1. 7:30 Welcome Dawn

**Background:**

Goal of this subcommittee is to plan the content, format, and speakers for a regional professional education conference on the latest treatment and system initiatives for the management of patients with AMI.

**Minutes:**

Information only

2. 7:35 Resources Jon

**Background:**

Members of the AHA Caruth Volunteer Advisory Board (CVAB) and other regional speakers are available as presenters.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Jami DelliFraine</td>
<td>American Heart Association</td>
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<tr>
<td>William Koenig</td>
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<td>Brent Myers</td>
<td>James Langabeer</td>
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<td>Tim Henry</td>
<td>Peter Moyer</td>
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<td>James Jollis</td>
<td>Mayme Lou Roettig</td>
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</table>
### AHA Dallas Caruth Initiative
### Subcommittee Minutes: Conference Planning
### January 10, 2011

#### Action:
All members to send list of potential presenters to Dawn with presentation topic

#### Minutes:
- Chris Director of Missions Lifeline has also join the list and will be sharing some of her experience with the Mayo Clinic
- Dawn has been in contact with Todd Gray
- Also Brent Meyers who has done a lot of research with hypothermia which can help with post AMI care
- Send Dawn the list of local speakers you may want to include i.e.:
  - Paul St. Laurent from Baylor can do a post AMI
  - Dr. Bruce Bower
  - James Park – Jon to contact
  - George Adams – originally worked as a medic, works with RAC
- Will cover expense for travel and lodging

| 3. 7:40 | Topics for Conference/Schedule |  
|---------|--------------------------------|---
|         | Exhibit 3A Sample Agenda/Schedule | Dawn
|         | Background:                     |   
|         | Date include June 3-4           |   
|         | Location: Westin Park Central, 12720 Merit Drive, Dallas, Texas 75251 |   
|         | Time: Hotel is reserved from Friday 8:00 am to Saturday 5:00 pm |   
|         | Action:                         |   
|         | Recommend a list of conference topics/schedule for the conference |   
|         | Minutes:                        |   
|         | Subcommittee agrees with Tami’s sample agenda to use as a template for the conference agenda |   
|         | Dawn has requested the subcommittee still send in more topic/ideas |   
|         | Dawn has spoken to Chris Bjerke and she has about 3 ideas, which Dawn will go over with her on Friday |   
|         | Asked if the Education Subcommittee had anyone and/or any topics to include in the conference presentation, will be meeting with the subcommittee on Wednesday to ask |   

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4. **8:00** | **CME/CE** | Dawn
--- | --- | ---
Exhibit 4A ACCME SCS  
Exhibit 4B Checklist  
Exhibit 4C Planning Document with Instructions  
Exhibit 4D Planning Document

**Action:**  
Meeting with Steven Hurdle took place at AHA office. He went through the details of the specific paperwork that will be needed from the group.

**Minutes:**  
- COI has been completed by all subcommittee members  
- Notice was place on the subcommittee members calendar with regards to the 60 days notice to submit the AHA requirements for CME/CE prior to the planned activity  
- Jennifer is researching on the CCI website regarding the CME/CE requirements for employees who are RCIF, Dawn will get this from her via email  
- Impella device company can provide a speaker and they can pay for that speaker,  
  - however is this fair to all other speakers that will not be paid  
  - also Steve Hurdle advised using extreme caution when inviting an employee of a medical device company to speak in the conference only because ACCME is not clear of the expectations  
  - at this time for this first conference the offer to have a speaker for Impela will be declined  
    - may consider adding at the end/evening of the conference  
    - will visit this topic for next conference  
  - Dawn will notify Matt Brown regarding the decision not to have a speaker for Impella  
    - allow them to present their product, but not as a speaker

5. **8:20** | **Marketing** | Jon
Background:
Marketing the conference with the use of the AHA’s resources.

Action:
Karin Reed (Marketing director) will assist with this portion of the conference planning.

Minutes:
There are many different venues that can be utilized

- Dawn to have a monthly call with internal AHA employees to meet regarding this conference to help with projects for the conference that the subcommittee members may not have time to complete, if anyone would like to attend these meetings Dawn will send notices to the subcommittee members with date, time and topic(s) as they are scheduled
  - Steven Hurdle – Accreditation Coordinator
  - Claire Kinzy – Communications Director
  - Laura Gossett – Sr. Manager Exhibits
  - Elysse Denton – Manager Scientific and Corp Mtgs
- Wendy stated when the subcommittee members have confirm the schedule and speakers, the AHA employees will help with the following
  - marketing such as date brochures and templates
  - list of places where this conference will be posted
    - online
    - a professional education center
    - upcoming conferences
    - difference mailing lists (will be asking for the subcommittee members help to make sure that we include not only the regional, but all of Texas, Oklahoma, Arkansas, Louisiana, maybe even into New Mexico)
  - bring all these ideas back to subcommittee members to choose from different options or make recommendations
  - provide a link regarding the conference to the subcommittee members in order to share with their facilities (i.e. asking their IT to add to the website)
    - AHA will provide more information in the next meeting
  - AHA will provide a save the date email format and send it to the subcommittee members
    - Dawn to speak to Karen about having some “save the date” sample templates to approve or if she has
questions to bring to the subcommittee to discuss for the meeting on the 24th
  - A proposal was made to only show the subcommittee two samples
  - Complete a “save the date” in order to send out by February 10th, via email
  - Research the cost to do a postcard mail out
  - Will provide more information next meeting on the 24th

<table>
<thead>
<tr>
<th>6. 8:25</th>
<th>Exhibitors</th>
<th>Dawn</th>
</tr>
</thead>
</table>

**Background:**
Subcommittee will invite exhibitors from the various services with regards to the Cardiac patient

**Action:**
- List of exhibitors to participate at the conference
- Template to be completed once schedule/agenda is selected.

**Minutes:**
Laura Gossett will help us with the exhibits:
- Jennifer Ledbetter provided a list
- Having companies that commit to a budget, it’s obviously more secure and being able to fulfill the conference and have a successful meeting
- Once the name of the conference and a legitimate schedule (meaning the breaks and timeframes will not change) it will be easier to push it out to those supporting organizations
- AHA has a list from other conferences that we push including sessions and our international conferences
- From a funding standpoint AHA will be able to successful sale this meeting as soon as there is a firm schedule
- AHA could allow industry supported exposé in the evening, that would take about 3 hours in the evening
  - Bring this up for next year’s conference
- Price for exhibitors will be $2500, if we receive a lot of push back evaluate the cost at that time
  - May consider different tiers (i.e. silver, gold, platinum)
  - May also consider non-profit discount (i.e. $10 off sq ft.)
  - Charge participants for exhibits at a lower discount
  - Don’t charge participants if they are providing a service at the conference and allow them to have an exhibit/showcase
**Make a list of services then ask each participants to provide one service**

- Laura and Elysse to provide a map of the floor for next week’s meeting
  - Exhibitors will be placed where attendees will have lunch
  - Recommended to have exhibitors and participants all in the same area
  - Two sections of a ballroom in the hotel will be utilize
    - General section and education
    - Meals and exhibitors
  - Large foyer can be used for poster presentation
    - Want to keep these separate from exhibitors due to ACCCE

### 7. 8:30 Naming of the Conference

**Background:**
Name of the conference

**Action:**
Group will decide what to name the conference with regards to the Caruth Grant. Caruth should be a part of the title when discussing the ideas with regards to the “naming” is concerned.

**Minutes:**
- Suggested names and Dallas AMI Advisory Conference and Dallas Caruth SOARS and Strengthening Our AMI Response System (SOARS)
  - Vote online in the next two weeks
  - Change from Dallas to Texas or North Texas
  - Submit names by Thursday the 13th to vote on
- Really need to finalize by the 24th, next meeting if we are going to send out “save the date”
- Make sure to add underneath to the title name - American Heart Association and Caruth

### 8. 8:45 Review Action Steps and Next Meeting

**Action:**
Summarize a list of action steps from today’s agenda

**Minutes:**
Next meeting will be January 24th

**AHA:**
<table>
<thead>
<tr>
<th>9.</th>
<th>9:00</th>
<th>Adjourn</th>
<th>Dawn</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Adjourned 8:34 am</td>
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- Dawn to contact George Adams
- Follow up with the Education Subcommittee to get more clarity from a standpoint of integration and overlap, and how it applies to our overall objectives and guidelines and agenda
- Dawn to contact Impella, could be an exhibitor
- Get a link to the subcommittee regarding “save the date”
- Elysse and Laura submit a map of floor plan

**Members:**
- Finalize names of speakers within the next week and send to Dawn
- Jennifer is researching on the CCI website regarding the CME/CE requirements for employees who are RCIF
- Send Dawn topics
- Vote on conference name
AGENDA

Friday, June 3

0700-0800  Program Registration and Continental Breakfast

0800-0830  Welcome and Introduction  Todd Gray

0830-0900  Treatment Development of MI Patients

0900-1200  Workshop Session 1 (Select 1)

  ▪ Basic ECG Class  ECC volunteer
  ▪ Advanced ECG Class  ECC Volunteer
  ▪ Tough Calls for Reading ECG’s
  ▪ How to Optimize Use of the 12-Lead ECG: Acquisition, Interpretation, Activation and Training

1200-1330  Lunch

1330-1500  Getting to Know Each Other (Panel Discussion with Question/Answer Session)
(physician/pharmacist/RN/Paramedic/Cath Lab tech)

1500-1530  Break

1530-1600  AHA Dallas Caruth Initiative  Dawn Kregel

1600-1700  Subcommittee Presentations  Subcommittee Co-Chairs

1700-1730  Break

17:30-18:30  The Future of MI Patient Care  Tim Henry???

1830-2030  Dinner with Keynote speaker  Tim Henry???
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>0700-0800</td>
<td>Program Registration and Continental Breakfast</td>
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<tr>
<td>0800-0815</td>
<td>Welcome and Opening remarks</td>
<td>Todd Gray</td>
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<tr>
<td>0815-0830</td>
<td>Testimonial (sample)</td>
<td>Video or live person</td>
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<tr>
<td>0830-0930</td>
<td>Mission Lifeline</td>
<td>Chris Bjerke</td>
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<tr>
<td>0930-1000</td>
<td>Break</td>
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<tr>
<td>10:30-11:00</td>
<td>Pre-Activation in the field</td>
<td>Chris Bjerke</td>
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<tr>
<td>11:00-1200</td>
<td>Workshop Session 2 (Select 1)</td>
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<td></td>
<td>• STEMI Systems-Lessons from the North</td>
<td>Peter Moyer</td>
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<tr>
<td></td>
<td>• STEMI Systems-Lessons from the South</td>
<td>Bill Koenig</td>
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<td></td>
<td>• ACTION-GWTG Registry</td>
<td>Loni Denne</td>
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<td></td>
<td>• ACC Texas Chapter leadership</td>
<td>David May ??</td>
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<tr>
<td>1200-1300</td>
<td>Lunch</td>
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<tr>
<td>1300-1345</td>
<td>Post AMI Care</td>
<td>Paul St. Laurent</td>
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<tr>
<td>1345-1400</td>
<td>Break</td>
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<tr>
<td>1400-1700</td>
<td>Workshop Session 3 (Select 1)</td>
<td></td>
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<tr>
<td></td>
<td>• Update on ACC/AHA Guidelines</td>
<td>Robert Wozniak</td>
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<tr>
<td></td>
<td>• Hurdles for a Small STEMI systems of care</td>
<td>Todd Gray</td>
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<td></td>
<td>• Specifics of Monitoring EMS Cath Lab Activation &amp; Specifics of Implementing Hypothermia</td>
<td>Brent Myers</td>
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ACCME STANDARDS FOR COMMERCIAL SUPPORT

Standards to Ensure the Independence of CME Activities
The ACCME Standards for Commercial Support℠

Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a ‘commercial interest’ and some exemptions.)

(a) Identification of CME needs;
(b) Determination of educational objectives;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the CME;
(e) Selection of educational methods;
(f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.%

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.%

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

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3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.
- For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’
- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners.

6.4 ‘Disclosure’ must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.