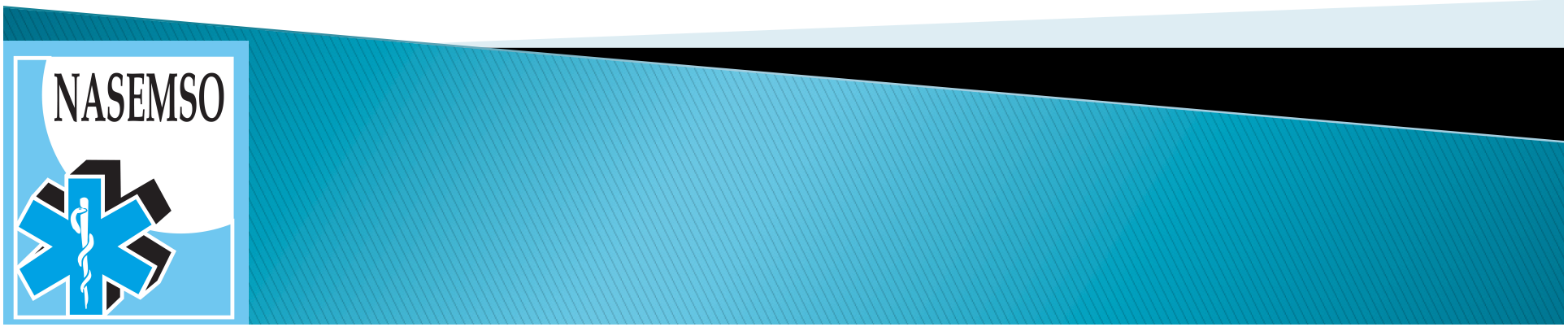
Statewide Implementation of a Prehospital Guideline: Pediatric Pain Management

Kick Off Webinar

January 11, 2013



Project Significance

- Background

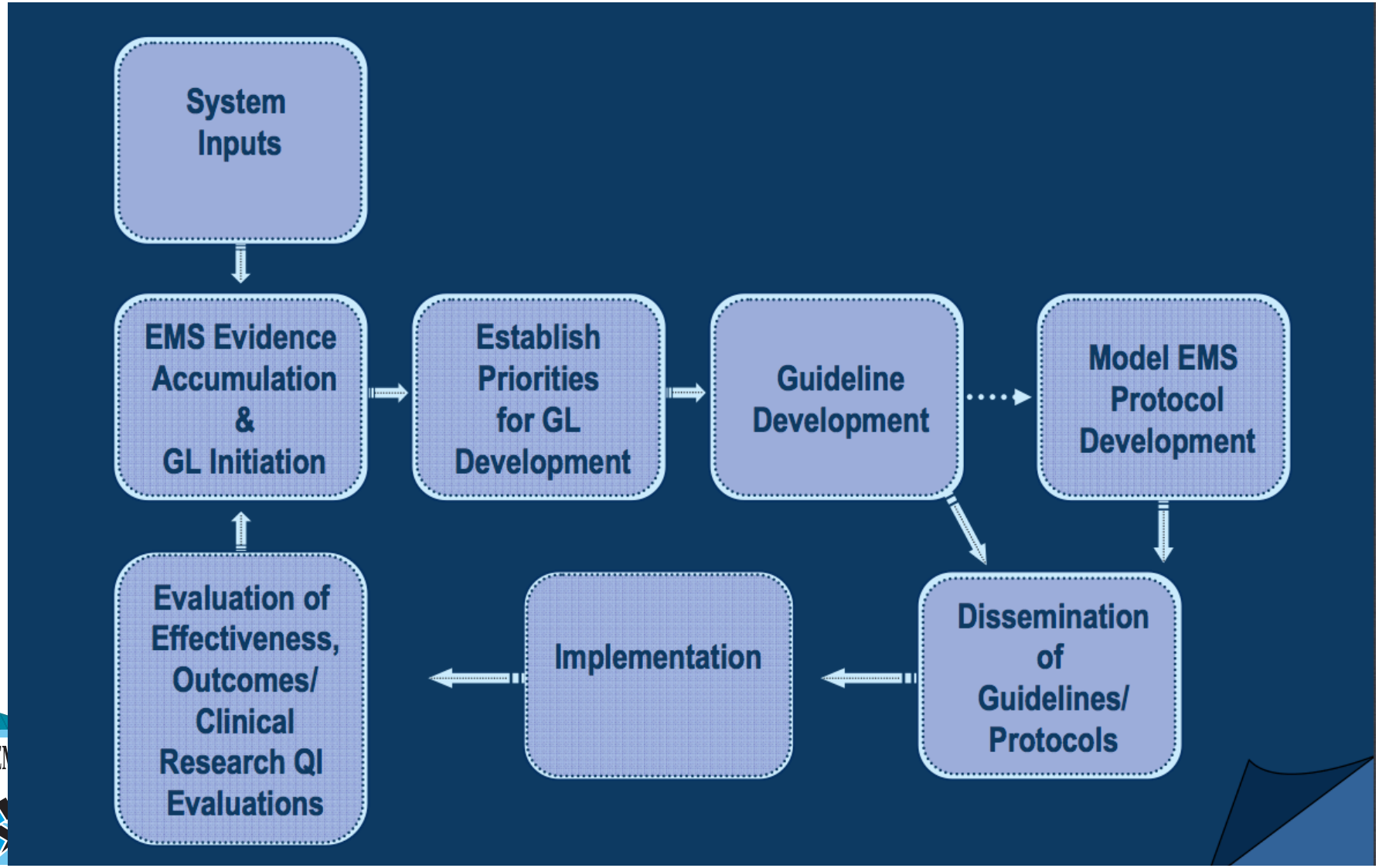
Project Description

- Funded through NHTSA and EMSC
  - competitive award
- Promotes statewide adoption of an evidence-based guideline (EBG) in coordination with State Offices of EMS
  - improve the quality of patient care delivered in the prehospital setting

Project Goal

- To further refine the Dissemination, Implementation and Evaluation steps of the National EBG Model Process, developed under the auspices of FICEMS and NEMSAC
- Ultimately, the goal is to create a model tool kit for dissemination, implementation and evaluation of an EBG that state EMS offices can use to improve patient care

EMS Evidence-Based Guideline Development Process



Project Objectives

- Assess the feasibility of the Dissemination, Implementation, and Evaluation components of the National EBG Process
- Develop individual state implementation plans / tool kits
- Identify and document barriers to statewide prehospital guideline implementation and successful strategies to overcome barriers

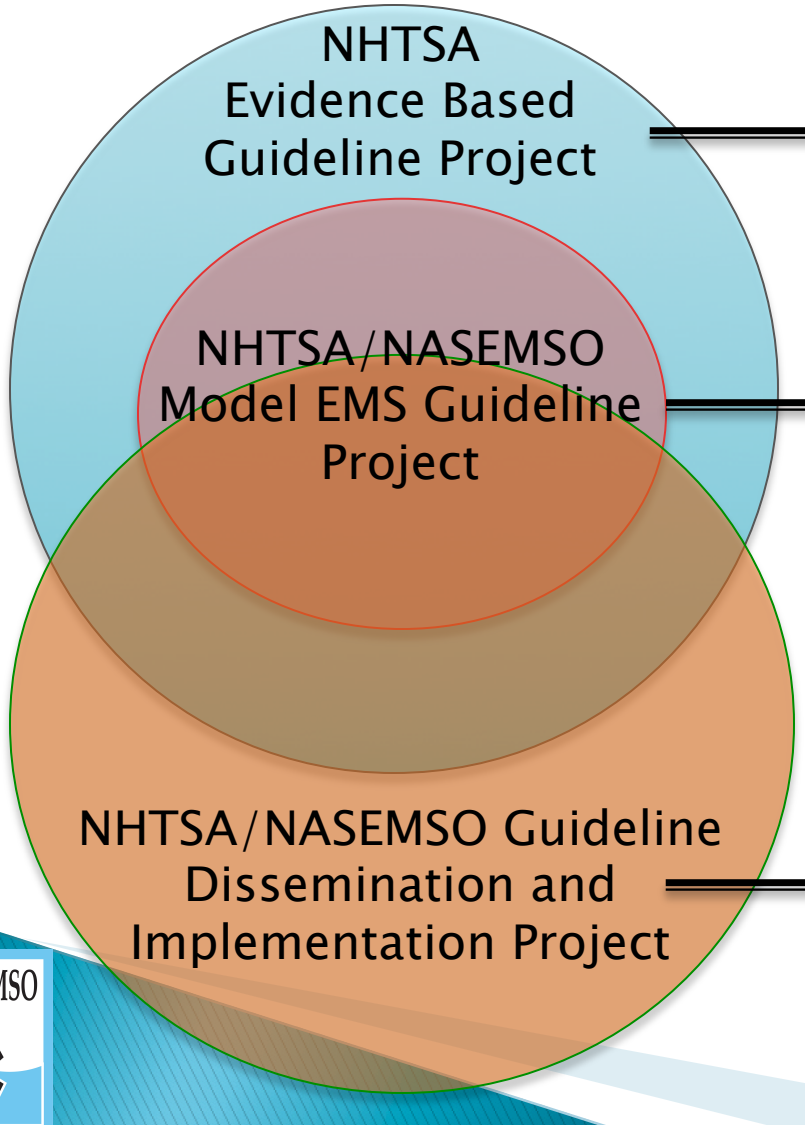
Project Objectives con't

- Evaluate the impact of the statewide guideline implementation plans on improving provider application of the Pain Management guideline
- Develop recommendations for:
  - improving the National EBG Model Process
  - promoting statewide adoption of pre-hospital care guidelines

Participating States

- Arizona
- Idaho
- Kansas
- Tennessee
- Wyoming

Inter-Related NHTSA/NASEMSO Projects & Goals

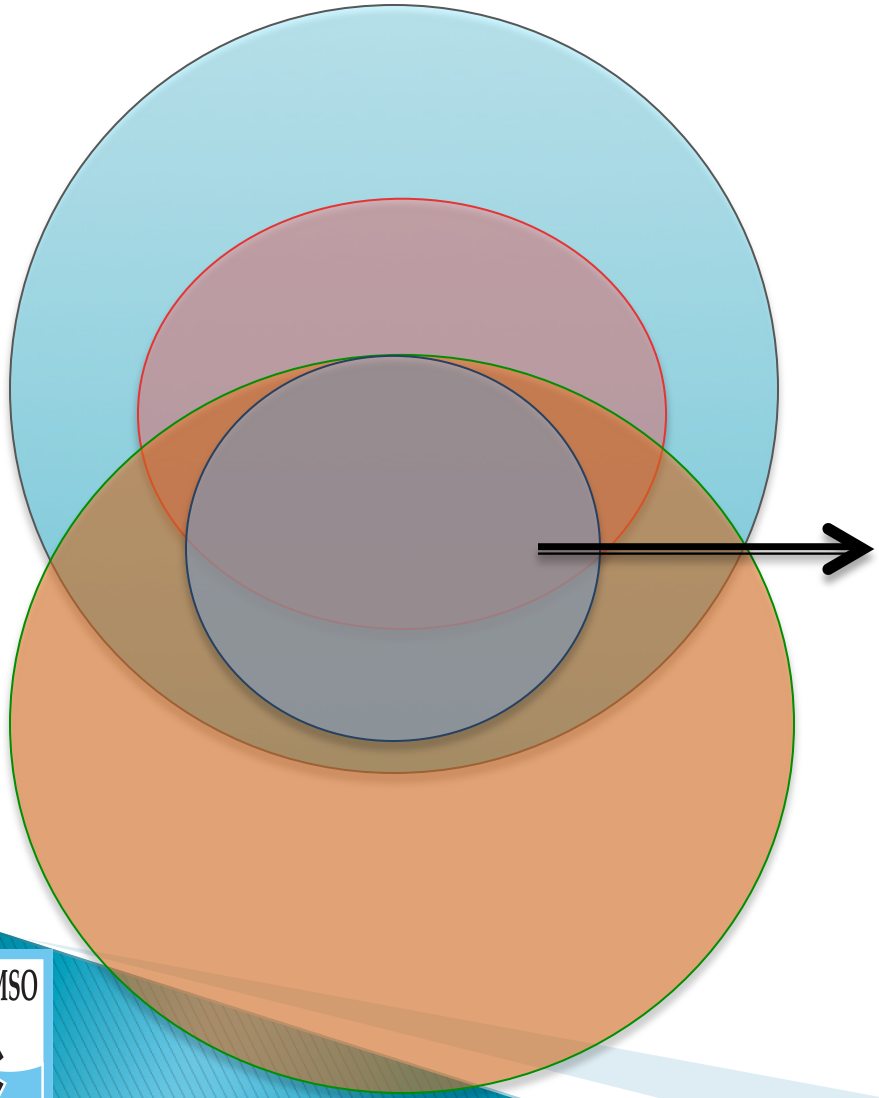


Goal: Development of Evidence Based Guidelines for EMS

Goal: While EBGs are developed, create model EMS guidelines based on expert consensus

Goal: Discover best practices and mechanisms to disseminate and implement an evidence-based or model EMS guideline

New England EMS Guidelines Project



Goal: Using lessons from the 3 other projects, create regional EMS guidelines for the 6 New England states, in turn using this process to learn about implementing a SET of protocols in multiple states.

- Phase 1 – Gap analysis between the states and move each state's next protocols toward the NH Format/Content
- Phase 2 – Allow a select, centralized group to create a fixed number of protocols to be used by all six states
- Phase 3 – Allow the same group to develop majority or all of the 6 state's protocols

Project Timelines

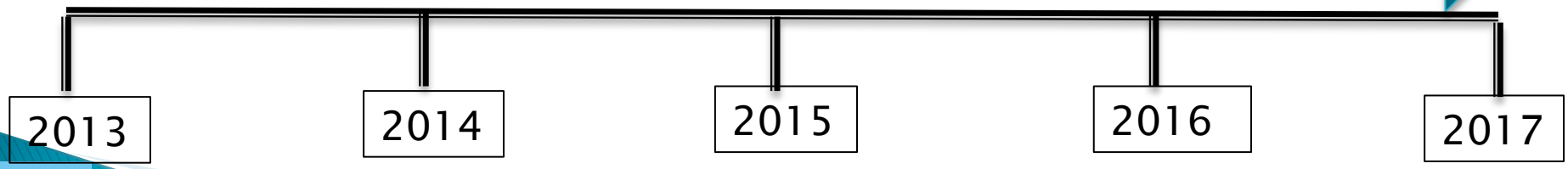
New England EMS Guidelines Project: 2013–2017

- Phase 1: 2013
- Phase 2: 2013–2015
- Phase 3: 2015–2017+

NHTSA/NASEMSO Guideline Dissemination and Implementation Project: 2013–2016)

NHTSA/NASEMSO Model EMS Guideline Project: 2013–2015

NHTSA Evidence Based Guideline Project: Ongoing



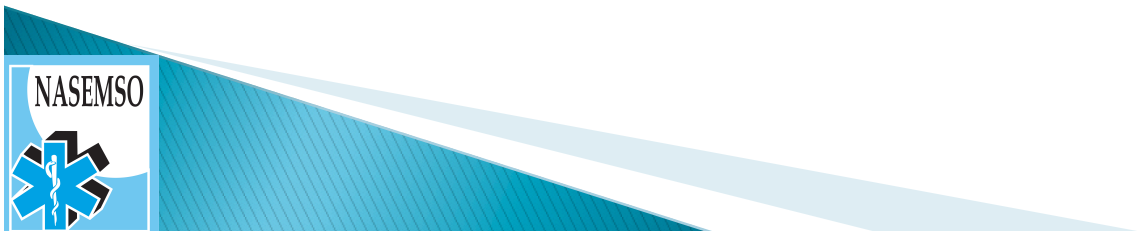
NASEMSO

Pain Management

- Guideline Importance

Pain is a Common EMS Problem

- Severe pain is an emergency!
  - 20% of prehospital calls are for painful conditions
- Often under-treated by EMS providers
  - Worse in children
  - In Utah (2008): < 5% of children with extremity injury received pain medication by EMS
- Failure to treat pain by EMS delays ultimate treatment by up to 1-2 hours
  - EMS can provide medication faster than hospitals



EMS Barriers to Pain Management

- Reports by EMS providers on barriers:
  - Concern about serious side effects
  - Drug seeking
  - Difficulty in assessing degree of pain
  - Unfamiliarity with medication dosing
  - Criticism by ED staff
  - Need for online medical control, no standing orders
  - Insufficient need: Short transport distance

Williams, et al. Prehosp Emerg Care 2012 Oct;16(4):519-26

Pediatric Specific Barriers

- Many of these barriers are magnified in children:
  - Higher anxiety among EMS providers
  - Variable beliefs around importance of treating pain
  - Difficulty obtaining IV access
  - Inadequate education and training
    - Dosing recommendations
    - Pain scale assessment for younger patients
  - **Lack of pediatric specific protocol**

Solutions to Pain Management Barriers

- Barriers can be overcome:
  - Offline protocols (including pediatric specific)
  - Training (specific to assessing)
  - Non-IV treatment
  - Medical oversight
  - Coordination with and education of receiving facilities

Evidence-Based Pain Management

- EBG Implementation Project will focus on protocol, training, medical oversight
- NHTSA Evidence-Based Guideline for Prehospital Pain Management
  - Recently developed
  - Addresses many identified barriers
  - Includes pediatric recommendations

High Level Approach

- Project Proposal

First Step – Identify What "Best Practices" Already Exist

- Review states' current practices regarding dissemination and implementation of state guidelines
- Use analysis to help inform the general guideline dissemination process and implementation tool kit

Consensus Building Phase (pre-implementation)

- Meet with state leadership – EMS Office & Medical Director(s)
  - Identify KEY stakeholders at state/local level
  - What are the current educational capabilities?
  - What are potential push backs from local level?
  - What is the state's implementation timeline
  - Give stakeholders an opportunity for review & comment

Consensus Building Phase (pre-implementation) con't

- Baseline Assessment: Identify current status of pain management (adult and pediatric) in the field
  - Specific barriers in the individual states?
  - Ability to collect data on pain management?
  - Current abilities:
    - carry Narcotics?
    - administration modality options?
    - Etc.

Tool Kits – Suggested Content

- General: basic project information and best practices (template for other tool kits)
- State: tailored to the state's leadership; tools to help build statewide consensus for the adoption of the guideline; hospital information
- Local EMS Leadership: training materials, student evaluation materials, and feedback pathways
- Provider: education directed at the EMS provider from program membership or state/local leadership; feedback pathways; access to website; FAQ's

General Tool Kit Suggested Content

- Guideline, project overview, evidentiary table (with the literature)
- Talking points for EMS leaders/educators
- Educational videos, podcasts, audio or video copies of project meetings/program orientation/overview of program goals and objectives
- Mechanism of feedback to the program
- Updated with FAQ's
- Cost/Training Hours
- Other ideas?

Dissemination Phase – Step 1

- Make the guideline and tool kits WIDELY available
  - Multiple mechanisms:
    - Web-Based (Project website/State LMS)
      - ? Smart phone platforms
    - Non- Web-Based
      - State EMS protocols
      - DVD
      - Paper packets

Dissemination Phase – Step 2

- Step 2 – Working closely with each state, promote the guideline:
  - Use any existing mechanisms for promoting the guideline at the local level
  - When no prior mechanisms exist, create promotional products for local agencies

Web-Based Products

- Develop web-based products to help disseminate the guideline
  - Post on State LMS or project-specific website
- Potential resources:
  - Guideline
  - Supporting materials (paper products)
  - Educational materials (train-the-trainer, tests, etc.)
  - Project "tool kits"
  - Video and podcast support

Implementation – Phase 1

- Primary guideline education
- Training options:
  - Web-based
    - CE credits, quiz
  - Traditional
    - supported through the tool kits with train-the-trainer material
- Both models will track student participation
  - Will use current mechanisms within the state
- Address pain management barriers

Implementation – Phase 2

- Guideline Implementation Tracking
  - Is the protocol being used? If not, where is it not being used?
- How?
  - Track those who have taken the initial training
  - Track assessment and treatment of pediatric patients with pain through the states' data system
  - Innovative use of social media/project website for stakeholders to provide feedback
  - Assess protocol adoption at local level

Implementation – Phase 3

- Targeted resources at services/areas/ providers that are slow to adopt the guideline
  - Identify Barriers to Use
    - Direct feedback
    - Known
    - Novel
  - Focused approach with state and local collaborators to overcome identified barriers

Implementation – Phase 4

- Re-Assess Guideline Implementation
  - Follow progress of state in general with particular attention to the services/areas/regions addressed in Phase 3
- Methods:
  - Again using the state or program's LMS (to track individuals trained) as well as the state's data system
- Adoption vs. Compliance?

State's Roles

- State EMS Office, Medical Director and Local Agencies Expectations

State EMS Office Roles

- Participate in conference calls
- Identify stakeholders and project champions to collaborate with the Project Team in implementation of the guideline at the local/regional/state level
- Determine potential barriers to protocol adoption
- Determine implementation timeline for the state

State EMS Office Roles con't

- Provide regular feedback on successes and challenges experienced
- Assist with baseline state assessment (identify current status of pediatric pain management in the field)
  - What are the specific barriers in your state?
  - What is your state's capacity to collect data on pain management?
- Identify existing mechanisms to disseminate and promote the guideline

State EMS Office Roles con't

- Determine ability to track student participation in training sessions
- Hosting project training on state learning management system (if available)
- Determine the ability to measure guideline adoption, implementation, and use in the state
- Participating states will receive a $10,000 mini-grant to compensate for time and effort

State EMS Medical Director Roles

- Evaluate suitability of guideline for adoption within current state or local EMS protocol
- Assist state EMS Office and Project Team in developing a training plan tailored to EMS agencies in the state
- Work with regional and local medical directors to facilitate the education, adoption, and evaluation of the project

Local EMS Agency/Personnel Role

- Participate in training sessions
- Communicate with state EMS Office / Project Team
  - provide feedback about the feasibility of protocol implementation, barriers to implementation & utilization, and status of protocol adoption

Questions / Feedback

- Guideline Discussion
  Additional Tool Kit Ideas