

## **Differentiation of Evidence-Based and Consensus-Based Guidelines**

The Prehospital Guidelines Consortium (PGC) represents national medical and emergency medical services (EMS) organizations that have an interest in prehospital evidence based guidelines (EBGs) and their benefits to patient outcomes. The mission of the PGC is not the creation of EBGs but rather to engage EMS stakeholder organizations, institutions, agencies, and leaders in a sustainable process that promotes the development, implementation, dissemination, and evaluation of EBGs for prehospital care.

Recognizing the resource-heavy process of EBG creation and the need for clinical guidelines to help state and local EMS systems improve and standardize patient care, the National Association of State EMS Officials (NASEMSO), with funding from the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA), has led the development of a set of model EMS clinical guidelines. The NASEMSO National Model EMS Clinical Guidelines were originally published online in 2014 and can be adapted for use on a state, regional or local level to enhance patient care and benchmark performance of EMS practice. These guidelines were created using a consensus-based approach through the participation of several national stakeholder organizations in EMS and/or other content matter experts. The content of known evidence-based guidelines created using NHTSA's National Prehospital EBG Model Process has been integrated into these model guidelines. When EBGs like this were not available, consensus-based clinical guidelines were developed utilizing currently available research and agreement of what best practice represents.

As discussed, the development of EBGs is a labor-intensive process. There is also variety in the quality of EBGs. Fortunately, however, EBGs can be assessed with tools such as the Appraisal of Guidelines for Research & Evaluation II ([AGREE II](#)) tool. Given the degree of existence, the varied processes for creation, and the frequently inconsistent application and implementation of EBGs, it is expected that there would be a spectrum by which the evidence-base of prehospital protocols can be determined based on how they were created:

- By an individual's understanding of the evidence
- By an expert consensus-based process
- By an informal literature review
- By a formal literature search using a standardized approach to appraise the evidence
- By a standardized appraisal of the evidence, only including systematic reviews and meta-analyses