional titles and agency names in order to reduce audience confusion. The actual local titles of the presenters and their program names may be different from those listed in this programme.**

13.30 18.B.6 *Medical trauma - the hidden impacts on patients & programs*  
Lauren Young Work, LCSW: Medical Social Work and MIH Coordinator  
Palm Beach County Fire Rescue [USA]



Medical trauma is a common issue faced by patients who have experienced a life-threatening diagnosis, or injury, or who live with chronic pain and disease. Despite the prevalence of medical trauma and its impact on patient outcomes, many health professionals lack awareness of medical trauma and are not trained in interventions to navigate it with their patients. This session will illuminate medical trauma, its impacts on the patient and their openness to care, and how acknowledging medical trauma within MIH can not only improve patient outcomes and the patient experience but also make a major impact on MIH crews and program success.

14.15 18.D.6 *Community Paramedicine's Impact on the USA's poorest urban county*

Hanan Cohen, ACP CP CACO: Director of Mobile Healthcare  
Empress EMS / PatientCare EMS Solutions [USA]



This presentation will highlight program implementation and ongoing results from one of our Community Paramedicine programs conducted in The Bronx, NY with a single paramedic service and a single safety-net hospital. The focus is on Medicaid patients as part of an NYS Medicaid waiver. Challenges of identifying and referring high-risk patients were addressed through PDSA cycles and helped support exceptional outcomes and goals for a patient population in the most challenging region of the poorest urban county in the US.

14.45 18.A.3 *Powerful partnerships: how to scale community paramedicine*

Louis Mendiola, MHA ICP: Director, Provider Strategy  
MedArrive [USA]



In-home community paramedicine care models have proven their clinical value by decentralizing health systems in a meaningful manner. This session will review how partnerships between industry, paramedic services, and Community Paramedics across the United States provide clinically relevant, scalable, and profitable community paramedicine services.

15.15 – 15.45 Refreshment Break – sponsored by Image Trend

**IMAGETREND®**

15.45 18.D.8 *How Community Paramedic education transformed my 9-1-1 practice*

Bradley Buck, BS, NRP, CP: Community Paramedic  
Mayo Clinic Ambulance Service [USA]



There are benefits to Community Paramedic programs that go beyond the normal aspect of the services normally provided. The education I received as a community paramedic was of great benefit, even before I was working in that role. The education provided a similar benefit to my critical care education. While working in the traditional setting as a paramedic, it provides a knowledge base that may not be used daily, but it is a benefit. I noticed differences in my patient assessment and handling of calls after I completed my education. I handle some patients and calls very differently than I used to. In the lower acuity patient, I have time to think of a more holistic approach to their care. Considerations include getting them what they want and need.

- 16.15 18.A.4 *Sustaining a fit-for-purpose paramedicine workforce through professionalization*  
Peter O'Meara, BHA, GradCertAgHlthMed, MPP, PhD, RP, FACPara: Professor  
Monash University [AUS]

Nikiah "Nick" Nudell, PhD(c), MS, MPhil, ACP, FACPE: President  
American Paramedic Association [USA]



The inability to consistently recruit and retain paramedics in the United States is cited as a threat to the existence of effective paramedic response in many regions. High attrition rates, often estimated to be between 20-30%, are arguably one of the impediments to the widespread adoption of evolutionary paramedicine developments. Amid the long-term and seemingly intractable workforce crisis in the U.S. paramedicine system, little reference has been made to potential recruitment and retention strategies related to the professionalization of the workforce and service delivery systems. This session will describe a proposed international study that includes five inter-related professionalization strategies.

- 16.45 17.C.1 *Right care, right place, right now: leveraging telemedicine for paramedic services*  
Meg Marino, MD: Director and Medical Director  
New Orleans EMS [USA]



Telemedicine has become a mainstay of healthcare; however, paramedic services have not utilized it to its fullest potential. In this presentation, participants will learn about the development of telemedicine programs in a paramedic service, how to help low acuity patients get the care they need quickly and efficiently, how to improve resource utilization, as well as how to overcome barriers in paramedic telehealth program implementation.

17:30 Opening Reception in the Main Vendor Hall – Sponsored by prehos



08.00 18.C.2 *Introduction to modern home hospital models*

Scott Willits, ACP: MIH Director, West Coast  
Medically Home [USA]



A brief summary of the history of Hospital at Home programs dating back to the 1990s within the US, UK, and Canada to expand into current-day virtual hospital models. Outlining different approaches and models, from acute care to restorative, supportive, and rehab to end of life. Reviewing the accelerated growth, the PHE allowed us to achieve the current day model, and where the industry is growing next. During each model review, provide examples of the network systems needed to provide the service and the role that community paramedics or other MIH providers have in the direct clinical and patient experience outcomes.

08.30 18.C.10 *A better way to RMA- integrating MIH into daily operations*

Hanan Cohen, ACP CP CACO: Director of Mobile Healthcare  
Empress EMS / PatientCare EMS Solutions [USA]

Mark Spiezio: Chief of Operations

The Cambridge Valley Rescue Squad, Inc.& Mobile Health Care System [USA]

Bradley Buck, BS, NRP, CP: Community Paramedic  
Mayo Clinic Ambulance Service [USA]



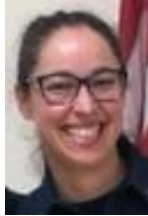
Using lessons learned from ET3 research, application, and implementation. Improve patient care and engagement by integrating MIH practices into daily operations. Replace your RMA's with something more clinically and potentially financially appropriate. Lessons, practices, and improvement projects from MIH can be integrated to improve quality, patient experience, employee satisfaction, and retention.



09.15 17.B.3 *BE BRAVE: a fall recovery class*

Athena Valerio-Hirschfeld, PhD(c): Community Paramedic/Fall Prevention Coordinator  
Albuquerque Fire Rescue [USA]

Lt Jake Gray, ACP AAS: Community Paramedic Lieutenant  
Albuquerque Fire Rescue [USA]



BE BRAVE with HEART: A Fall Recovery Class is designed to be an informative, practical, and hands-on fall prevention class. BE BRAVE covers the dynamics of aging, basic neurology of how the brain functions, developing a fall plan, steps to assess for injury, accessing help, and modifying home/lifestyle for a safer extension of the current living conditions. BE BRAVE with HEART focuses on small class sizes allowing individuals to practice getting up from the ground in a safe and controlled environment. For many, the ground is scary territory, and BE BRAVE with HEART seeks to reduce the fear and anxiety associated with falls so individuals can maintain independence.

09.45 – 10.15 Refreshment Break – Sponsored by Public Consulting Group



10.15 18.A.2 *14 Years of CP in America: a look back at highs & lows in the USA*

Anne Montera, MHL, BSN, RN: Senior Advisor  
Cambridge Consulting Group [USA]

Brian LaCroix, BS, CPPS, FACPE, ACP (ret): Co-Founder & Chief Operating Officer  
Cambridge Consulting Group [USA]



In 2008 a handful of US paramedicine agencies, not only admired the development of community paramedicine taking hold in some other countries, they jumped right in. Anne Montera was there at the beginning, and since then there have been a number of successes in the career field along with some abject failures. In this session you will hear a historical perspective, highlighting some key aspects and moments in the timeline of CP in America.

11.00 18.C.11 *MIH: CP and FQHC partnership*

Justin Duncan, BS, ACP, CCP, FPC: Chief Executive Officer  
Washington County Ambulance District [USA]



This Washington County Ambulance District (a Missouri Paramedic Service) partnered with Great Mines Health Center (a Federally Qualified Health Center) in 2020 to embark on an MIH journey together. Through a global pandemic, and healthcare staffing crisis, the team has grown stronger and more diverse. What started as a pilot project with 21 patients in one rural county has now grown to multiple service lines, a diverse patient and provider population, and growth state-wide. The first of its kind, the paramedic service and FQHC partnership is a unique patient-centered and provider-driven model.

11.45 18.B.5 *The gift of time: management of Duchenne's Muscular Dystrophy in the MIH environment*

Reuben Farnsworth: Clinical/Operational Coordinator  
Delta County Ambulance District [USA]



For a family with a child afflicted with Duchenne's, time is a constant reminder of how little you have left. This case study highlights a partnership between Children's Hospital and the treatment of a child with Duchenne's, resulting in hours of driving saved every week for the family. The time they are able to spend with a terminally ill child.

12.15 – 13.15 Lunch, sponsored by ESO

eso

13.15 18.D.2 *Lessons learned and shared from the home hospital through patient case studies*

Scott Willits, ACP: MIH Director, West Coast  
Medically Home [USA]



A systematic review of the Home Hospital model and various use cases and approaches through the patient's clinical outcomes and experiences. Telling the story of real patients with real experiences and their appreciation of the HH model for themselves or families instead of a brick-and-mortar facility. Including case studies during the PHE and pandemic, and during somewhat regular times. Using these stories to highlight the roles community paramedics have as the primary in-home clinician and active in the clinical care team.

14.00 18.D.3 *The Nova Scotia Cape Breton Community Paramedic and Rapid Assessment Team Supportive Discharge Model: opportunities to improve care for older adults living with frailty*

Karen Nicolls, RN: Director of Policy and Planning Clinical Frailty Network  
Nova Scotia Health [CAN]

Francine Butts, ACP: Clinical Supervisor, EHS Integrated Health Programs Operations  
Division

Emergency Health Services Nova Scotia [CAN]



This presentation will review the evidence on Community Paramedicine partnerships with allied healthcare providers (physiotherapy, occupational therapy, social work, and nursing) to support hospital discharge. Frailty doubles the risk of mortality and increases the risk of hospital admissions over four-fold. It increases the length of stay, risk of independence loss, and adverse events while in hospital. Healthcare system transformation is needed to address this problem. Community Paramedic supportive discharge was launched in 2018 to address these issues in Nova Scotia.



14.45 – 15.15 Refreshment Break – Sponsored by ZOLL

**ZOLL**<sup>®</sup>  
an Asahi Kasei company

15.15 18.C.8 *Moving RPM out of the shadows and into the spotlight*

Kathryn Brohman, PhD  
Future Health [CAN]

Rick Whittaker: Project Lead for Community Paramedic Remote Patient Monitoring  
Future Health [CAN]



In this presentation, the Community Paramedicine Remote Patient Monitoring (CPRPM) program in Ontario, Canada will be evaluated against three goals of community paramedicine: Reduce the number of repeat paramedic calls and low acuity patients in emergency departments; Enable vulnerable/at-risk individuals and older adults to live safely in their own homes; Improve client care and system coordination to ensure patients are connected to the best-suited resource. Based on this evaluation, best practices of effective RPM usage emerge that call to question the need for RPM to move out of the shadows and into the spotlight. Adding “strategic technology management” to the long list of responsibilities for paramedic chiefs may seem daunting, but it doesn’t have to be. The goal of this session is to share simple things leaders can do to take a more proactive role in technology-based decisions and practices. This session will also explain how doing so can transform technology investments from a set of tools to the development of modern capabilities that will not only improve outcomes within paramedic services but influence broader system-level impacts. As such, this session is less about RPM and more about the role of community paramedicine in the digital transformation of healthcare and why CPs as practitioners are well positioned to be key agents for fundamental change

15.45 18.C.6 *Rural and remote community paramedicine*

Jean Carriere, CMMIII Paramedic Executive: Director and Chief  
Cochrane District EMS [CAN]



The CDEMS has been operating a CP program for the past 10 years. The presentation would include a short description of the area, call volumes, size of the program, service delivery, and model. Will also present on community partners, relationships, success stories with the opioid crisis, future outlook, and challenges.

16.15 18A.1 *The business of MIH: how to secure sustainable funding streams*

Reuben Farnsworth: Clinical/Operational Coordinator

Delta County Ambulance District [USA]



The paramedic community sees the value in community paramedicine, now all we need is someone to pay for it. This can be a challenging issue but doesn't have to be. Join me for this discussion of sustainable funding paradigms, how to engage payors, and how community partnerships can make your program sustainable for the long haul, sans grant funding.

17:00 Evening on your own



Premium Sponsor



Platinum Sponsor



Gold Sponsors



Silver Sponsors



Paramedic  
Network



MedArrive



NATIONAL ASSOCIATION  
OF  
MOBILE INTEGRATED HEALTHCARE PROVIDERS

SATURDAY September 17, 2022

08.00 18.C.2 *Successfully pitching community paramedicine to elected officials*

Peter Melan, MPA DPA(c): Councilmember  
City of Easton, PA [USA]



Municipalities are facing shortfalls in providers and agencies are shutting their doors with minimal notice. The consequences are delays in care, units unavailable to transport in non-urgent scenarios, and a crisis without a solution. Agencies requesting additional funding from their local government are often met with resistance or “it’s not in the budget this year, maybe next year”. With the advent of community paramedicine and its increasing popularity, municipal officials genuinely want to implement the solution as an alternative to traditional 911-based services.

08.45 18.B.9 *Healthcare Options & Mobility Engagement Program (HOME)*

James McLaughlin BS, ACP: Chief  
Ute Pass Regional Health Service District [USA]



Isolation can lead to poorer social determinants of health, such as increased food insecurity and poor access to behavioral health services, medications, and socialization. See how one small service has leveraged best practices from around the globe to increase access to care for their community just in time for the global pandemic. We will review case studies that illustrate how simple interventions can have a profound impact on a person’s life.

09.15 18.B.7 *Dementia - a personal narrative*

Bill Raynovich, ACP (ret), EdD, MPH: Retired  
ACP Program Director and Researcher (ret) [USA]



As a paramedic with a 55-year career in paramedic services and more than 10,000 emergency responses and, having taught and directed, and developed numerous courses and lectures, many on behavioral emergencies, nothing in my career prepared me to be a 24-hour, 7 day a week care provider for a loved one and patient with dementia. This is a narrative about what we do not learn in paramedic classes. Meet Mary Raynovich, Licensed Mental Health Professional, who passed on April 27th, 2022 with Lewy Body Dementia.

10.00 – 10.30 Refreshment Break – Sponsored by Pulsara



- 10.30 18.B.4 *Supporting your neighbors: using Community Paramedics for supportive oncology care*  
Scott Willits, ACP: MIH Director, West Coast  
Medically Home [USA]



The added benefit that the community paramedics add to the Supportive Oncology Program has increased availability of in-home symptom management. Upon their enrollment, patients have on hand IV hydration, and IV anti-emetics, however, some patients, need more than what is on hand. The goal of supportive oncology is to prevent the need to go to the ED, urgent care, or clinic when one is not feeling well. Having the capacity for in-home medic assessment, a traveling pharmacy, and paramedic services enables Medically Home to maintain this goal.

- 11.00 18.C.9 *Ottawa paramedic remote care monitoring for post-surgical patients; leveraging technology to provide better patient care and reduce health system pressure*  
Shannon Leduc, ACP MSc: Commander Clinical Programs  
Ottawa Paramedic Service [CAN]



As the Canadian healthcare system continues in crisis, innovative solutions are needed to mitigate increasing paramedic offload delays and provide access to acute care when patients need it. Ottawa Community Paramedics are leveraging digital and virtual tools to provide patient-centered care for post-surgical patients. In partnership with the Montfort Hospital, our remote care monitoring program seeks to safely discharge patients up to two days early, reduce ED visits and reduce rehospitalizations.

- 11.45 – 12.45 Lunch Break – sponsored by the American Paramedic Association



12.45 18.B.10 *Ruptured varicose veins, Colles fractures, and skin tears: can you connect the dots?*

*Giulio Novarese MD, PhD: Clinical Director*

SAM Medical [USA]



This presentation will discuss treatment options for situations such as ruptured Varicose Veins, Colles Fractures, and skin tears which frequently require transport to an Emergency Department for treatment. Paramedics commonly have equipment available to treat significant bleeding, stable extremity injuries, and soft tissue injuries which often are not utilized because the mechanism of trauma isn't deemed worthy for use. The speaker will explore several critical thinking possibilities on how to repurpose equipment currently available and switch the focus of the Provider from treating an injury to treating a patient.

13.15 18.C.7 *Indigenous CP in Canada*

JD Heffern, AEMCA, ACP, BSc, MBA(c): Chief of Paramedicine

First Nations and Inuit Health Branch, Indigenous Services Canada, Government of Canada [CAN]



Since its inception, paramedic education has followed the traditional colonial model to provide educational opportunities. This has not allowed Indigenous members a suitable pathway to attain the education to support their community in practice and leadership. Paramedicine has not been seen as a career opportunity in remote and isolated Canadian Indigenous communities as they have always had to leave their traditional territory to attain education.

The recruitment of Paramedic students from remote and isolated Indigenous communities has been a challenge for many years. In this educational model, we are educating local First Nation members on Paramedic practice using a non-traditional pedagogical style that will in turn allow Paramedics to be enabled in the context of their local communities to provide appropriate and culturally relevant care.

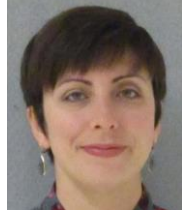
This education model aims to assist in the recruitment and retention of Indigenous students who will in turn become Paramedic practitioners and leaders within their respective communities and therefore provide a sustainable and long-term solution to the lack of Paramedics in emergency response and Community Paramedic primary care practice settings.

This model is assisting the overall health transformation agenda to meet community needs while contributing to the reconciliation of Indigenous communities in the Canadian context.

14.00 17.B.2 *Heart to Heart: Prehospital Care of the LVAD Patient*

Meg Marino, MD: Director and Medical Director  
New Orleans EMS [USA]

Laura Roark, RN: LVAD Coordinator  
Ochsner Health System [USA]



Patients with heart failure who require a Left Ventricular Assist Device (LVAD) often require help from paramedics. However, many paramedics do not feel comfortable caring for these patients. In this presentation, participants will learn how to assess the LVAD patient, how to determine if the LVAD patient is stable or unstable, how to troubleshoot the LVAD device, and where to find paramedic LVAD field guides for each device.

14.30 – 15.00 Refreshment Break – Sponsored by Public Consulting Group



15.00 18.D.5 *International Community Paramedic Certification*

John Clark, JD MBA ACP FP-C CCP-C CMTE: Chief Operating Officer  
International Board of Specialty Certification [USA]



The IBSC launched the Certified Community Paramedic (CP-C) exam process in 2015 with a job analysis survey to guide the exam construction process. The process successfully validated the tasks and roles of the CP/MIH provider to standardize the body of knowledge of the Community Paramedic. The exam has established a benchmark of excellence that all Community Paramedics and mobile integrated healthcare providers can achieve to demonstrate their own commitment to providing the best care possible. Using data collected from Board certification candidates, this presentation will provide of an overview of the CP-C Board certification pathway.

15.30 18.D.4 *HEART BEATS: improving outcomes for stroke survivors*

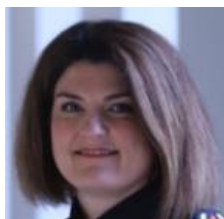
Jacob Gray, ACP AAS: Community Paramedic Lieutenant  
Albuquerque Fire Rescue [USA]



Albuquerque Fire Rescue's Home Engagement Alternative Response Team (HEART) has been providing in-home community health services for Albuquerque residents since 2018. HEART was created in response to the more complex needs of the community. The HEART BEATS program (Basic Education And Transition for Strokes) is designed specifically to support stroke survivors and their loved ones. HEART is partnered with UNM Hospital Neurology, Lovelace UNM Rehabilitation Hospital, and Encompass Health. Together we provide stroke survivors and their loved ones with the resources they need to ensure a safe transition home.

16.00 18.C.12 *Ottawa Community Paramedic clinical response teams for COVID-19 outbreaks in long-term care and retirement homes; lessons learned and keys to success*

Shannon Leduc, ACP MSc: Commander Clinical Programs  
Ottawa Paramedic Service [CAN]



Ontario long-term care homes were the site of some of the world's worst COVID-19 infection and death rates. Ottawa Community Paramedics have responded to LTC and retirement home outbreaks in every pandemic wave, adapting our response with each variant and working independently and as part of integrated response teams. This presentation will describe this experience, lessons learned, and keys to success.

16.30 18.B.8 *To Love your job, you must love the people you serve.*

King Teasdel, ACP (ret.): Community advocate of Life and Love  
Souls of Life Society [USA]



Serving for 20 years as an ACP in the City of Baltimore was no walk in the park on a sunny day! But, there is one thing I know. When you treat every call as though you are responding to the needs of the family, you will never have to walk afraid. My most horrific experience as a paramedic was hearing and knowing the horrible behavior of those who were to be my comrades in arms. My paramedic career started in 1979 when they were few African-American paramedics. And my desire was always to give my community my very best.





## 2022 PROGRAMME 18<sup>th</sup> MEETING

September 15-17, 2022

Omni ChampionsGate

Orlando, Florida

United States



Premium Sponsor



Platinum Sponsor



Gold Sponsors



Silver Sponsors

