

## **MEETING RECORD**

*January 21, 7:00 – 9:00 PM*

**Attending** – Carol Cunningham, Rich Kamin, Jim Suozzi, Kevin McGinnis, Chip Cooper, Rick Alcorta, Peter Taillac, Brian Moore, Matt Sholl, Allen Yee, Lynn Wittwer, Manish Shah, Craig Bates, Julio Lairet, Alexander Isakov, Mary Hedges, Doug Kupas, John Lyng, Julia Martin, Ken Williams

**Welcome, Introductions, Review Purpose** - Drs. Carol Cunningham and Richard Kamin welcomed everyone and reviewed the purpose and history of the project. The purpose is to create a resource for EMS systems and agencies.

### **Housekeeping**

Financial Disclosure Forms – Please complete and give or email to Mary. This was recommended by the original work group and is for transparency.

Expense Forms for those requesting reimbursement – Mary will be emailing expense forms to those who requested expense reimbursement.

Please refrain from computer use during meeting (except when researching).

**Guidelines Format** – Kevin McGinnis was the technical writer for the original document. He explained that the original work group created the format. Although the group intended to follow a consistent format, many of the guidelines were lengthy (text book-like) rather than the intended outline format. The textbook-like explanation should be placed in the educational pearls section. Members discussed if wordsmithing is appropriate when reviewing existing guidelines. It was agreed that wordsmithing to improve clarity would be helpful. Discussion included whether we should use the National EMS Scope of Practice Model. Ultimately, the workgroup decided against this measure as this document is quickly outdated and amendments to it are not made in a timely manner due to logistic factors. The idea of writing to the provider level was discussed; however, this would be limiting to many EMS systems as the EMS provider levels and their respective scopes of practice vary so widely among the states. Another option discussed was whether a shorter version could be developed. It was decided that we need to focus on the main document as there was never an intent for it to be used in the back of an ambulance. Its primary purpose is to be a resource to EMS medical directors and EMS systems.

Kevin also pointed out that if people use tables or diagrams, permission is required from the author and it takes time. Workgroup members were asked to plan well in advance if copyrighted materials were desired for incorporation into a draft guideline. They should be submitted to Kevin as soon as possible to allow sufficient time to secure permission from the owner of the materials.

It was suggested that a more consistent style be incorporated. John Lyng noted, as an example, that not every guideline followed the generic drug name, dose, and route of administration convention in the current document.

**Review Tasks from NHTSA Cooperative Agreement** – The final document is due September 8, so time will be limited to solicit public comment and allow time for Kevin to do the technical writing.

**Small Group Assignments for review of existing guidelines and creating new guidelines** - Lead members were preliminarily assigned but could be amended, and each workgroup member was asked to serve in two small groups.

It was suggested that during the public comment phase, we should respond to those who submit comments, either through a summary document posted on the website and/or automatic response when comments are submitted.

**Proposed New Guidelines** – The list of proposed new guidelines are those that had been posted for public comment and are those not selected and held in escrow from the original project. Other new guidelines discussed for inclusion are: high consequence infectious disease (NASEMSO is undertaking a project on transporting HCID patients, but it will likely be more operational), sickle cell crisis, cardiac devices, tracheostomy and laryngectomy, and palliative care.

The meeting recessed for the evening.

January 22, 8:30 AM – 5:00 PM

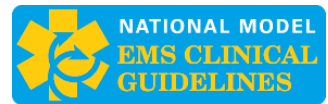
**Attending** – Carol Cunningham, Rich Kamin, Jim Suozzi, Kevin McGinnis, Chip Cooper, Rick Alcorta, Peter Taillac, Brian Moore, Matt Sholl, Allen Yee, Lynn Wittwer, Manish Shah, Craig Bates, Julio Lairet, Alexander Isakov, Mary Hedges, Doug Kupas, John Lyng, Jeff Jarvis, Ken Williams, Joe Nelson, Harry Sibold

**Recap of Day 1/Unfinished Business** – Dr. Cunningham reviewed the work and decisions from yesterday. Small group assignments are as follows:

Universal Care - Joe Nelson, Lead  
Alexander Isakov  
Ken Williams  
Carol Cunningham

Cardiovascular – Jim Suozzi, Lead  
Julia Martin  
Rich Kamin

**Project Team Meeting, January 21-23, 2017**  
Le Pavillon Hotel, 833 Poydras Street, New Orleans, LA



Jeff Jarvis  
Mary Katherine Harper

General Medical – John Lyng, Lead  
Lynn Wittwer  
Jim Suozzi  
Craig Bates  
Harry Sibold

Resuscitation – Allen Yee, Lead  
Doug Kupas  
Jeff Jarvis

Pediatric-Specific – Manish Shah and Brian Moore, Co-leads  
(and will review all other guidelines for pediatric components)

GI/GU/GYN – Lynn Wittwer, Lead  
Julia Martin  
Peter Taillac  
Joe Nelson

Respiratory – Doug Kupas, Lead  
Alexander Isakov  
Julio Lairer  
Jeff Jarvis

Trauma – Peter Taillac, Lead  
(Allen Yee on Active Shooter-related trauma)  
Mark Gestring (ACS- COT rep)  
Julio Lairer

Toxins – Rick Alcorta, Lead  
Matt Sholl  
John Lyng  
Ken Williams  
Craig Bates  
Harry Sibold  
Carol Cunningham

Environmental – Matt Sholl, Lead  
Rick Alcorta  
Rich Kamin  
Ken Williams

**Life Cycle and Stewardship of the Model EMS Guidelines** – Dr. John Lyng proposed that the group adopt a plan for updating the guidelines on a regular basis. He shared NAEMSP’s Lifecycle Portrait which he developed for the Standards and Clinical Practices Committee. The review process includes a 5-year automatic review threshold, as well as unscheduled reviews when new information/evidence arises. Reviews should take between 1 and 3 months. It was noted that the Model Guidelines project requires funding each time it is updated. It has been very important to NHTSA Office of EMS and will hopefully continue to be a priority. The question was asked if there is a certain timing that is important for releases, but this may not be realistic due to the requirement for funding support.

**Suggested Content Organization** (see handout) – Dr. Lyng shared the table of contents from his ambulance service (North Memorial - Minneapolis) suggesting it may be a better way (more intuitive) to organize the content of the Model EMS Clinical Guidelines. His table of contents uses internal electronic bookmarks, similar to the existing Model EMS Guidelines. Rich Kamin noted that we have not received many comments that people cannot find topics (except that better internal linkage is needed) and that our guidelines are used more academically or as a reference document. Dr. Alcorta commented that Dr. Lyng’s format is great, especially the ability to track the history of revisions, but it is geared to protocols for the crews to use. Allen Yee stressed that we cannot expect that this document can be used in the back of ambulance; otherwise levels would be required. Dr. Craig Bates suggested a possible compromise by adding directions in the beginning of the document explaining how to make it into a field manual. Dr. Kamin will discuss the feasibility of using this format with Kevin. It was decided to focus on content for now and Kevin will discuss with John Lyng on how to improve user-friendliness.

**NEMSIS 3 Protocols Compatibility** – Richard “Chip” Cooper, NASEMSO Data Manager (New Hampshire) reviewed documents where he mapped the Model Guidelines to the closest NEMSIS protocols. He recommended that we consider whether we want to accept multiple protocols being mapped to a guideline, or whether the guidelines should be broken out to match the NEMSIS protocol name options. Allen Yee suggested NEMSIS protocol codes should not be linked to the guideline title but the provider impression. Chip explained that use of the NEMSIS protocols linked to the guidelines was one of several data points to use to identify EMS events to review for performance measures and improvement of the guidelines. Symptoms, provider impressions and treatment are other key data points. Chip admitted that compliance with entering protocols used by providers is poor and it is difficult to compel the entry of more than one protocol. Chip introduced a template to modify and standardize the current key documentation and PI language in the guidelines. This would provide a standard format for the guideline authors to use for consistency. Given the short time frame, Carol asked if Chip could focus on one category, such as Universal Care, to start. Chip offered to create a standard documentation guideline that could either be incorporated into the Universal Care guideline, or become a stand-alone guideline. The standard documentation guideline would include general minimum documentation points for easier reference within each individual guideline and include the actual NEMSIS field code and Name for each documentation point. This could then

be used as a reference point by the review teams for them to update their documentation and performance improvement benchmarks. Chip stated that if the reviewers were unsure how to word or reference this section appropriately, they could send him their goals for the section, and he could assist in writing the language for that section. Chip also talked about incorporating the EMS Compass, Pegasus and CARES performance measures with the Model Guidelines. Many of these performance systems are still being developed, but they are gaining momentum and broad acceptance as standards and should be considered and incorporated when possible. Chip is willing to review the document just prior to completion to make suggestions for enhancement. A NEMSIS protocol line will be added to the guideline format per Carol. The group agreed that they liked the recommended format template which was forwarded to the group in addition to the protocol mapping document.

The members discussed how to share various versions of the documents. Options include Basecamp which NASEMSO is supporting for the Data Managers Council. Some people are unable to access Basecamp, Box and other data sharing sites.

**TIMELINE:**

PROJECT PHASE	STARTING	ENDING	PROJECT PHASE	STARTING	ENDING
AUTHOR DRAFTS TO CHAIRS	1/22/17	2/15/17	PUBLIC REVIEW/COMMENT	4/24/17	6/9/17
CHAIR DRAFTS TO KEVIN/MARY	2/15/17	2/22/17	PUBLIC REVIEW RESPONSE/REDRAFT	6/12/17	6/30/17
KEVIN TO DATA/PEDS/PHARM	2/22/17	2/24/17	OUTSIDE EDITOR REVIEW	7/3/17	7/28/17
REVIEWERS TO KEVIN	2/24/17	3/3/17	RESPOND TO EDITORS	7/31/17	8/11/17
WRITER PREPARES 1 <sup>ST</sup> DRAFT	3/6/17	3/27/17	WRITER DRAFTS FINAL	8/14/17	8/25/17
REVIEW OF 1 <sup>ST</sup> DRAFT	3/27/17	4/7/17	FINAL CHAIR REVIEW/SUBMIT TO NHTSA	8/28/17	9/8/17
WRITER PREPARES 2 <sup>ND</sup> DRAFT	4/10/17	4/21/17			

- February 15** – Guideline Authors submit guidelines to Small Group Lead
- February 22** - Group Lead submits to Kevin
- February 24** – Kevin submits guidelines to Chip (data review), Manish & Brian (pediatric review), Carol & Rich (pharm review)
- March 3** – Data, Peds and Pharm reviewers submit reviewed guidelines to Kevin.
- March 27** – Kevin (technical writer) completes 1<sup>st</sup> draft.
- April 7** – Review of 1<sup>st</sup> draft is completed by Group Leads.
- April 21** – Kevin completes 2<sup>nd</sup> draft of guidelines.

**April 24** - Public comment period begins April 24<sup>th</sup>.

**June 9** - Public comment period ends.

**June 30** – Review of comments and redrafts completed

**July 28** – Outside reviewers complete review

**August 11** – Respond to outside editor review

**August 25** – Kevin completes final

**September 8** - Final Chair Review/ To NHTSA

**Proposed New Guidelines** – The following will be added:

1. Abdominal Pain
2. Amputation (management only, not how to do it)
3. Back pain (similar to abdominal pain, put in General Medical)
4. Crush Syndrome
5. Exposure – Airway/Respiratory Irritants (including hydrogen sulfide)
6. Exposure - Biological/infectious agents – add placeholder; direct to ASPR resource
7. Exposure - Blistering agents
8. Exposure - Riot control agents
9. Hypertension – focus on not doing anything (Cardiovascular)
10. Impaled Objects (Trauma)
11. ICD Malfunction (Cardiac Devices section in Cardiovascular, also include LVADs)
12. Sickle Cell Crisis (General Medical)
13. Tracheostomy/ Laryngectomy
14. Active shooter (incorporate in Trauma)
15. Palliative Care (General Medical)
16. Human Trafficking

It was suggested to create an index to make it easier to find various guidelines. Kevin said it is easy to create an index but the software will index every single mention of a word. He tried creating an index in the original version but ultimately decided against it. Although he could not remember why he omitted, he noted that it was problematic.

**LUNCH at 12 noon – Terrace Room, 10<sup>th</sup> Floor**

**Break into small groups to work on assigned area, including new guidelines and review existing guidelines for revision** – Members divided into their small groups to work on new guidelines. Because most members are assigned to two groups, Carol suggested the small groups assigned to the shorter sections of guidelines meet on January 23<sup>rd</sup> (Universal Care, GI/GU/Gyn, Resuscitation)

**Reconvene and report on progress, next steps** – The small groups reconvened at 4 PM in the main meeting room and reported on their progress. Much work was completed on the new

guidelines to be added to their respective assigned subject areas. The small groups that did not meet today were provided a time slot to meet on January 23<sup>rd</sup>.

**Strategy for Publicizing (include use of Learning Management Systems)** – Mary noted that the baseline assessment found that 2 newer state directors were unaware of the Model EMS Guidelines, and that others in the EMS Community were likely unaware as well. It was suggested we have our own URL (similar to EMS Compass). Podcasts were suggested, along with a template format that others can use. Publishing it would be another option. Mary noted that NHTSA emphasized exploring the use of Learning Management Systems (LMSs) to integrate the guidelines into local or statewide protocols. Matt Sholl noted that some LMSs are easy to use but are very expensive, while others (less expensive) are difficult to use. Allen noted that he has significant experience using LMSs and he does not see the applicability to the Model EMS Guidelines. Members felt that an enhanced website, similar to that used by EMS Compass, would benefit the project immensely.

**Recess for the day** – The group recessed at 5:15 PM.

January 23, 8:30 – 11:00 AM

**Attending** – Carol Cunningham, Rich Kamin, Jim Suozzi, Kevin McGinnis, Chip Cooper, Rick Alcorta, Matthew Sholl, Allen Yee, Lynn Wittwer, Manish Shah, Craig Bates, Julio Lairet, Mary Hedges, Jeff Jarvis, Joe Nelson, Ken Williams, Harry Sibold, David Lehrfeld

**Small group meetings** – The small working groups met in their assigned meeting rooms to continue work on the new guidelines. Dr. Cunningham asked that they reconvene in the main meeting room for debrief at 10:30 a.m.

**Wrap up – next steps** – Members reconvened in the large group. Jim Suozzi mentioned they were having difficulty finding research on LVADs. Universal Care reviewed and revised some existing guidelines. Language will be added for patients with laryngectomies or tracheostomies who do not have respiratory complaints. For this patient population, the reader will be referred to the Respiratory chapter if the patient has a respiratory complaint. General Medical – Craig Bates reported that hyperglycemia and hypoglycemia will be broken out. Shock, Back and Abdominal Pain, Agitated Patient were discussed. GI/GU/Gyn - Lynn Wittwer reported that GI/GU/Gyn will be changed to the OB/Gyn Chapter. Nausea/vomiting and other GI complaints will be moved to sections of the General Medical Chapter. Respiratory - Doug Kupas reported they made progress. He asked about controversial items (prehospital RSI) and if they should make a statement why they are not including it. It was decided to include explanation and/or refer to NAEMSP position statement. Resuscitation – Allen Yee reported they should have a draft by end of the week. Toxins – Rick Alcorta reported they made good progress and have made specific assignments to members. Some links are out of date and must be updated or removed. Environmental – Matt reported progress. He started literature review.

Carol emphasized the importance of meeting the due dates in the timetable. She stressed that all amendments in the document that are submitted to Kevin should be in Track Changes. Any drafts completed early would be welcomed by Kevin. Technical reviewers have been secured- Amy Rabenoult and Tim Pieh, who reviewed the drafts previously. Kate Zimmerman (Maine) will also be a reviewer.

Carol and Rich thanked everyone for their contributions.

**Adjourn** – The meeting adjourned at 11:45 AM. The next meeting will be on February 13.

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