

Contact Information

For more information regarding the conference, contact Cheryl Nicosia at **716-898-4490** or at cnicosia@ecmc.edu

Should you need to cancel, please email Cheryl Nicosia by 3/27/17 to receive a refund. No refunds will be issued after 3/28/17.

- The day of the conference, doors will open at 7AM for registration.
- Room temperatures often fluctuate. You may want to dress in layers and bring a light jacket or sweater.



ABOUT ERIE COUNTY MEDICAL CENTER (ECMC) CORPORATION:

The ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 602 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level I Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care™.



2017

Basing Your Practice on the Evidence...

A Critical Care Nursing Conference

Tuesday, April 4

Salvatore's Italian Gardens
6461 Transit Road
Depew, NY 14043

*designed to provide knowledge of best
practices, current trends and contemporary
topics pertaining to the care and
management of the critically ill patient*

The difference between healthcare and true care™



Guest Speakers



Clareen Wiencek

PhD, RN, ACHPN, ACNP

2016-2017 AACN President

Associate Professor of Nursing Program Director of Advanced Practice University of Virginia (UVA)

Joseph Bart DO, FACEP

ED Attending Physician—ECMC

Director of EMS Operations-UB/MD EMS Division

Associate Director EMS Fellowship Program- SUNY at Buffalo

Frank Ciccio

CEO & Principal Consultant-Illuminare Group

Clinical Assistant Professor

Executive & Professional MBA Programs

SUNY at Buffalo

Brian Clemency DO

Associate Medical Director—AMR of WNY

EMS Fellowship Director-SUNY at Buffalo

ED Attending Physician-ECMC

Dan Lebovitz MD

Medical Director, LifeBanc

Cleveland, OH

POSTER SESSION

We are pleased to announce the opportunity for our local critical care nurses to submit evidence based poster presentations for exhibit at this year's conference.

Contact Cheryl Nicosia at cnicosia@ecmc.edu, for further information and to submit your abstract (title, author(s) and a brief overview describing content) by March 24, 2017.

Agenda

0700 REGISTRATION

Vendor Booths & Poster Presentations

0750 WELCOME

0800 KEYNOTE

We are Nurses...and It Matters

Clareen Wiencek

0900 GENERAL SESSION

Management of the Potential Organ Donor

Dan Lebovitz, MD

1015 MORNING BREAKFAST BREAK

Vendor Booths & Poster Presentations

1045 GENERAL SESSION

Ethical Case Studies

Clareen Wiencek

1115 GENERAL SESSION

Pushing Ourselves to Improve the Way We Push on the Chest

Brian Clemency, DO

1200 LUNCH

Vendor Booths & Poster Presentations

1300 POSTER RECOGNITION

1315 GENERAL SESSION

The Opioid Epidemic: Epidemiology, Pathophysiology & Management

Dr. Joseph Bart, DO, FACEP

1415 AFTERNOON BREAK

Vendor Booths & Poster Presentations

1430 ENDNOTE

The Promise

Frank Ciccio

1530 EVALUATIONS & CEU'S

Registration

REGISTRATION DEADLINE: MARCH 27, 2017

Registration Fee: includes breaks, lunch & program materials

☐ ECMC Nurses—\$90

☐ Non-ECMC—\$120

☐ AACN Members/ students—\$90 (must include AACN membership number; student ID) _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone _____

Employer _____

Position _____

Indicate any dietary restrictions _____

☐ CASH ☐ CHECK (payable to ECMC Foundation)



If you prefer to call in your credit card details, please call ECMC Foundation at: **716-898-5800**.

CARD # EXP DATE _____

CVB # _____ SIGNATURE _____

NAME ON CARD (if different from above) _____

BILLING ADDRESS FOR CARD (if different from above) ZIP _____

Please mail your completed registration form to the address below:

ECMC Foundation/Critical Care Nursing Conference

462 Grider Street, G-1

Buffalo, NY 14215