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NASEMSO Model EMS Clinical Guidelines Project

November 16, 2015 1:00 PM EST Work Group Meeting

Meeting Record

<u>Attending</u>: Carol Cunningham, Rich Kamin, Brian Moore, Jim Suozzi, Bob Bass, Nick Nudell, Lynn Wittwer, Harry Sibold, Rick Alcorta, Peter Taillac, Joe Nelson, Doug Kupas, Susan McHenry, Mary Hedges

Call to Order and Roll Call – Dr. Carol Cunningham called the meeting to order at 1:02 PM EST.

Discussion of Next Steps - Carol said we look forward to continued funding for the project. We plan to have one in-person meeting during the summer or early fall. The work group will resume meeting on a monthly basis.

Incorporation of 2015 American Heart Association CPR/ECC Updates – Dr. Cunningham said the first priority is to update the resuscitation guidelines to reflect the AHA updates. She would like to have this completed so it can be submitted to the Board before its December 15 meeting. She would like to have it posted on the website before the January 13 meeting at the NAEMSP conference.

EMS Compass and Assessment of the Performance Measure Development Process – Dr. Bob Bass, Chair of Steering Committee, thanked everyone for including the EMS Compass Project on the agenda. The 24-month project funded by NHTSA is to develop performance measures for EMS. Building measures is more difficult and technical than he realized. The performance measures they are developing must have a scientific foundation. The project has a design measures group and a technical group. What they did not have was a tie to evidence-based protocols or clinical guidelines. Dr. Bass questioned if the denominator and numerator the design group developed measure what was intended. He realized that an ongoing group effort to monitor the measures is needed. They created an evidence review group, but it has had problems. They realized that the existence of the Model EMS Clinical Guidelines group was complementary to the EMS Compass Project and would like to work together. They have reduced the originally intended 24 performance measures to 6 or 8 clinical measures. For example, STEMI, stroke and sudden cardiac arrest would likely be included. They also want to consider ambulance safety in one of the measures. They need help in establishing the priority measures, and they want a group to make sure the measures incorporate scientific validity.

Nick Nudell referred to the EMS Compass Project materials that were forwarded to the group, specifically the measures they are working on, including seizures and stroke. He asked members not to share these working drafts. Bob asked for help in establishing the 6 or 8 measures which have sufficient scientific evidence. They can then focus on those priority measures with the goal of distributing them this summer. He would like our group to work with the design group to test the measures and modify if needed. Bob would like to reach agreement with us on

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identifying the priority measures prior to the NAEMSP meeting in January. He would also like to see a commitment from a number of members to finish these measures by summer time. Dr. Taillac said he reviewed the measures Nick distributed and has a concern about some. He urged that the project focus on those with a grading system already developed. Dr. Rich Kamin noted that there is evidence from a number of projects but their grading system is somewhat questionable. He urged using those that have a solid basis for good clinical care. Bob believes that he measures they have identified to date have reasonably good scientific support. From a workflow perspective, Nick proposed starting with stroke. He asked that we go through each of the measures and determine if these are the best measures. Completion of this task would allow them to bring these to the Compass Steering Committee meeting in January. Bob believes that STEMI, stroke and sudden cardiac arrest probably have good evidence behind them as a result of the AHA. Carol proposed dividing up the guidelines among workgroup members. She asked Dr. Brian Moore to look at the AHA guidelines from the pediatric perspective. Dr. Doug Kupas cautioned about automatically making our guidelines consistent with the AHA guidelines, because AHA is not always current with the scientific evidence.

Rich suggested looking at the guidelines we have and determine which of our guidelines would be appropriate to use for EMS Compass. Dr. Rick Alcorta asked if Compass has considered what England is doing with performance measures. Bob said there is overlap, such as stroke severity. Bob said they want to make sure the 6 to 8 standards include pediatric, adult, cardiac, trauma and at least one safety measure. Nick responded that the English measures do not incorporate electronic medical records. Bob asked that our group look at their existing measures and provide feedback. Bob suggested hemorrhage control for the trauma measure. Peter will take responsibility for the trauma measure. This can be reviewed at the November 24th meeting that Bob and Nick have scheduled with Carol, Rich, Peter and project staff. Doug asked if we want to get buy in from other groups before posting changes. Mary suggested posting any updates with a disclaimer that we are accepting public comments until a specified date.

Carol will distribute the list of topics to the group. Jim Suozzi, Rich Kamin and Carol will look at the resuscitation guideline before the November 24 meeting. Bob Bass said he can be reached at rbass@gmail.com or 410-303-7628 (his mobile phone).

Next Meeting – Carol suggested we meet on the 2nd Monday, Dec. 14 at 1:00 PM EST. Rich suggested that we distribute the original list and select about 5 more guidelines. Rich also suggested that we ask our work group members to prioritize the EMS Compass measures. Lynn asked if we should expect some information sent next week. He said most of these measures mirror the Washington state measures under development.

Mary will work with Rich and Carol and develop an email with attachments and directions prior to next meeting.

The meeting adjourned at 2:20 PM EST.

The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges.