PRIORITY 1

EMS CONFERENCE

OCTOBER 22-23, 2026

MARRIOT ST. LOUIS WEST HOTEL

PROGRAM BROCHURE

www.stlemsconference.com

Table of Contents

Schedule at a Glance 3
- Preconference Workshops and Events, Wed, Oct. 21, 2026 3
- Preconference Workshops and Events, Thurs, Oct. 22, 2026 3
- Main Conference, Fri, Oct. 23, 2026 3

Floor Plan 4
Preconference Workshops and Events 5
- The 12-lead ECG and STEMI 5
- ImageTrend Summit: One Day. Powerful Conversations 5
- Leadership as Seen by National Leaders 5
- Crisis Intervention Unit: The Regional Approach to Mental Illness 6
- Building Accountability Without Burning Bridges: The SNF Challenge 7
- East Central Region EMS Committee Monthly Meeting 7
- PPAEMA Final Rule Unpacked 7
- Handtevy Mobile in Action 8

Main Conference Program 9
Speakers 15
- Peter Antevy, MD, FAEMS 15
- Sabina Braithwaite, MD, MPD, FACEP, FAEMS 15
- Remle Crowe, PhD, NREMT, FAEMS 15
- Jospeh Finney, MD 16
- Kate Freshman, BS, NRP 16
- Ryan Gentilcore 16
- W. Scott Gilmore, MD, FAEMS 16
- Joe Holley, MD, FAEMS 17
- Kevin Joles, FAEMS 17
- Rob Lawrence, MCMI 17
- Mark Levine, MD, FAEMS 18
- Tom Lewis, MD 18
- Robert Luckritz, JD, NRP 18
- Christian McClung, MD, M Phil (Cantab) 18
- Hawnwan P. Moy, MD, FAEMS 19
- Paul Pepe, MD, MPH, FAEMS 19
- Justin Rapoff, DO 20
- Joshua D. Stilley, MD, FACEP, FAEMS 20
- David Tan, MD, FAEMS 20
- Greg Taylor, AAS Paramedicine, NRP 20
- Rebecca Tracy, DO, MS 21
- Sam Vance, MHA, NRP 21
- Christopher Way, BS, NRP 21

Continuing Education 22
Registration Information and Prices 22
Hotel Registration and Rates 23
Sponsors 23

Schedule at a Glance

Preconference Workshops and Events, Wednesday, October 21, 2026

7:45 – 8:00	Registration
8:00 – 17:00	The 12-lead ECG and STEMI: Critical thinking for improved cath lab activation

Preconference Workshops and Events, Thursday, October 22, 2026

7:30 – 8:00	Registration
8:00 – 17:00	Leadership as seen by National Leaders
8:30 – 17:00	ImageTrend Summit: One Day. Powerful Conversations
10:15 – 12:00	Building Accountability Without Burning Bridges: The SNF Challenge
10:15 – 12:00	Crisis Intervention Unit: The Regional Approach to Mental Illness
12:00 – 13:00	Lunch
13:00 – 17:00	Handtevy Mobile in Action: Real-Time Decisions, Any Patient, Any Age
13:00 – 14:45	East Central EMS Region Committee Meeting
13:00 – 14:45	PPAEMA Final Rule Unpacked: What Every EMS Agency Must Know About DEA Compliance in 2026

Main Conference, Friday, October 23, 2026
Morning Sessions

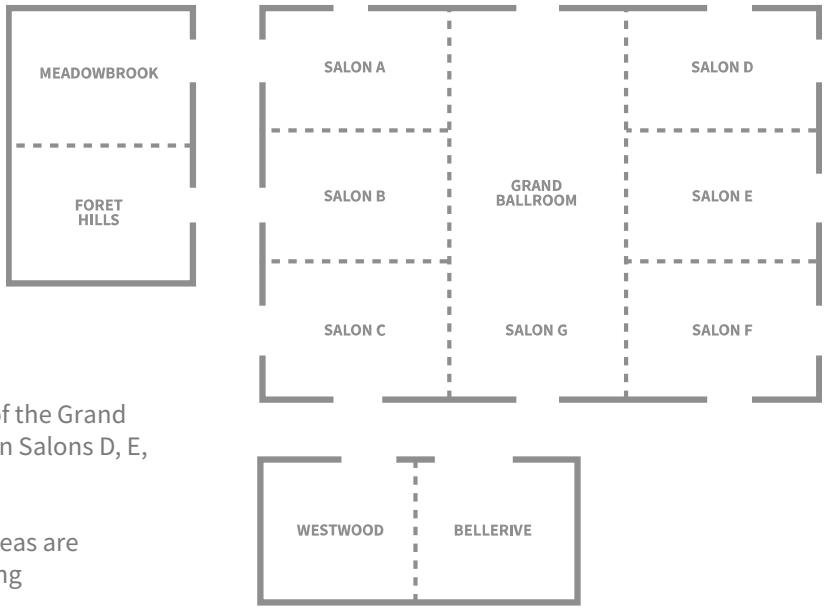
7:30-8:00	Registration
8:00–8:10	Welcome
8:10–8:30	Your EGO is Not PPE
8:30–8:50	ECG Interpretation Starts Before You Hit Acquire
8:50–9:10	From Dispatch to Discharge: Unlocking the Power of Integrated EMS Data
9:10–9:30	Delivering Death Notifications in EMS
9:30–9:50	KAPE - Keeping Your Agency in the Public Eye
9:50–10:10	Break
10:10–10:30	Hot Kids, Cool Heads: Pediatric Burn Care for EMS
10:30–10:50	Little Heads, Big Impact: High-Stakes Pediatric Traumatic Brain Injury for EMS Providers
10:50–11:10	Pediatric Sepsis: Speed over Complexity
11:10–11:30	Beyond Delivery: Prehospital Management of Obstetric Emergencies from Blood Pressure to Bleeding and Seizures
11:30–11:50	Evidence-Based EMS 2026: Translating the Year's Most Impactful Literature into Practice

Schedule at a Glance

Main Conference, Friday, October 23, 2026
Afternoon Sessions

11:50–12:50	Lunch
12:50–1:10	Turning of the Tables: An Audience Led Discussion with the Presenters
1:10–1:30	Is the Diamond of Death Losing Its Sparkle? Calcium, Coagulopathy, and What's Changed
1:30–1:50	Flashing tips for Flash flooding
1:50–2:10	Surfside Collapse: A Complex Challenge
2:10–2:30	Charged and Burned: Electric Vehicle fires and Hydrofluoric Acid Burns
2:30–2:50	Break
2:50–3:10	Sex, Drugs, R&R (Resuscitation & Recovery): The Potential Role of Hormones in Emergency Care
3:10-3:30	Safety as an Excuse: When Mental Models and Reality Conflict
3:30–3:50	Sleep like your life depends on it
3:50–4:10	The Real Heavy Lifting: Finding Risk and Making Every Lift Count
4:10–4:30	Shock, Re-Shock, and Rethink: What the Latest Science Reveals About Refractory & Recurrent VF/VT in EMS
4:30–4:50	An Affair of State: Listening Session with the Missouri Bureau of EMS
4:50–5:00	Closing

Floor Plan



Priority 1 EMS Conference will take place in Salons A, B, C, and G of the Grand Ballroom and in the Westwood and Bellerive Rooms on October 22nd and 23rd.

Exhibitors will be in Salons D, E, and F of the Grand Ballroom. Refreshments will be set up in Salons D, E, and F of the Grand Ballroom.

Refreshment breaks and networking areas are located within the exhibit space, creating multiple high traffic opportunities for attendees to visit your booth throughout the day.

Preconference Workshops
Wedndesday, October 21, 2026

The 12-lead ECG and STEMI:
Critical thinking for improved cath lab activation

Tim Phalen
Fenton Fire Protection District, House 2
8:00 am – 5:00 pm

This workshop will cover a unique approach designed to increase correct STEMI activation and reduce STEMI overcall. Topics that will be covered include correctly applying STEMI recognition criteria, quickly ruling out top STEMI imposters, when to suspect a STEMI in the presence of an imposter, acquisition and interpretation of 15-lead ECGs, OMI and STEMI equivalents, and a model of critical thinking that integrates the patient presentation, your ECG findings, and the device statement.

Registration is limited to 30 participants

Preconference Workshops
Thursday, October 22, 2026

ImageTrend Summit: One day. Powerful conversations.

8:30 – 5:00 pm

Meaningful connections you'll take back with you. You're invited to join us at an upcoming regional event hosted at the Marriott St. Louis West in St. Louis. Held in conjunction with the Priority 1 EMS Conference, this one-day regional summit is designed for agencies across the region. Conference registration is not required to attend the regional summit. You'll have the opportunity to gain education on ImageTrend solutions, network with fellow attendees, and hear inspiring success stories that showcase real-world achievements. Don't miss this chance to connect, learn, and be inspired!

Leadership as Seen by National Leaders

Chief Chris Way, Division Chief Kevin Joles, and Chief Rob Luckritz
Westwood and Bellerive Rooms
8:00 – 5:00 pm

More Than a Bugle: Building Your Identity as an EMS Leader
- Define leadership and identify the core principles/pillars of EMS leadership
- Discuss the "Buddy to Boss" transition and the unique challenges of leading former peers
- Introduce Emotional Intelligence framework and its application to EMS leadership
- Compare common leadership styles (including servant leadership)–interactive discussion/self-assessment

- Use a personality-test example to help officers understand their own style and how to lead different personality types

People, Problems, and Paperwork: The Everyday Reality of Being an EMS Officer
- Discuss best practices for employee evaluations (frequency, format, consistency)
- Work through an "employee vs. officer" role-play scenario, practice having a difficult conversation
- Discuss documentation standards with good vs. bad documentation examples
- Cover legal considerations officers face: policy basics and the "lift assist as a medical call" debate
- Discuss social media/professionalism issues and their impact on the organization

Crisis Communications, The How, What, When, Where to Say
In this talk Chief Way discusses the importance of good clear communication during a crisis. He looks at all types and methods of communication and the importance of each. Additionally, Chief Way will discuss communicating with the Public, Elected Officials and fellow Emergency Responders during an incident or event
- Evaluate different communication methods employed during a crisis
- Give examples of good and failed communication during incidents
- Discuss the importance of social media and the role that it plays
- Discuss methods of preparing members of your organization to be a key crisis communicator
- Discuss the role of Elected Officials in disseminating emergent information

Show Me The Money, Financing Your EMS System
This talk focuses on the realities and challenges of financing a modern-day EMS system. The discussion of Operations, Medicine and Revenue being the "three-legged stool" that drives and EMS organization and that you can't have one without the other. Furthermore, discussion of EMS billing (revenue), grants, tax levy's, bonds and other sources of funding will be a focus. Finally, we will discuss how the recent pandemic has exemplified the need for EMS and how to turn that realization in to funding for your operation
- Demonstrate the relationship between revenue, operations and medicine in providing EMS
- Discuss different forms of tax revenue available to EMS agencies
- Discuss different grant opportunities available to EMS agencies
- Discuss the difference between operational and capital budgeting in an EMS agency

Registration is limited to 45 participants

Crisis Intervention Unit: The Regional Approach to Mental Illness

Lieutenant Shawn McGuire, St. Louis County Police Department
Grand Ballroom Salon B
10:15 am – 12:00 am

This presentation will cover the background and evolvement of CIT (Crisis Intervention Team). It will detail what CIT is, the difference between criminal and mental health cases, stats and graphs to show what officers are responding to on a daily basis, and information on the regional team that has been constructed through grants and partnerships with both the federal and state governments and local organizations. Police Officers face difficult calls every day, however recognizing mental health calls and utilizing CIT tactics can quickly keep everyone involved safer.

Registration is limited to 30 participants

Building Accountability Without Burning Bridges: The SNF Challenge

Administrative Captain Kate Freshman
Grand Ballroom Salon C
10:15 am – 12:00 am

Florissant Valley Fire Protection District's EMS calls continued to climb, but the number of true medical emergencies did not. Skilled Nursing Facilities are responsible for a large percentage of non-emergent responses, which results in stretching our 911 crews thin and negatively impacting the emergency system as a whole.
Florissant Valley chose to confront this challenge through its Mobile Integrated Health (MIH) program. The district moved from simply responding to calls to holding the facilities accountable to provide the right care, instead of doing what was convenient.
This session dives into a bold, relationship-driven approach built on accountability, communication, consistency, and patient advocacy. Learn how data, direct engagement with facilities, and consistent follow-through changed both expectations and behavior.
From tracking trends and managing high-utilizer patients to implementing an ordinance that financially penalizes misuse, this program is delivering real results. Fewer unnecessary calls, stronger partnerships, and better outcomes for patients and paramedics.
This is about ensuring patients receive the right care at the right time and that emergency apparatus are available for true emergencies, all while giving paramedics the support, purpose, and morale they need to do their jobs. Registration is limited to 50 participants
Registration is limited to 30 participants

East Central Region EMS Committee Monthly Meeting

Grand Ballroom Salon B
1:00 pm – 2:45 pm

This is the regular monthly meeting of the East Central EMS Committee.

PPAEMA Final Rule Unpacked: What Every EMS Agency Must Know About DEA Compliance in 2026

St. Louis Division, United States Drug Enforcement Administration (DEA)
Grand Ballroom Salon C
1:00 pm – 2:45 pm

After nearly a decade of anticipation, the DEA's final rule implementing the Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA) was published in the Federal Register on February 5, 2026, establishing a comprehensive regulatory framework for EMS agencies that handle controlled substances. This session provides a practical, EMS-focused review of the new requirements, including EMS agency registration, controlled substance storage and security, stationhouse and designated location provisions, recordkeeping expectations, and administration of medications under standing and verbal orders. Attendees will gain actionable insights to help their organizations achieve compliance while maintaining timely patient access to critical

emergency medications.

Please note that recording of this session is not allowed per the DEA. Additionally, the DEA will not be providing handouts.

Registration is limited to 30 participants

Handtevy Mobile in Action: Real-Time Decisions, Any Patient, Any Age

Ryan Gentilcore
Grand Ballroom Salon A
1:00 pm – 5:00 pm

This 4-hour, hands-on session sharpens critical care decision-making and the use of cognitive aids to assess and treat patients across the full age spectrum, from newborn to geriatric. Working through live, high-acuity cases, cardiac arrest, sepsis, trauma, and respiratory failure, attendees practice rapid medication administration, structured patient assessment, and High-Performance CPR as a team. Every case is worked through Handtevy Mobile's real-time clinical intelligence: dosing and protocol guidance that supports sharper judgment under pressure, not just a walkthrough of a tool.

Learning Objectives:

• Perform structured patient assessment across the age spectrum, distinguishing "sick vs. not sick" in pediatric, adult, and neonatal patients.

• Apply real-time dosing guidance for high-risk medications used in cardiac arrest, seizure, and toxicological emergencies, verifying each dose against sound clinical judgment.

• Execute High-Performance (Pit Crew) CPR roles as a team, including compression rate, ventilation ratio, and defibrillation/epinephrine timing.

• Differentiate age-specific treatment priorities and reversible causes across cardiac arrest, sepsis, trauma, respiratory failure, and neonatal resuscitation.

• Apply clinical scoring and protocol-based checklists to reduce cognitive load and reduce variation in care during high-stress calls.

• Select an appropriate receiving facility based on patient acuity and complete accurate, real-time documentation of assessment, treatment, and destination rationale

Registration is limited to 24 participants

Main Conference Program

Friday, October 23, 2026

Grand Ballroom Salons A, B, C, and G

7:30 am – 8:00 am **Registration**

8:00 am – 8:10 am **Welcome**

Conference logistics will be covered including important topics such as where the restrooms are located, when the breaks will occur, how to obtain continuing education, and more importantly what goodies will be had during the breaks.

8:10 am – 8:30 am **Your EGO is not Your PPE**
Greg Taylor, AAS Paramedicine, NRP

A cautionary tale of Greg's journey with occupational bladder cancer. What went wrong and what went right. And what tuberculosis has to do with anything.

8:30 am – 8:50 am **ECG Interpretation Starts Before You Hit Acquire**
Christian McClung, MD, M. Phil (Cantab)

Explaining the why behind the American Heart Association standards for ECG performance and how technique is the first step of competency in ECG interpretation.

8:50 am – 9:10 am **From Dispatch to Discharge: Unlocking the Power of Integrated EMS Data**
Remle Crowe, PhD, NREMT, FAEMS

EMS clinicians routinely make critical decisions in the field, but what happens after the patient crosses the Emergency Department doors? This session explores the power of integrated data – from dispatch to discharge - to reveal the true impact of prehospital care. Learn how analyzing EMS patient outcome data helps evaluate interventions, refine protocols, enhance training, improve satisfaction and even drive policy that leads to better patient care.

9:10 am – 9:30 am **Delivering Death Notifications in EMS**
Mark Levine, MD, FAEMS

Death notification is one of the most challenging and emotionally charged responsibilities faced by EMS clinicians. Current literature highlights that most providers receive little to no formal training in this critical skill, often learning through observation or trial and error. This gap can lead to increased stress, burnout, and negative experiences for both providers and families. With the rise in on-scene terminations of resuscitation and out-of-hospital deaths, EMS professionals are increasingly tasked with delivering life-altering news in unpredictable environments.

This session will explore best practices for compassionate, clear, and structured communication during death notifications, drawing on established frameworks such as the GRIEV_ING mnemonic and recent prehospital-specific guidelines. Attendees will learn practical techniques to prepare for and conduct these conversations, manage emotional responses, and provide immediate support to grieving families. Emphasis will be placed on empathy, honesty, and cultural sensitivity, as well as strategies for provider resilience and mental health.

9:30 am – 9:50 am **Lights. Camera. Ambulance! How to Turn Everyday EMS into Headlines that Matter**
Rob Lawrence, MCMI

Your crews have incredible stories. Your patients have powerful experiences. Your organization is changing lives every single day. So why is nobody hearing about it?

Whether you're speaking to your community, the media, elected officials or future recruits, telling your story has never been more important. Learn how to create news instead of waiting for it, use social media strategically, build relationships with journalists and create content that people actually want to watch, read and share. You'll leave with practical tools you can put to work the very next day.

9:50 am – 10:10 am **Break – Grand Ballroom Salons D, E, F, Westwood and Bellerive Rooms**

10:10 am – 10:30 am **Hot Kids, Cool Heads: Pediatric Burn Care for EMS**
Abby Bailey, MPA, NRP

During this presentation, participants will learn how to recognize burn severity and accurately estimate TBSA in pediatric patients using practical prehospital assessment tools, perform a complete patient assessment despite the presence of a burn injury, identifying associated trauma, inhalation injury, and other life-threatening conditions, and apply evidence-based prehospital burn management and destination decisions for adult and pediatric patients, including wound care, pain management, and transport considerations.

10:30 am – 10:50 am **Little Heads, Big Impact: High-Stakes Pediatric Traumatic Brain Injury for EMS Providers**
Joseph Finney, MD

Pediatric traumatic brain injury (TBI) presents unique challenges for EMS professionals, where early recognition and intervention can significantly influence outcomes. This engaging 20-minute session reviews the epidemiology, pathophysiology, assessment, and prehospital management of pediatric TBI, with a focus on evidence-based practices that help prevent secondary brain injury. Through real-world case examples and practical takeaways, attendees will gain confidence in recognizing subtle signs of serious injury and making critical treatment decisions in the field. (This session will be given remotely)

10:50 am – 11:10 am **Secrets of Data Driven Leaders**
Peter Antevy, MD, FAEMS

Pediatric sepsis accounts for roughly 25 million cases and more than 3 million deaths worldwide each year. Yet children who arrive by EMS are twice as likely to be hypotensive, twice as likely to require the PICU, and twice as likely to die. Prehospital treatment rates remain strikingly low, with fewer than 7 percent obtaining IV access and fewer than 4 percent receiving fluids before hospital arrival.

This session cuts through the complexity that has stalled prehospital sepsis care. Dr. Antevy examines why the 2024 Phoenix Sepsis Score, while a meaningful advance for the hospital, arrives too late to help the field, and introduces the vital-sign-based qPS4 screening tool, derived from 47,000 patients over nine years, which correctly identifies septic shock in 94 out of 100 children. He then traces prehospital fluid hesitation back to a single trial conducted in a very different patient population and presents the evidence that early shock reversal produces a greater than nine-fold increase in survival while every hour of persistent shock doubles mortality.

The talk closes with what is coming next: EMS-initiated antibiotics without waiting for cultures, the PITSTOP randomized trial, and the emerging role of plasma and glycocalyx repair. Attendees will leave with a simple, fast, field-ready approach they can put into protocol immediately.

11:10 am – 11:30 am **Beyond Delivery: Prehospital Management of Obstetric Emergencies from Blood Pressure to Bleeding and Seizures**
W. Scott Gilmore, MD, FAEMS

Obstetric emergencies are rare, high-risk, and time-critical events that challenge even the most experienced EMS clinicians. This engaging and case-based presentation reviews evidence-informed prehospital management of three life-threatening maternal emergencies: severe hypertension and preeclampsia, eclampsia, and postpartum hemorrhage. Participants will explore patient assessment, recognition of warning signs in pregnant and postpartum patients, medication decision-making, and transport considerations using current model EMS guidelines. Attendees will leave with practical strategies to improve maternal outcomes and increase confidence when caring for critically ill obstetric patients in the field. Based on the model EMS guidelines for Elevated Blood Pressure in Pregnancy and up to 6 Weeks Postpartum, Eclampsia, and Postpartum Hemorrhage.

11:30 am – 11:50 am **Evidence-Based EMS 2026: Translating the Year's Most Impactful Literature into Practice**
Phil Moy, MD, FAEMS

Keeping up with the ever-growing body of EMS research can be challenging. This fast-paced, evidence-focused session highlights the most impactful prehospital care studies published in leading EMS, emergency medicine, and critical care journals over the past year. From

groundbreaking findings to controversial topics, this presentation translates the latest science into actionable takeaways for frontline EMS clinicians, educators, supervisors, and medical directors.

11:50 am – 12:50 pm **Lunch – On Your Own**

12:50 pm – 1:10 pm **Turning of the Tables**
All

A time for participants to ask the presenters whatever is on their mind.

1:10 pm – 1:30 pm **Is the Diamond of Death Losing Its Sparkle? Calcium, Coagulopathy, and What's Changed**
Sabina A. Braithwaite, MD, MPH, FAEMS

The classic trauma triad of death — acidosis, coagulopathy, and hypothermia — has long guided resuscitation. Hypocalcemia was proposed as a fourth "lethal diamond" element. This session reviews the latest evidence behind that claim, including the context of prehospital transfusion. Attendees will leave with a current, evidence-based approach to managing all four elements in the field

1:30 pm – 1:50 pm **Flash Tips for Flash Flooding**
David K. Tan, MD, FAEMS

Flash flooding and water rescue callouts are an increasingly common occurrence for first responders. Join us for a quick primer on drowning terminology, common hazards rescuers face in swiftwater, and top patient care priorities for victims in flood/swiftwater rescues.

1:50 pm – 2:10 pm **Surfside Collapse: A Complex Challenge**
Joe Holley, MD, FAEMS

This presentation will discuss the many complexities and challenges faced during the urban search and rescue response to the Surfside building collapse.

2:10 pm – 2:30 pm **Charged and Burned: Electric Vehicle fires and Hydrofluoric Acid Burns**
Justin Rapoff, DO

This presentation will cover the physics of what's happening with electric vehicle and other lithium anion battery fires, and how hydrochloric acid burns can become rapidly fatal. We will discuss the pathophysiology behind what's happening and what you can do in the field to treat them.

2:30 pm – 2:50 pm **Break – Grand Ballroom D, E, F, Westwood and Bellerive Rooms**

2:50 pm – 3:10 pm **Sex, Drugs and R&R (Resuscitation & Recovery): The Potential Role of Hormones in Emergency Care**
Paul E. Pepe, MD, MPH, FACEP, MACP, MCCM, FAEMS, FRCP

In this session, the concept of sex-related differences in resuscitation will be explored in terms of pharmaco-biology, physiological responses to injury, and the very interesting mechanisms of action of sex hormone interventions in critical illness and trauma. The speaker will also present the results of he and his collaborators fascinating experimental work and the resulting implications for future research and resuscitation protocols for EMS.

3:10 pm – 3:30 pm **Safety as an Excuse: When Mental Models and Reality Conflict**
Joshua D. Stilley, MD, FACEP, FAEMS

Safety is a central value in EMS practice. However, some habits and clinical standards developed to promote safety can unintentionally create risk when they conflict with patient physiology or evolving clinical evidence. This fast-paced, case-based session examines situations where well-intentioned actions, performed in the name of safety, may delay treatment, increase risk, or distract from higher-priority interventions. Through real-world EMS scenarios, participants will explore how cognitive bias, operational norms, and cognitive biases influence decision-making in dynamic prehospital environments. Attendees will learn to recognize when commonly accepted “safe” practices may not align with physiologic priorities or evidence-based care. The session will highlight strategies for identifying these decision traps and refocusing clinical care on high-impact fundamentals. Designed for EMS clinicians and medical directors, this presentation provides practical insights for improving both individual clinical decision-making and system-level patient safety.

3:30 pm – 3:50 pm **Sleep Like Your Life Depends on It**
Tom Lewis, MD, FAEMS

EMS professionals pride themselves on answering the call, no matter the hour. But what happens when chronic sleep deprivation, fatigue, and inadequate recovery become accepted as part of the job? This engaging, evidence-based session explores the latest science on sleep, fatigue, circadian disruption, and recovery in EMS and other high-risk professions. Attendees will learn how insufficient sleep impacts cognitive performance, clinical decision-making, driving safety, cardiovascular health, mental well-being, and patient outcomes. Most importantly, this presentation will challenge the culture of “pushing through” fatigue and provide practical strategies for prioritizing recovery to protect both providers and patients.

3:50 pm – 4:10 pm **The Real Heavy Lifting: Finding Risk and Making Every Lift Count**
Rebecca Tracy, DO, MS

This presentation explores the clinical significance of everyone's favorite 2 a.m. call, the lift assist. What appears to be a routine request for help off the floor may be the first sign of serious illness. This presentation will examine the morbidity and mortality associated with these seemingly low-acuity encounters and introduce practical strategies such as the MEMAW score and other functional assessments to help EMS providers recognize patients who may be at higher risk and benefit from transport.

Equally important to not missing the sneaky sick patient is that not every lift assist needs to end with an ambulance ride for EMS to make an impact. For patients who are appropriately managed at home, this presentation will discuss a framework for making the most of the encounter. The goal is to move beyond simply getting someone off the floor to understanding why they ended up there in the first place and help prevent the next and possibly more catastrophic call.

4:10 pm – 4:30 pm **Shock, Re-Shock, and Rethink: What the Latest Science Reveals About Refractory & Recurrent VF/VT in EMS**
W. Scott Gilmore, MD, FAEMS

Refractory and recurrent ventricular fibrillation (VF) and pulseless ventricular tachycardia (VT) remain among the most challenging conditions encountered in out-of-hospital cardiac arrest. Emerging evidence is reshaping how EMS clinicians think about defibrillation strategies, antiarrhythmic medications, resuscitation timing, mechanical support, and novel approaches to shock-resistant rhythms. This presentation provides a practical, evidence-based review of the newest literature and translates key findings into actionable prehospital treatment strategies. Attendees will leave with an updated understanding of what works, what remains controversial, and where future resuscitation science is headed.

4:30 pm – 4:50 pm **An Affair of State: Listening Session with the Missouri Bureau of EMS**
Sam Vance, MHA, NRP

Come and listen to Chief Vance as he informs you about what is happening at the Missouri Bureau of EMS. After a brief session outlining the changes that are occurring, Chief Vance will open the floor for questions from those in attendance.

4:50 pm – 5:00 pm **Closing Remarks**

Speakers

Peter Antevy, MD, FAEMS

Dr. Antevy is a nationally recognized EMS physician, educator, and innovator dedicated to advancing prehospital care. Dr. Antevy is the Founder and Chief Medical Officer of Handtevy and serves as EMS Medical Director for multiple fire-rescue agencies in Florida, providing medical oversight for more than 2,500 paramedics. Board-certified in Pediatrics, Pediatric Emergency Medicine, and Emergency Medical Services, he is widely known for his work in improving patient safety, pediatric emergency care, medication safety, and evidence-based EMS practice. A dynamic and sought-after speaker, Dr. Antevy has educated thousands of EMS clinicians, nurses, physicians, and first responders across the United States and internationally. His contributions to EMS have earned numerous national awards and recognition for leadership, innovation, and excellence in prehospital medicine. Through his clinical practice, research, and educational initiatives, Dr. Antevy continues to champion safer, higher-quality care for patients and providers alike.

Abby Bailey, MPA, NRP

Abby Bailey is the Hub/Program Manager for the Pediatric Pandemic Network at Norton Children's Hospital. With more than 20 years of experience in EMS, emergency preparedness, critical care transport, and healthcare leadership, she works with healthcare and emergency response partners to strengthen pediatric disaster readiness and resilience. Abby is a paramedic instructor, PsySTART trainer, and graduate of Columbia Southern University's Master of Public Administration program with a concentration in Emergency Management.

Sabina Braithwaite, MD, MPD, FACEP, FAEMS

Dr Braithwaite has been a national EMS leader, including leadership roles with ACEP, NAEMSP and ITLS. She has been an academic EMS physician, medical director for several air and ground EMS agencies, and state medical director for Missouri. She currently serves as Medical Director of Patient Flow and Utilization Management at the Veterans Administration Sierra Nevada Healthcare System and has the honor of providing subject matter expertise in service to development of the VA National Emergency Ambulance Service program.

Remle Crowe, PhD, NREMT, FAEMS

Remle Crowe is an expert in EMS research and quality improvement. Prior to earning her PhD in public health from The Ohio State University, her EMS career began as a volunteer EMT and instructor with the Red Cross in Mexico City, where she also worked at Ford Motor Company as a Powertrain Quality engineer certified as a Black Belt in Six Sigma. Now, Dr. Crowe blends her background in research and improvement science to improve community health and safety through the power of data as Senior Director of Research and Data Enablement at ESO in Austin, Texas.

Jospeh Finney, MD

Joseph Finney is a Washington University pediatric emergency medicine and EMS physician. Dr. Finney is board certified in pediatrics, pediatric emergency medicine, and emergency medical services (EMS). He serves as the director of EMS at St. Louis Children's Hospital and Missouri EMS for Children Director of Prehospital Readiness. Dr. Finney is committed to simplifying the prehospital care of children through interactive education, research, and quality improvement. In addition to his clinical and educational activities, Dr. Finney focuses his time on prehospital research in pediatric seizure management and manual ventilation with particular interest in the use of ketamine for prehospital benzodiazepine refractory status epilepticus.

Kate Freshman, BS, NRP

Captain Freshman is a young, driven fire service leader serving as the Public Education Officer and Mobile Integrated Health (MIH) Coordinator for the Florissant Valley Fire Protection District. She work to develop data-driven MIH strategies that reduce 911 call volume, improve patient outcomes, and enhance system efficiency. Her leadership style has been shaped by experience in high-volume EMS systems, where she developed a deep understanding of operational strain, system gaps, and the realities faced by crews on the street. That perspective fuels her passion for identifying and filling critical voids within EMS systems while strongly advocating for the paramedics on the floor. Her work focuses on leveraging analytics, proactive outreach, and strong public relations to build community trust, support fire district members, and ensure the right resources are delivered at the right time. She is committed to advancing innovative, sustainable solutions that strengthen both patient care and the emergency response system as a whole.

Ryan Gentilcore

Ryan Gentilcore is a Fire Operations Captain with Fort Lauderdale Fire Rescue and serves as the Clinical Coordinator and Director of Education for Pediatric Emergency Standards. With over two decades of dedicated service in pre-hospital, emergency medicine, and fire-rescue operations, Captain Gentilcore brings extensive practical expertise in advanced life support, trauma response, and pediatric clinical software education. Throughout his career, he has served as a lead instructor and adjunct professor across multiple academic institutions—including Broward College and Palm Beach State College—certifying physicians, nurses, and paramedics in critical care and advanced resuscitation protocols. Ryan holds a Bachelor of Science in Finance from Florida State University and an Associate in Science in Emergency Medical Services from Miami Dade College.

W. Scott Gilmore, MD, FAEMS

Scott Gilmore is the Medical Director of St. Louis Fire Department, Affton Fire Protection District and Lemay Fire Protection District. He started his career in EMS over 20 years ago as an EMT-A working in a fire-based system. He continued his training and became an EMT-I, EMT-P and EMS Educator. Prior to becoming the Medical Director of the St. Louis Fire Department, he served as the Assistant Medical Director. In addition to being the Medical Director, he works as an attending physician in the Emergency Department at Mercy Hospital South in St. Louis, Missouri and serves on the Board of the National Registry of Emergency Medical Technicians.

Joe Holley, MD, FAEMS

Joe Holley is the Medical Director for the State of Tennessee Department of Emergency Medical Services as well as the Memphis and Shelby County Fire Departments and several municipal and private ambulance services in West Tennessee. He also holds the position of Associate Professor in Emergency Medicine for the University of Tennessee Health Science Center. Dr. Holley received his Medical Degree from the University of Mississippi School of Medicine, followed by an internship and residency at University Medical Center in Jackson. Dr. Holley has served on over 50 deployments, including Hurricane Katrina and the Pentagon on 9/11, as the Medical Director of the Tennessee Task Force 1, Urban Search & Rescue Team and serves on the national FEMA Incident Support Team. Dr. Holley is the Medical Director for Tier 1 Group, one of the nation's leading Military training facilities as well as the Tennessee Fire Academy. He is a member of the CPACE Board of Directors, the National Association of EMS Physicians and a Fellow of the American College of Emergency Physicians. Dr. Holley is board certified in Emergency Medicine and Emergency Medical Services.

Kevin Joles, FAEMS

Chief Joles is the Division Chief of EMS for the Olathe Fire Department in Kansas and the International Director of the International Association of Fire Chiefs EMS Section. A member of FSEDI Cohort 13, he has nearly 30 years of experience in emergency services and is recognized for leading progressive initiatives in cardiac arrest survivability, clinical quality improvement, and regional EMS collaboration. He is a national advocate for fire-based EMS, focusing on workforce development, patient-centered care, treatment in place, pre-hospital blood programs, tactical EMS, and sustainable EMS reimbursement. He also serves on the Board of the Advanced Cardiac Resuscitation Consortium.

Rob Lawrence, MCMI

Rob Lawrence has been a leader in civilian and military EMS for over a quarter of a century. He is currently the director of strategic implementation for PRO EMS and its educational arm, Prodigy EMS, in Cambridge, Massachusetts, and part-time executive director of the California Ambulance Association. He previously served as the chief operating officer of the Richmond Ambulance Authority (Virginia), which won both state and national EMS Agency of the Year awards during his 10-year tenure. Additionally, he served as COO for Paramedics Plus in Alameda County, California. Prior to emigrating to the U.S. in 2008, Rob served as the COO for the East of England Ambulance Service in Suffolk County, England, and as the executive director of operations and service development for the East Anglian Ambulance NHS Trust. Rob is a former Army officer and graduate of the UK's Royal Military Academy Sandhurst and served worldwide in a 20-year military career encompassing many prehospital and evacuation leadership roles. Rob is the President of the Academy of International Mobile Healthcare Integration (AIMHI) and former Board Member of the American Ambulance Association. He writes and podcasts for EMS1 and is a member of the EMS1 and EMS World Editorial Advisory Boards.

Mark Levine, MD, FAEMS

Mark D. Levine is a Professor of Emergency Medicine and Emergency Medicine Course Director at Washington University School of Medicine in St. Louis. He started his career as an Emergency Medical Technician—Basic. He graduated from New York University School of Medicine and completed his Emergency Medicine residency at the MetroHealth Medical Center/Cleveland Clinic program in Cleveland, Ohio, where he served as a Flight Physician for Metro Life Flight. He is board certified in Emergency Medicine and Emergency Medical Services. He was the former Medical Director of the St. Louis Fire Department and now serves as the Assistant Medical Director. He has lectured locally, nationally, and internationally on Emergency Medicine and Pre-hospital Medicine, has edited a textbook on Emergency Medicine, and is a reviewer for EMS World Magazine.

Tom Lewis, MD

Tom Lewis is the Mercy EMS Medical Director. Dr. Tom Lewis is responsible for comprehensive medical oversight of all clinical care provided in the Mercy EMS system throughout Missouri, Arkansas and Oklahoma. The ground EMS system is currently comprised of 29 stations in 14 counties. Dr. Lewis is board certified in both Emergency Medicine and Emergency Medical Services. He graduated from the University of Kansas School of Medicine in 2001, attended specialty training at the Michigan State / SCHI Emergency Residency Program with a special interest in prehospital care. He worked with ground and air ambulance services and developed a comprehensive regional tactical EMS system in Saginaw, Michigan. He continues to work with various governor advisory boards and regional EMS committees. Dr. Lewis has worked at the Mercy Emergency Level I Trauma Center in Springfield, Missouri since 2004 and helped develop an area tactical EMS program while staying involved in EMS education and training. Dr. Lewis is driven by the compassionate delivery of quality prehospital care and is actively involved in education and all aspects of clinical practice.

Robert Luckritz, JD, NRP

Chief Luckritz serves as Chief of Austin-Travis County EMS, leading the nation's largest municipal third-service EMS agency. With more than 25 years of experience in emergency medical services and healthcare leadership, he has served as a paramedic, educator, field supervisor, hospital executive, and EMS chief in several of the country's largest and most complex EMS systems. In Austin, he oversees a comprehensive EMS system that responds to approximately 150,000 requests for service annually and is recognized for its innovative community health, mobile integrated healthcare, and alternative response programs. A nationally recognized speaker on leadership, organizational culture, and EMS system performance, Chief Luckritz is actively involved in advancing the profession through national service and advocacy. He serves as President-Elect of the National Association of Emergency Medical Technicians (NAEMT) and has held leadership positions with numerous state and national EMS organizations. His commitment to innovation and excellence in EMS has earned national recognition, including the JEMS EMS10 Innovators Award and the NAEMT Presidential Leadership Award.

Christian McClung, MD, M Phil (Cantab)

Dr. McClung is an emergency physician at Palomar Health in San Diego and Adjunct Professor at Keck School of Medicine of the University of Southern California. He is also the Co-founder and Chief Medical Officer of CB Innovations LLC. He conducts clinical and basic science research in the areas of ECG fidelity, occlusive heart disease, and cardiac arrest physiology.

Hawnwan P. Moy, MD, FAEMS

Dr. Moy is a highly accomplished Emergency Medicine Physician and a leading expert in Prehospital and EMS medicine. He currently serves as an Emergency Physician at Mercy and is the Medical Director for Mercy South Emergency Department, Lincoln County Ambulance District, and ARCH Air Methods Helicopter EMS. Dr. Moy is also the Secretary/Treasurer of the National Association of EMS Physicians (NAEMSP), where he previously served as a physician member-at-large board member and president of the Missouri-Iowa local chapter. A prolific educator and advocate for evidence-based prehospital care, Dr. Moy is the Editor-in-Chief of the Air Methods Prehospital EDucation (AMPED) Podcast and a Past Editor-in-Chief of the Prehospital Emergency Care Podcast a widely recognized resource for EMS professionals. He has held academic positions as an Assistant Professor of Emergency Medicine at Washington University School of Medicine and is board-certified in both Emergency Medicine and EMS Subspecialty. Dr. Moy's dedication to advancing prehospital medicine is evident through his numerous invited lectures, publications, and editorial roles, focusing on topics from critical care procedures and trauma to mobile integrated healthcare and stroke systems of care.

Paul Pepe, MD, MPH, FAEMS

Paul Pepe, MD, Dallas County (Texas) EMS/Public Safety Medical Director, has pioneered many of our major advances in resuscitation medicine and EMS. A critical care clinician-scientist turned "street doctor" in Seattle (1970s), he became the 1st full-time EMS medical director (Houston/1980s-early 90s), forging the EMS subspecialty as we know it today while dramatically increasing survival rates and producing landmark research in cardiac arrest and trauma care. After serving as Pennsylvania's inaugural Commonwealth Emergency Medical (late '90s), he became the Dallas Medical Director (2000) and was appointed Emergency Medicine Professor/Chair at the University of Texas Southwestern Medical School/Parkland Emergency-Trauma Center (2000-2014). Co-founding NAEMSP (1984) and becoming its first President-Elect, he still facilitates rapid boots-on-the-ground global informational exchange through the Metropolitan EMS Medical Directors Global Alliance leading to his 2020 NAEMT "Medical Director of the Year"; award during the COVID crisis. Still a street responder and scientist, he continues to garner prestigious best scientific paper awards annually such as the 2020, 2021,2022,2023 and 2024 Star Research Achievement Awards from the Society of Critical Care Medicine and American College of Emergency Physicians (ACEP) in 2022). During a lifetime achievement event (ACEP, 2005), he was already monikered "the most accomplished EMS physician of our generation".

Justin Rapoff, DO

Dr. Rapoff is a board-certified ER physician with a fellowship and tactical medicine and former TEMS provider for the Cook County Sherriff's department HBT SWAT team. He is the current medical director for St. Louis Elite Medical Systems and 27 fire/EMS districts throughout the greater St. Louis region. He's a dad of four boys and currently coaching soccer as well as hockey, who enjoys the Cardinals, Blues, STL City, Battlehawks, snow-skiing, wakeboarding, snowboarding, mountain, biking, music, and boating.

Joshua D. Stilley, MD, FACEP, FAEMS

Dr Stilley is an EM and EMS physician. He started in EMS as an EMT/Firefighter in 2001 on a volunteer service. He attended undergrad at Iowa State University, medical school at the University of Missouri, and EM residency at the University of Iowa. He is board certified in Emergency Medicine and subspecialty board certified in EMS. He is the medical director for multiple mid-Missouri agencies including University Ambulance and the Children's Transport Team. He is Chair of the Missouri EMS State Advisory Council. He is active at the local, state and national level; and has a strong interest in EM and EMS education.

David Tan, MD, FAEMS

Dr. Tan is Chief Medical Officer & Medical Director of the St. Charles County Ambulance District (SCCAD) and an adjunct professor at Washington University School of Medicine in St. Louis. Dr. Tan is SCCAD's first full-time EMS medical director and the first in Missouri to serve in a full-time capacity. He was the founding Chief of the EMS Division in the Department of Emergency Medicine at WashU where he managed numerous EMS physicians who, together, provided medical oversight to more than two dozen EMS, fire, police, air ambulance, dispatch, and special operations medical agencies. Dr. Tan is past president of the National Association of EMS Physicians and still serves on the NAEMSP Board of Directors, chairman of the Metropolitan St. Louis Emergency Transport Oversight Commission, and Medical Team Manager for the St. Louis Metropolitan Urban Search & Rescue (US&R) System. Dr. Tan completed his residency in Emergency Medicine at Barnes-Jewish Hospital at Washington University School of Medicine in St. Louis and received his Doctor of Medicine degree from Loma Linda University School of Medicine in California.

Greg Taylor, AAS Paramedicine, NRP

Greg Taylor is an Assistant Professor of Paramedicine at the University of Alaska Fairbanks Community and Technical College and serves as a State of Alaska EMS Certifying Officer. Prior to entering academia, Greg served 27 years with the Fairbanks Fire Department, retiring as a Battalion Chief/Paramedic. Throughout his career, he responded to thousands of emergency incidents while mentoring generations of EMS professionals and fire service members. Following his diagnosis of occupational bladder cancer, Greg became a passionate advocate for firefighter and EMS provider health, emphasizing occupational cancer awareness, exposure reduction, early detection, and cultural change within emergency services. Drawing on both his professional experience and personal journey, Greg challenges responders to rethink long-held assumptions about toughness, vulnerability, and what it truly means to take care of ourselves and each other.

Rebecca Tracy, DO, MS

Dr. Tracy is an Emergency Physician and EMS Medical Director with SSM Health in St. Louis, Missouri. She currently serves as the EMS Medical Director for the agencies under SSM Health St. Louis EMS and practices clinically at DePaul and St. Clare Hospitals. Dr. Tracy completed her Emergency Medicine residency at Southern Illinois University School of Medicine and a fellowship in Emergency Medical Services at Washington University in St. Louis. She is passionate about advancing EMS through high-quality education, operational excellence, and medical oversight that supports both providers and patients in the field.

Sam Vance, MHA, NRP

Chief Vance is the Chief of the Missouri Bureau of Emergency Medical Services, where he provides leadership for statewide EMS regulation, system development, licensure, data initiatives, and quality improvement efforts. A nationally respected EMS leader, he brings a unique combination of clinical, operational, and healthcare administration experience, with a career dedicated to advancing emergency care systems and improving patient outcomes. He holds a Master of Healthcare Administration from A.T. Still University and has been a strong advocate for EMS workforce development, system modernization, and evidence-based practice. Prior to leading Missouri's EMS Bureau, Chief Vance held numerous leadership roles in pediatric emergency care and EMS program development at the state and national levels. His work has focused on enhancing pediatric readiness, strengthening partnerships across healthcare systems, and integrating best practices into emergency care delivery. A frequent collaborator with national EMS organizations, Chief Vance continues to champion innovation, quality improvement, and strategic leadership in prehospital medicine. As Chief of Missouri's EMS Bureau, he remains committed to building resilient EMS systems, supporting clinicians and agencies across the state, and advancing the future of emergency medical services through collaboration, education, and thoughtful policy leadership.

Christopher Way, BS, NRP

Chief Way has been an emergency service professional for 34 years. In August of 2025 Chief Way was named the Chief of Charleston County (SC) EMS after serving as the Fire Chief for Kootenai County (ID) Fire and Rescue and as the Chief Officer for the Kootenai County (ID) EMS System beginning in 2013. Charleston County EMS (CCEMS) is a 911 Advanced Life Support EMS agency responding to over 78,000 requests for service annually with 350 full and part-time personnel. Chief Way came to Idaho from Kansas where he served in Fire and EMS roles in urban, suburban and rural settings. He was an EMT-Basic, EMT-Intermediate and now has been a licensed paramedic since 1994 as well as a certified Firefighter. Throughout his career he has held different ranks culminating most recently in his appointment as the Chief of CCEMS. He also has significant experience in disaster management at the local, state and national level. In addition to his full-time role as the Chief of the Department, he is involved at the local, regional, state and national level in advocacy and leadership for emergency services. He is the President for the National EMT Association and has served on their board and committees for several years. He is a regular speaker at national conferences and in his spare time Chief Way and two partners own an Emergency Medicine education and consulting company. Passionate about emergency medical care, Chief Way has served and been appointed to several positions to strengthen public safety and healthcare in different organizations. He holds a bachelor's degree in Management and Human Relations and maintains all of his Fire and EMS licenses/certifications. He regularly donates time to his community, serves local non-profit organizations and is involved in his children's many activities.

Conference Registration Information

Registration is available online at www.stlemsconference.com Email confirmation of registration will be sent once registration is completed.

Main Conference $125.00

Leadership $90.00

Crisis Intervention Unit $20.00

Building Accountability Without Burning Bridges $20.00

PPAEMA Final Rule Unpacked: ..... FREE

Tiny Patients, Big Stakes: $50.00

Continuing Education

Continuing education hours will be offered for prehospital providers at all levels by SEMS.
CEUs are based on the current Missouri Relicensure categories.

Preconference Workshops:

12 lead EKG – **8.00 hours**
Leadership – **8.00 hours**
Crisis Intervention Unit: The Regional Approach to Mental Illness – **1.25 hours**
Building Accountability Without Burning Bridges: The SNF Challenge – **1.25 hours**
PPAEMA Final Rule Unpacked: What Every EMS Agency Must Know About DEA Compliance in 2026 – **1.25 hours**
Tiny Patients, Big Stakes: Building Pediatric Readiness with Handtevy – **4.0 hours**

Main Conference:

7.0 CEUs total broke down as follows:
Cardiovascular – **1.00 hours**
Trauma – **0.75 hours**
Medical – **2.25 hours**
Pediatrics – **1.00 hour**
Operations – **2.00 hours**

Certificates will be emailed after completion of an online evaluation following the conference.

Hotel Registration and Rates

If you need a place to stay overnight, reservations for a hotel room can be made directly with the Marriott St. Louis West hotel online or by calling 1 (314) 878-2747.

Sponsors

Priority 1 EMS Conference wishes to thank the 2023 sponsors and supporting organizations for their generosity.