NASEMSO Model EMS Clinical Guidelines Project

June 10, 2013
1:30 PM EDT
Work Group Meeting

Meeting Record

Attending: Rick Alcorta, Sabina Braithwaite, Carol Cunningham, Mary Katherine Harper, Mary Hedges, Rich Kamin, Susan McHenry, Brian Moore, Joe Nelson, Matt Sholl, Harry Sibold, Peter Taillac

Call to Order and Roll Call – Dr. Carol Cunningham called the meeting to order and asked if everyone had reviewed the May Meeting record. The meeting record was approved as submitted by unanimous vote.

Review of Progress - Carol reviewed the progress of the work group to date.

- EMS Clinical Guideline Titles selected and reviewed
- Essential Components of Guideline selected and reviewed
- Guideline Groups established; most groups have met once or more
- Guideline Titles and Components sent to EMS stakeholders for feedback (3/29)
- Public Comment site created on project website (4/3)
- Comments received and reviewed (5/13) – No additional comments received.

Next Steps

- General Medical has its first meeting scheduled for June 17th. While GI/GU/GYN has not met, they have divided the work among members. All other small groups continue meeting and/or working on assignments.
- Consider comments and determine what changes, if any, to be made.
- Determine goals/ agenda for Minneapolis meeting, July 30th-August 1st - Carol asked that every small group bring the guidelines they have completed for the large group to review. During the July teleconference, the draft guidelines that have been completed or are near completion should be submitted to Mary or to the Dropbox prior to July 8th. We will begin to review what has been completed and will continue that process at the Minneapolis meeting. Time will also be set aside for small group meetings, preferably on each day. The group will also discuss format and determine which ones may benefit from algorithms. The review of the drafts together with all of the workgroups will also facilitate the identification of any duplication or excessive overlap among the draft guidelines. Mary will ensure that we have internet access at the meeting.

Comments Received (as of May 13th) – **No New Comments** (as of June 5th)

- National Safety Council – Good, no changes
- National EMS Managers Association (NEMSMA) – Should be evidenced-based and optional
- National Volunteer Fire Council (NVFC) by Dave Finger – Trauma and Necessary Components
- NAEMT by Paul Hinchey - List of Guidelines and Components
- James Osaki, DDS – Create broad Dental Trauma guideline
- Association of Critical Care Transport (ACCT) – Good, one minor change
- Erik Glassman – Blast & Over-pressurization should be separate

- Vincent McGregor (Fairfax Com College) - List of "essentials" in proposed guidelines, while expansive, is similar to current approach to EMS Internships of having students assess a set number of patients with a specific pathology. This has often delayed completion due to difficulty in acquiring some of the less frequent ones. *(He made no recommendations to delete any specific guidelines.)*
- EMS for Children (EMSC) per meeting with Manish Shah – Add Abuse (child, domestic, sexual, elder, etc) and Drowning/Near Drowning to primary list.
- American Academy of Pediatrics (AAP) Section of Emergency Medicine (SOEM) and Committee on Pediatric Emergency Medicine (COPEM) – See 2-page summary

Suggested Changes to Guideline List (From Comments)

- Separate blast and over-pressurization into two guidelines (Glassman)
- Recommend a broader category as "Dental Trauma" to include avulsed teeth, cracked teeth, loose teeth, alveolar fractures, and TMJ problems (Osaki)
- Change "care of suspected spine injury" to "suspected spine injury" (ACCT)
- "Tooth avulsion" is included but there is no specific reference to eye, ear, nose or throat injuries, which is a category in the National Educational Guidelines and required in EMS textbooks. Recommend that each of those anatomical parts be specifically referenced under separate guidelines or simply add an all-encompassing "facial injury" guideline. (Dave Finger, NVFC)
- Add guideline related to abuse (child, domestic, sexual, elder, etc). Add drowning/near drowning. Move to primary list from secondary list. (AAP/EMSC - Manish Shah)
- See 2-page document with comments from AAP members.

Suggested Changes to Necessary Components (From Comments)

- One of the "Patient Care Goals" is "Maintenance of Safety." Under the "Patient Management" heading, one of the subheadings is "Patient safety considerations." These seem duplicative. (Dave Finger, NVFC)
- **Patient care goals:** Definition of **clinical improvement** is a much needed element of prehospital care but will not be possible in many areas. **Recognition of critical issues:** The meaning of this is not clear. Each example listed would fall under a treatment guideline itself. Is this STEMI EKG criteria for diagnosis and which stroke screen to use? **Transport considerations** must take into consideration the practice environment. Will this be based on frontier, rural, suburban, urban definitions? **Evidence- based:** the challenge is a lack of evidence in almost all we do. Indicate which areas are evidence-based vs. consensus may prompt researchers to begin to tackle problem areas. **Patient management**: Patient safety considerations and maintenance of safety from patient care goals. How do these differ? **Notes/pearls:** Consider establishing simple but expected differential for most common complaints (or those associated with frequent failure to consider). This may be what is meant by "key considerations." **Quality Improvement:** Data definitions to accompany key documentation and performance elements. Many data elements currently used are poorly defined or are not easily captured. (Paul Hinchey, NAEMT)

The following from members of AAP:

- **Patient Care Goals** - emphasize the pediatric-specific transport needs under "Transport Considerations"
- **Patient Management, assessment** - use of the Pediatric Assessment Triangle

- **Other considerations** include weight-based dosing and equipment-sizing; scene assessment; reporting considerations (child maltreatment - under burns, trauma, etc...)
- **Values and preferences should be added** – a clarification of the principles used to interpret existing evidence/guidelines in order to create these guidelines
- **Quality improvement-** Use NEMSIS elements for the key documentation elements
- **Consider another paradigm:** Prearrival considerations; scene safety; you have patient safety but scene safety is important to address - would reporting considerations be under patient management?
- [Proposed necessary components for each guideline are] too long for EMS setting.

Guideline Group Reports

- Cardiovascular (CV) - Eric Beck, Mary-Katherine Harper, **Joe Nelson**, Matt Sholl – CV and Respiratory are meeting together (Joe is lead for both). They have met and members are working on assignments. They have another meeting scheduled later this month.
- General Medical/Other - Cunningham, Tony DeMond, Doug Kupas, Manish Shah, **Allen Yee.** Allen was not on the call but has scheduled the workgroup's first meeting on June 17th.
- GI/GU/GYN - Eric Beck, Rich Kamin, **Doug Kupas.** Doug Kupas was not on the call, but Rich reported that assignments have been divided among the group members.
- Pediatric-specific - **Brian Moore, Manish Shah**. Brain reported they have divided up the topics. They have a conference call next week with other pediatric experts and plan to have the pediatric-specific guidelines completed by the Minneapolis meeting. They will review other guidelines as they are completed and add any pediatric guidelines. Members are to submit their guidelines to Brain and Manish for pediatric review.
- Respiratory - Bill Gerard, Eric Beck, Mary-Katherine Harper, **Joe Nelson**, Allen Yee. As previously reported, Respiratory is meeting with CV.
- Resuscitation - **Eric Beck**, Rich Kamin, Matt Sholl, Allen Yee. Rich reported that the group has divided the work and have been reporting back by e-mail.
- Toxins/Environmental - **Rick Alcorta**, Tony DeMond, C Cunningham, Matt Sholl, Harry Sibold. Rick reported that they have received their assignments but no one has posted their work yet.
- Trauma (head, multi-system, spine, thorax, extremity, amputation, eye) - Sabina Braithwaite, Eileen Bulger, Tony DeMond, Jeff Salomone, **Peter Taillac**. Peter said they have met four times and have reviewed each other's drafts. The only draft they do not have is Jeff Salomone's draft on blast injury.
- Universal/General Care - Carol Cunningham, **Bill Gerard**. Carol noted that Bill has been sidelined due to injuries but intends to continue. They want to change the name of the group to Universal Care so that it is not confused with General Care. This group has also assumed the responsibility for the abuse/maltreatment guideline.

Change in Primary/Alternate ACS Rep – Carol reported that Eileen Bulger has agreed to serve as the primary representative and Jeff Salomone will now be the alternate. Eileen will not be able to attend the Minneapolis meeting, so Dr. Salomone will attend. Peter Taillac commented that Eileen has done an outstanding job.

Disclosure Reminder – Mary noted that all members have submitted their signed disclosure statements except for Jeff Salomone, Eric Beck, Sabina Braithwaite and Allen Yee.

Face to Face Workgroup Meeting – The group will meet July 30-Aug 1, 2013, in Minneapolis, Minnesota. The next teleconference meeting will be July 8th.

Questions / Other Considerations – There were no further comments or questions.