



**NASEMSO Model EMS Clinical Guidelines Project**  
**July 30, 31, Aug 1, 2013**  
**Minneapolis, Minnesota**  
**Meeting Record**

**Tuesday, July 30, 2:00 PM to 7:00 PM**

**Attending:** Carol Cunningham (Co-PI), Rich Kamin (Co-PI), Rick Alcorta, Craig Bates, Eric Beck, Sabina Braithwaite, Michael Colonna, Anthony DeMond, Mary-Katherine Harper, Mary Hedges, Douglas Kupas, Brian Moore, Joe Nelson, Manish Shah, Matt Sholl, Harry Sibold, Peter Taillac, Allen Yee

**Call to Order, Ground Rules and Housekeeping** – Carol Cunningham welcomed everyone to the second face-to-face meeting of the work group. New members Michael Colonna (ACOEP alternate) and Craig Bates (AMPA representative replacing Bill Gerard) were introduced. She asked members to refrain from cell phone and computer use during the meeting (except for guideline work). She referred members to the online expense reimbursement form that Mary emailed and asked eligible members to submit their expense reimbursement requests within two weeks of the meeting.

**Review of Timeline and Deliverables** – Dr. Cunningham reviewed the project timeline. She pointed out the draft guidelines are due April of 2014, per the grant deliverable schedule, in order to allow time to distribute for public comment. We are scheduled to hold the final in-person meeting in July of 2014 at which time we would revise the guidelines based on the feedback received. The final product is due in August of 2014.

**Small Group Reports/Review Draft Guidelines**

- **Cardiovascular** - (Eric Beck, Mary-Katherine Harper, Matt Sholl) **Joe Nelson** reported that he has nearly completed the chest pain protocol. He was asked if the non-cardiac chest pain guideline would be included here as a subchapter. Joe said that the parameters within the cardiovascular guideline will be based on the AHA guidelines. Peter and Sabina disagreed with this approach noting that AHA only revises their guidelines every four years and we should not have to wait on them. Joe added that he has had trouble with Box, but has had no problems with Dropbox.
- **General Medical/Other-** (Cunningham, Tony DeMond, Doug Kupas, Manish Shah) **Allen Yee** reported that he has not able to access Box.com so some items are in Dropbox. He commented on the variety in writing styles. Members discussed how guidelines would be edited and finalized to result in a uniform product. Mary said there is some money budgeted for a technical writer. Discussion ensued about how to include medications and which level of EMS provider can administer them. Manish suggested providing options and list the references for each. Brian Moore contended that we should recommend the medication that science clearly indicates is preferred. Sabina noted that with the drug shortages, we should provide alternatives because the preferred medication is not always available. Eric suggested coding the document to indicate if the guideline was evidence-based or consensus-based to ensure transparency. Discussion ensued about who the product is geared to—the medical director or the EMS provider. Ideally it should be available to both of these parties within the EMS system, but time constraints will not be conducive to creating more than one version. Some felt it should be written to medical directors.
- **GI/GU/GYN** - (Eric Beck, Rich Kamin) **Doug Kupas** said they have three drafts started and they have been, downloaded on Box. Tony DeMond asked if there is a guideline for pregnant people, unrelated to these topics. It was suggested it could be addressed in the Universal Care section.
- **Pediatric-specific** - **Manish Shah** projected the EBG on pediatric seizures for discussion. **Brian Moore** said they have five members of the AAP to review the guidelines. Manish requested a timeline for reviewing all the guidelines for the pediatric aspects. Rich Kamin asked how we are going to get peer review of all

the guidelines. Discussion ensued about having each small group review other groups' guidelines. Another suggestion was assigning a review group to each group's guidelines.

- Respiratory - (Eric Beck, Michael Colonna, Mary-Katherine Harper, Allen Yee) **Joe Nelson** said that the respiratory group has barely started and has work to complete.
- Resuscitation - (Rich Kamin, Matt Sholl, Allen Yee) **Eric Beck** said this group had difficulty scheduling meetings but they have assigned guidelines to group members.
- Toxins/Environmental - (Craig Bates, C Cunningham, Tony DeMond, Matt Sholl, Harry Sibold) **Rick Alcorta** reported that several toxin and environmental guidelines have been drafted and uploaded to Box.
- Trauma (head, multi-system, spine, thorax, extremity, amputation, eye) - (Sabina Braithwaite, Eileen Bulger, Tony DeMond) **Peter Taillac** reported there are drafts posted for all the trauma guidelines. Some are in Box and some are in Dropbox.
- Universal Care - **Carol Cunningham** reported that she recently became the lead for this small group when Bill Gerard resigned, so there is quite a bit to be done. Harry Sibold and Craig Bates have now joined this group. Carol projected her draft Universal Care Guideline for discussion. Anthony DeMond offered to send Carol a paragraph on ethics. It was suggested that dosages and definitions could be under universal care to ensure consistency throughout the document.

Review and Edits: Work Group members discussed options for internal review of the draft guidelines. Using track changes was suggested, but others noted it is very "busy" (gets difficult to decipher) and there tends to be too much correction of grammar and writing style. Rich Kamin suggested using the comment section in Box. Rick Alcorta recommended standardizing the process of commenting. Carol asked members to define abbreviations at the bottom. Mary suggested each sub group having a review group. Doug suggested a procedure where only the original author be allowed to change the guideline. Each reviewer can comment in track changes and send the edited document to original author. The review should be limited to adding comments only. Each small group will review guidelines at their meetings. There should be time frames for review of specific guidelines. Carol concluded the discussion stating the review process will be defined soon.

**Break into Small Groups:** The small groups met separately to work on their respective guidelines.

**4:15 – 5:05**

- Cardiovascular
- General Medical/Other
- Pediatric-specific
- Toxins/Environmental
- Trauma

**5:10 – 6:00**

- GI/GU/GYN
- Pediatric-specific
- Respiratory
- Resuscitation
- Universal Care

**Reconvene and Report:** The small group leads reported on items that arose during their meetings. Several questions arose. Rick Alcorta suggested that the standard phrase "contact medical direction" be used throughout the document for consistency and clarity. Discussion followed regarding whether the directive should be "consider" or "contact" medical direction and when these terms should be used. He also mentioned the insertion of levels of provider levels. The large group agreed it would be written from the highest level down. There was an inquiry regarding the inclusion of hyper-links. It was noted that resources would need to be available to maintain the currency of links. Again, the question arose as to whom the guidelines are directed—providers or medical directors. Determining the format of the citation is crucial. Rick also suggested including negative references, i.e. references that do not support using certain interventions (e.g., tourniquets should not

be used in snake bites). He raised the question of whether point-of-care testing in the field should be recommended and if CLIA requirements will need to be addressed. Mary asked how we should address the very rural (frontier) areas which do not have access to online medical control. It was suggested this be addressed in the introduction. Joe Nelson suggested the format be established more clearly and recommended using the sample Manish projected earlier.

**Public Comments:** Carol referred members to the summary of public comments received earlier asking how the group should respond. These were reviewed at the May meeting but no action was taken. She asked everyone to review the stakeholder feedback tonight and come back tomorrow with opinions if any changes should be made based on comments received. She will draft a letter that can be sent to the individuals who commented.

The group recessed at 7:00 PM.

### **Wednesday, July 31, 8:30 AM to 5:00 PM**

#### **Small Groups met as follows:**

##### **8:30 – 9:30**

Meeting Room A (small): General Medical/Other

Meeting Room B (small): Toxins/Environmental

Meeting Room C (large): Pediatric-specific, GI/GU/GYN, and Respiratory

##### **9:30 – 10:30**

Meeting Room A (small): Cardiovascular and Universal Care

Meeting Room B (small): Pediatric-specific and Resuscitation

Meeting Room C (large): Trauma

**Reconvene Work Group:** Small groups briefly reported on their status.

**Format of Guidelines** – Matt Sholl explained the process the New England region undertook to create the New England EMS protocols. After reviewing different formats and weighing the need for achieving a balance between detail and readability, they concluded it was important to make it simple for ease of use by providers. They settled on the New Hampshire format which is visibly pleasing and easy to read. The use of color makes it easy to read, but expensive to print. Maine has issued a RFP to develop an app. They will also create a PDF document. They decided against developing the guidelines in a flow chart (similar to North Carolina's protocols) because of the extreme tediousness of creating the diagrams in Visio®. Also, Visio® is expensive software that not everyone can afford, so they decided to use Word® which makes it more usable for those who decide to adopt them. Mary added that this product will need to be updated and guidelines added and it is probably important to make it easy to modify in the future. Discussion ensued about whether the group wanted an “off the shelf” product to encourage adoption or a more basic version in Word® that can be modified and adopted.

The group continued debating if the product should be geared to medical directors or providers because that will determine how much detail will be included. Rich commented that providers can benefit from the additional information and he does not see it as writing to different audiences. Mary and Carol reminded all that the project was initiated by the NASEMSO Medical Directors Council and therefore should be geared toward the audience NASEMSO feels is most appropriate. The format or audience has not been determined by NHTSA.

Rich Kamin concluded the discussion by stating that we will continue writing the guidelines using the template and focus on using bullets, rather than wordy sentences. Notes and references can hyper-linked in the guidelines. Use of abbreviations and references to medications were addressed.

**Abbreviations:** Use standardized abbreviations contained in the list of *Approved Abbreviations and Symbols* which has been added to Box.

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Medications: A medication formulary was added to the Model Guidelines folder in Box.

**Unfinished Business, Questions from Group**: Carol and Rich suggested that the small groups complete their respective guidelines by early January in time for the NASEMSO Medical Directors Council's mid-year meeting which will be held in conjunction with the NAEMSP annual meeting. Allen Yee offered to ask NAEMSP for a meeting room Wednesday evening, January 15 for this group to meet. Mary said this should work because it will be after the NASEMSO Medical Directors Council has met earlier that day. Everyone except for Rick, Mary-Katherine and Michael indicated they were planning on attending the NAEMSP meeting. (Mary Katherine determined later she would be able to drive to the meeting as it will be in Tucson.)

Work group members requested holding the last face-to-face meeting in late May (preferred) to early June. Some members are unable to get time off in June. Mary will send a Doodle® or Meeting Wizard® request to identify which days work for the majority of members. Per NHTSA's request, the last meeting will be held in the DC area, and those from the West will need to plan for extra travel time.

**Small Groups**: Small groups met separately.

**1:30 - 3:00**

Meeting Room A (small): Pediatric-specific and Cardiovascular

Meeting Room B (small): Trauma

Meeting Room C (large): General Medical/Other and Toxins/Environmental

**3:30 – 5:00**

Meeting Room A (small): Pediatric-specific and GI/GU/GYN

Meeting Room B (small): Respiratory

Meeting Room C (large): Resuscitation and Universal Care

**Thursday, August 1, 8:00 AM to 12 noon**

**Small Group Reports**

- General Medical: Allen Yee said the General Medical group met three times the last two days. They received an assignment form the GI/GU/GYN group.
- GI/GU/GYN: Eric Beck reported that the GI/GU/GYN group is completing their guidelines. The nausea/vomiting guideline has been sent to the Pediatrics group for review.
- Resuscitation: Eric said the Resuscitation group spent time on termination of resuscitation and cardiac arrest. They framed DNR as part of the larger topic of termination of resuscitation.
- Cardiovascular: Joe Nelson reported that the Cardiovascular group made quite a bit of progress on chest pain yesterday. They plan to make more progress on stroke today. He asked if they should recommend a particular stroke scale as the evidence does not show that one is superior over another. The larger group recommended not specifying a particular stroke scale and using the term "stroke assessment tool" when referring to the variety of stroke scales that can be used.
- Respiratory: Joe said they are drafting an air management protocol. They have a good handle on pulmonary edema and the asthma protocol.
- Pediatrics: Brian said they spent most of yesterday working with the various small groups. Rich thanked Manish and Brian for the good work they are doing with the various groups.
- Toxins/Environmental: Rick said they have over 20 protocols and are making good progress. He thanked Brian for his assistance with the pediatric components. They have added about three more topics they want to address. He asked how they should address medication reaction. Eric suggested it could be in the medication formulary section. Carol recommended it be included in Toxins, just to be sure it is covered, especially if we do not have time to focus on the medication section.

- **Trauma:** Peter reported they have completed and reviewed their guidelines. Sabina questioned if it is dental trauma should be included and noted that they have not formerly addressed eye, ear, nose, or throat trauma. Tony offered to write a facial trauma guideline which would be more inclusive. Rich questioned if we are trying to be too inclusive to the detriment of utility and quality. The group agreed that a facial trauma guideline should be drafted and included.
- **Universal Care:** Carol thanked Peter and Sabina for helping them catch up on universal care guidelines. They added a chart on normal pediatric vital signs and will add one with normal adult vital signs. Functional needs will be included. "Functional needs" is the new terminology per DHHS for special needs. Harry will help with the functional needs guideline.

**Unfinished Business:** The workgroup identified a number of topics to be addressed and decided the following:

**Next Meeting:** The August 12<sup>th</sup> teleconference is cancelled. The next teleconference will be September 9<sup>th</sup>.

**Due Dates/Review Process:** **All draft guidelines are due in Box.com on September 9<sup>th</sup>.** These will be discussed on the September 9<sup>th</sup> teleconference. The first cycle of guideline reviews by the workgroups will begin on September 9<sup>th</sup> and one month has been allocated for the first review. The second review will begin on October 14<sup>th</sup> and should be completed by November 11<sup>th</sup>. Carol proposed that we have a draft document ready for review by the NASEMSO Medical Directors Council Meeting in January, with the goal of having a final draft by NASEMSO's Mid-Year meeting in March. At that time, the draft guidelines should be ready to distribute to the public for feedback. Eric offered to create a document that maps the timeline.

**First Review:** September 9<sup>th</sup> to October 9<sup>th</sup>

**Second Review:** October 14<sup>th</sup> to November 11<sup>th</sup>

**Review Process:** Carol will develop an assignment chart for the review process. Each small group will be paired with two review groups. It was agreed that reviewers can comment on draft guidelines in two ways:

- 1) Add feedback to the comment section on Box.com. These comments will be visible to everyone in the work group.
- 2) Download the draft guideline, use Track Changes to add comments only in the comment boxes (avoid grammar, spelling and other writing style corrections as the document gets too messy). Email your document directly to the author. Do not add it to Box.

**Suggested Dates for Final Face-to-Face Meeting:** April 29-May 1, May 6-8, May 20-22, June 3-5, June 10-12, (and last choice) June 24-26. The purpose of this meeting is to review stakeholder feedback, and we have to allow time for individuals and groups to comment. The group felt that a minimum of 4-6 weeks was necessary for a reasonable comment period. It was suggested that we notify stakeholders of the expected date the guidelines will be ready for review and comment. Mary will post this on the project website.

**Technical Writer:** Carol recommended that we contract for a technical writer to finalize the guidelines. Mary will look into recommendations for technical writers, noting that Kevin McGinnis would be excellent but may not have the time. Matt Sholl offered to check with Kevin.

**Meeting Feedback:** Carol asked for feedback on the meeting. Better coordination of the small group meetings would have improved the results. Most members are on more than one group and it decreased group productivity when individuals moved from one group to another. Monthly goals and specified goals to achieve in the small group meetings would have helped. Internet access was a problem because of meeting in the basement. Rich Kamin thanked everyone for the tremendous work completed.

**Adjournment:** The meeting adjourned at 10:45 a.m.