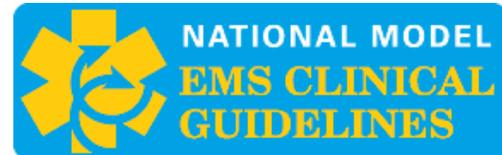


# National Association of State EMS Officials



**Integration Strategy:**  
**Model EMS Clinical Guidelines, Version 2**  
**September 2017**



## *The Deliverable:*

**Develop Strategy (include LMS use) to integrate Model Guidelines into Local/Statewide Protocols.** Develop a written strategy, to include the use of learning management systems, and assist state EMS offices to integrate the Model EMS Clinical Guidelines into local and/or statewide protocols. The strategy shall consider feedback from states and other stakeholders about the Model Clinical Guidelines.

## Background

In the fall of 2016, the Model EMS Clinical Guidelines Project Team conducted a baseline assessment for the purpose of determining level of awareness and use of the original set of Model EMS Clinical Guidelines. A request for feedback was sent to all state EMS directors via email with a link to the survey. Forty-two of the 56 state or territorial EMS offices complied with the request, resulting in a 75% response rate. Of the 42 responses, most (29) were from state EMS directors, while 13 were completed by the state medical director designee and 4 were from the deputy director or other similarly-ranking official. The question asked and responses are shown below.

*Please indicate your level of awareness/familiarity with the NASEMSO National Model EMS Clinical Guidelines released in 2014.*

• Answered: 42 Skipped: 0

Answer Choices	Responses
Prior to receiving this survey, I was unaware of the Guidelines.	7.14% 3
I am aware of the Guidelines, but have not had a chance to review them.	7.14%

	3
I have briefly reviewed the Guidelines document, but have not examined them at length.	45.24% 19
I have read through the Model EMS Clinical Guidelines and have a good general knowledge of the document.	40.48% 17

Of the three who were previously unaware of the Guidelines, one was a relatively new state director (less than 18 months in the state EMS office), another was a state director who had never attended a NASEMSO meeting and was not active in the organization, and the third was a deputy director with 2 years in a state EMS office. Most (45% of the respondents) indicated they had briefly reviewed the document and another 40% indicated they had read through the document and possessed good general knowledge about it. What was particularly revealing about this information was that newer or less participatory EMS directors were unaware of the existence of the Guidelines. It was surprising to the NASEMSO members of the team that anyone in a high level of the state EMS office was unaware of the Guidelines. **This finding demonstrated the need to continually publicize the existence and purpose of the Guidelines, long after they have been released to the public.**

The Model Guidelines Project Team held its face-to-face working meeting in January of 2017 in conjunction with (immediately preceding) the NAEMSP meeting. It was at this meeting where the members reviewed the results of the Baseline Assessment and began developing the strategy to assist with the integration of the Guidelines into local or statewide protocols. It was readily apparent from the assessment that more publicity was needed to ensure the EMS community was aware the guidelines were available and accessible. If not all of the state EMS officials were aware, it was likely that many more from outside of NASEMSO were unaware. Without wide knowledge of this resource, its use would be limited. A first and obvious answer was to publicize and promote. While there had been multiple presentations on the Model Guidelines at NASEMSO meetings between 2012 and 2014 and it was promoted on the NASEMSO website, the results suggest that the presentations and publicity need to endure over time. The Project Team agreed that the publicity effort needed to continue on an ongoing basis -- not simply during the project development phase and initial release.

### Publicize and Promote

The Co-PIs and Project Manager have made an effort to submit proposals for speaking at some key national EMS meetings/conferences in 2018. One limitation, however, is the absence of funding to conduct speaking engagements. At this writing, the project

will be presented at the National Association of EMS Physicians (NAEMSP) Annual Meeting in January of 2018 by Drs. Carol Cunningham and Richard Kamin, in addition to the NASEMSO Fall Meeting in October of 2017 and the NASEMSO Spring Meeting in May of 2018. Fortunately, one or both Co-PIs had planned to attend these meetings, and the absence of travel funding was not a hindrance.

The Project Team has the opportunity to reach a variety of national stakeholder organizations by virtue of its membership. The team is comprised of representatives of seven (7) EMS-related physician organizations, in addition to the NASEMSO Medical Directors Council. These organizations are the American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), American College of Osteopathic Emergency Physicians (ACOEP), American Academy of Emergency Medicine (AAEM), American Academy of Pediatrics, Committee on Pediatric Emergency Medicine (AAP-COPEM), American College of Surgeons, Committee on Trauma (ACS-COT) and Air Medical Physician Association (AMPA). All Project Team Members are asked to seek opportunities to publicize and promote the Guidelines with their respective organizations. This multi-organization strategy is a key to advancing the Guidelines.

### Learning Management Systems

The Project Team evaluated if learning management systems (LMS) could be utilized effectively at integrating the Model Guidelines into statewide or local protocols. At its face-to-face meeting, the team discussed if/ how LMS could be utilized to promote implementation of Model Guidelines. The Project Team concluded that, for the most part, LMS would not be effective for promoting the guidelines, because its primary purpose is training, rather than publicizing. However, the team acknowledged that EMS education programs may want to incorporate the guidelines into one or more learning management systems for use by their EMS students. We know that several educational institutions have used them and they may find that incorporating them into their own learning management systems would be effective. Every effort will be made to notify and publicize the Guidelines with organizations that represent EMS educators, including the National Association of EMS Educators (NAEMSE). Members of the Project Team have submitted a proposal for presenting the Guidelines at the Annual NAEMSE Educator Symposium in summer of 2018. If the proposal is accepted, the presentation will include the specific suggestion to incorporate the Guidelines into the learning management systems of EMS education institutions and an invitation to share ideas for various avenues to achieve this goal with NASEMSO and other colleagues in EMS education and medical direction.

## Integration of the Model Guidelines into [Statewide](#) Protocols

One of the key purposes of creating this set of Model Guidelines is to encourage its use in the field. Many state EMS offices have model protocols they make available to their EMS agencies while some state offices require EMS providers to follow statewide protocols. Those with statewide protocols (both mandatory and model) have considerable responsibility to ensure their protocols reflect evidence-based guidelines and/or are based on the best known practice of EMS medicine. EMS clinical protocols are continually evolving and require a significant investment of resources to develop and update. It is in the best interest of patients and providers alike to have the option of using all or part of the Model Guidelines which have been developed, compiled and reviewed by a cadre of subject matter experts. With respect to how many states used this resource, we obtained the following information from state and territorial EMS offices as a result of the baseline assessment conducted in 2016:

*Which of the following does your state or territory have with respect to patient care protocols?*

Answered: 42 Skipped: 0

Answer Choices	Responses
<b>State EMS Protocols - mandatory</b>	<b>28.57%</b> 12
<b>State EMS Protocols - offered but not required (model)</b>	<b>43.24%</b> 19
<b>No state EMS protocols</b>	<b>26.19%</b> 11

*The next question was asked of those who indicated they had state protocols.*

*Has your state or territory incorporated any of the NASEMSO National Model EMS Clinical Guidelines into your state patient care protocols?*

Answered: 30 Skipped: 12

Answer Choices	Responses
<b>Yes</b>	<b>30.00%</b> 9
<b>No, but we have used them as a reference</b>	<b>43.33%</b> 13
<b>No, we have not used them</b>	<b>26.67%</b> 8

Statewide Protocols: Of the 30 states with either mandatory or model protocols, 22 of them (73%) indicated they used the Model EMS Guidelines in some capacity when

developing or revising their state patient care protocols. Only eight of the 30 states reported not using the Guidelines. This information is helpful and will be emphasized with the NASEMSO Medical Directors Council and the state EMS directors in an effort to encourage more use of the Guidelines by state EMS offices.

### Integration of the Model Guidelines into [Local/Agency](#) Protocols

NASEMSO has maintained the National Model EMS Clinical Guidelines on the website in PDF format since the fall of 2014. Those who download the PDF version are also advised they may request the Guidelines in Word in order to more easily adapt the guidelines for use by their own agency. Those individuals who made a specific request for the Guidelines in Word format (70 requests over the two-year period, 2014-2016) were asked to provide feedback as part of the baseline assessment. These were individuals who were obviously aware of and interested in the Guidelines, thus a set of questions was designed for them. At least 11 of the requests were from educational institutions, while the remainder were primarily EMS agencies with a few others (software developers, regional EMS systems, state EMS offices, military EMS). Of the 70 who were contacted by their last known email address, 23 completed the assessment (33% response rate). A small number could not be contacted (emails bounced), while others failed to respond for unknown reasons. Those responses received, however, were complete (very few skipped questions) and provided helpful information. See below.

*Have you or your organization incorporated any of the NASEMSO National Model EMS Clinical Guidelines into your patient care protocols?*

Answered: 23 Skipped: 0

Answer Choices	Responses
Yes	69.57% 16
No	30.43% 7

For those who used the Guidelines:

*You indicated that you have incorporated elements of the Guidelines into your protocols, please select how the document has been utilized.*

Answered: 16 Skipped: 7

Answer Choices	Responses
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Adopted in its entirety (or near entirety with some changes)	18.75% 3
Adopted as a foundation within a more expanded protocol document	31.25% 5
Adopted as a foundation within a shorter/leaner protocol document	6.25% 1
Selected guidelines were incorporated into our protocols	43.75% 7

For those who did NOT use the Guidelines:

*What are the reason(s) that you or your organization has not incorporated the Guidelines into your EMS protocols? (Check all that apply)*

Answered: 7 Skipped: 16

Answer Choices	Responses
Satisfied with current patient care protocols	14.29% 1
Did not find the Model EMS Guidelines useful for our organization	0.00% 0
Unable to overcome barriers within the organization to adopt the Guidelines	28.57% 2
Did not like the format of the Model EMS Guidelines	0.00% 0
<b>Responses</b> Other (please explain)	85.71% 6

“Other” (Reasons for not using the Guidelines)

1. Never really thought about using them.
2. They are very useful as a reference--we worked on a shorter version of the NASEMSO protocols but they were still 'too long' for the rest of the subcommittee.
3. Unfamiliar
4. Working independently on analysis, not with EMS org.
5. Not the intended use - we are using them for initial paramedic education to help students build critical thinking and priority of interventions. We expect they will be working with an assortment of protocols when they are done - these are universally useful so we use them for education. I am not an operations level supervisor and do not have influence at that level.
6. We are purely academic and have no clinical program

This information was helpful in that it suggested that those EMS agencies requesting the Word version are likely to use integrate them into their agency protocols. It is also advantageous to know the extent of interest from the EMS education community. NASEMSO will continue to offer the Guidelines in Word upon the request of an individual. This provides us with valuable contact information which can be (and was) used for follow-up.

NASEMSO will continue to pursue opportunities to promote the Guidelines and educate the EMS community about their purpose. In a recent teleconference with leaders from a nationwide EMS organization whose members are largely EMTs and Paramedics, we were surprised to learn that there remained some misunderstanding of the purpose of the project. Never meant to be mandatory, the National Model EMS Clinical Guidelines are offered as a valuable resource. The Co-Principal Investigators summarize it well in the following paragraphs from the Introduction to the National Model EMS Clinical Guidelines, Version 2.

#### From the Co-PIs

The National Association of State EMS Officials (NASEMSO) recognizes the need for national EMS clinical guidelines to help state EMS systems ensure a more standardized approach to the practice of patient care now and, as experience dictates, adoption of future practices. National model EMS clinical guidelines promote uniformity in prehospital care which, in turn, promotes more consistently skilled practice as EMS providers move across healthcare systems. They also provide a standard to EMS medical directors upon which to base practice.

The NASEMSO National Model EMS Clinical Guidelines are not mandatory nor are they meant to be all-inclusive or to determine local scope of practice. The focus of these guidelines is solely patient-centric. As such, they are designed to provide a resource to clinical practice, maximize patient care, safety, and outcomes regardless of the existing resources and capabilities within an EMS system. They are a set of clinical guidelines that can be used as is or adapted for use on a state, regional or local level to enhance patient care and benchmark performance of EMS practice. NASEMSO's ongoing support of this project underlines the critical evolution of the practice of EMS medicine as new EMS research and evidence-based patient care measures emerge in the future.