**NASEMSO Model EMS Clinical Guidelines Project**
**January 12-13, 2013**
**Fort Myers, FL**
**Work Group Meeting Record**

**Attending:** Carol Cunningham, Richard Kamin, Rick Alcorta, Allen Yee, Douglas Kupas, Peter Taillac, Brian Moore, Manish Shah, Matt Sholl, Eric Beck, Joe Nelson, Mary-Katherine Harper, Sabina Braithwaite, Tony DeMond, Susan McHenry, Mary Hedges, Harry Sibold, Jim DeTienne (NASEMSO President) **Absent:** Jeffrey Salomone, Eileen Bulger (alternate), Bill Gerard

**Welcome and Introductions** – The work group convened at 2:45 PM, January 12, following the Awards Luncheon at the NAEMSP meeting in Bonita Springs. Drs. Carol Cunningham and Richard Kamin, Co-PIs, thanked members for volunteering for the project. Participants introduced themselves. Dr Cunningham presented an overview of the project's goals, timeline, and deliverables. In response to questions about who will own the guidelines, Susan McHenry explained the end product will be a NASEMSO product. Discussion ensued about format, but no decisions were made. The model guidelines are being developed for any entity that wishes to adopt it, in full or in part. Guidelines, protocols, principles are words used to describe what this group is creating, but the different words connote different things to different people. It was suggested that the document clearly state which ones are evidence-based versus consensus-based, as well as options when recommended drugs are not available due to shortages. Members requested using existing technology, such as webinars or drop boxes. The project can utilize the services of a medical librarian if necessary. It was highly recommended that we link to the literature whenever possible.

Rick Alcorta distributed documents from NIH which describe standards for developing guidelines. Potential conflicts of interest should be disclosed. The work group membership list was reviewed to determine if anyone is missing. There was a discussion about establishing rules going forward (consensus vs. majority rule) and the work group agreed that voting at the face-to-face meetings as well as on teleconferences would be a majority of those present. The workgroup also discussed creating a mechanism for updates, the rigors for development of the guidelines, and if the guidelines should include the negatives, potential complications or contraindications? It was agreed that we ensure key recommendations are easily identifiable. The work group will also need to determine if a professional reader will be needed.

The **Master List of Essential Protocols** previously drafted by the NASEMSO Medical Directors Council was distributed as a starting point for the group to review. Titles were reviewed, discussed and designated as 1st tier (for inclusion now), 2nd tier (for further discussion and consideration at a future date), or rejected. It was decided to focus on determining essential patient care measures and separating procedures from the list.

(This effort consumed the remainder of the work group meeting on the first day.) The resulting product is listed in a separate document, " Suggested Guideline Titles." The group recessed at 7:00 PM.

Sunday, January 13

The Work Group reconvened Sunday, January 13, at 8:00 am.

**Establishing Meeting Schedule** – The group selected the 2nd Monday, 1:30 – 3:00 PM EST for monthly teleconference meeting time. Members requested meetings be held via GotoMeeting® or GotoWebinar®.

**Face to Face Meeting –** The group selected July 30-31 as the last week of July was the 1st choice (with alternate dates of July 31-Aug 1). The second choice would be August 12-14. It was decided to select a midwestern location with easy airport access. The first choice location was Minneapolis, and the 2nd choice was Denver. (Carol suggested the Grand Hotel, a Kimpton Hotel.)

Dr. Cunningham revised the protocol/guideline list and emailed to members. The revised list was projected and reviewed.

**Pediatric Guidelines / Issues** - The AAP defines a pediatric patient as anyone up to age 21. Other options include the practical approach, e.g., as long as the individual fits the Broselow® tape. If the patient's length exceeds that of the Broselow® tape, they are treated as an adult. A discussion ensued about whether or not to combine the pediatric with the adult protocol? After an extended discussion, the consensus was to specify pediatric-specific care when necessary, and to, otherwise, keep the guidelines document unified and non-age-specific.

**Drug Dosages –** The group discussed if the guidelines should specify drug dosages, limit it to drug titles, or simply drug class? It was agreed that the document would lose significant value without including drug dosages and that, when indicated, the 1st, 2nd, 3rd drug options should be stated in consideration of the drug shortages. This should be a document that the field providers want to use.

**Format** – Discussion ensued about format desired and whether it should be electronic . The group decided to create a basic document, as there will be more opportunities for agencies to customize and adopt. Once the product is recognized, software developers will likely create an electronic application. The North Carolina, New Hampshire, Virginia, Nova Scotia and British Columbia protocols were briefly reviewed for comparison of format. (Andy Travers is the contact person for the Nova Scotia protocols, per Susan McHenry.) Dr. Sholl felt New Hampshire did a nice job in paring down the verbiage; however, they are written in Visio® which is somewhat expensive. Dr. Nelson commented that he found Visio® to be an unstable platform. The goal is to contract

with someone to convert the document into the desired format once the guidelines are created.

**Essential Components of Guidelines** – We reviewed the draft circulated to members. The draft will be labeled as Version 1, and each time we revise it, it will be identified by date. There was a discussion regarding if and how we might incorporate the National Scope of Practice EMS provider levels into the document, and whether or not this would make the document and the process of creating it unwieldy. Ultimately, the workgroup decided that the model should be geared to what is best for the patient. If the document is written to four different EMS providers for each guideline, the process will be overly burdensome. If the document is written with the emphasis on the path of best care for the patient, the user can define how far the different levels can go according to their legislated EMS scope of practice and the parameters determined by medical direction. The group decision was not to write it by provider levels; rather, write the guideline from most basic to most advanced. Those who use it will determine who can perform what skills. Documentation and key points were discussed. The work group wants to ensure that outcome measures are included and promoted rather than process measures when possible. It should also coordinate with the National EMS Information System (NEMSIS), version 3. There was a discussion regarding the method and access to cite literature and if hyperlinks should be included. If citing evidence, the work group wishes to be transparent about the quality of the evidence. The group was reminded the end product is consensus-based, not evidence-based. Everyone was encouraged to keep a list of articles and the group will decide whether to include them or the associated electronic link in the document at a later date. All agreed that any applicable safety warnings or patient safety considerations should be included.

The Essential Components draft was revised to include the following:

- Title
- Patient care goals
- Patient presentation
  -Inclusion criteria
  -Exclusion criteria
- Patient management
  -Assessment
  -Treatments and interventions
  -Patient safety considerations
- Notes/educational pearls
  -Key considerations
  -Pertinent assessment findings
- Quality Improvement
  -Key documentation elements
  -Performance measures (process, structure, and outcomes)
- References
- Version/revision dates

**Other Resources or Specialties Needed** – A medical librarian would be helpful especially for secondary resources. The medical librarian used for the EBG project was recommended to us. Sabina recommended the Human Factors Engineering Department at Wichita State for assisting with formatting and graphics. Sabina thought they may be interested in doing this as a project at no cost.

**Sharing the documents** – Drop Box® was recommended. (Google Docs is more limited.) Mary will host the Drop Box®. One folder per guideline was recommended.

**Web-conferencing** – Use GoToMeeting®. It should be recorded if possible.

**Quorum** – A quorum is those present on the teleconference or at the face-to-face meeting.

**Consensus Defined** - If those who vote against the issue are willing to accept the majority of the members' decision, a consensus has been reached.

**Topic Categories** – Guideline titles were divided into categories for the purpose of creating sub- groups.

**Cardiac – Eric Beck, Mary Katherine Harper, Joe Nelson, Matt Sholl**
Bradycardia (adult/pediatric)
Cardiac chest pain/ACS/STEMI
Stroke
Syncope
Tachycardia with a pulse (narrow/wide complex) (adult and pediatric)

**General Medical/Other - Carol Cunningham, Tony DeMond, Doug Kupas, Manish Shah, Allen Yee**
Agitated/psych/behavioral with physical/chemical restraints
Allergic reaction/anaphylaxis
Altered mental status
Diabetic emergencies (adult and pediatric)
Pain management (non-traumatic)
Refusal of Treatment/Transport
Seizure (adult)
Shock

**GI/GU/Gyn – Eric Beck, Rich Kamin, Doug Kupas**
Childbirth
Nausea and vomiting
OB/GYN emergencies

**Pediatric-specific – Brian Moore, Manish Shah**
Airway management/confirmation/obstruction/failed – pediatric
Apparent Life-Threatening Events (ALTE)
Neonatal care/resuscitation
Respiratory distress (pediatric specific, i.e. croup, bronchiolitis)

Sudden Infant Death Syndrome (SIDS)

**Respiratory – Eric Beck, Bill Gerard, Mary-Katherine Harper, Joe Nelson, Allen Yee**
Airway management/confirmation/obstruction/failed – adult
Respiratory distress

**Resuscitation – Eric Beck, Rich Kamin, Matt Sholl, Allen Yee**
Cardiac Arrest (asystole/PEA/VF/VT) - adult and pediatric
Determination of death
Discontinuation of resuscitation
EMS DNR
Post-resuscitation care

**Toxins/Environmental – Rick Alcorta, Carol Cunningham, Tony DeMond, Matt Sholl, Harry Sibold**
Environmental
Oral toxins/overdose/poisoning/medication reactions
Toxic exposures

**Trauma - Sabina Braithwaite, Eileen Bulger, Tony DeMond, Jeff Salomone, Peter Taillac**
Blast/Overpressurization
Burns
External hemorrhage control
Care of the suspected spine injury
Tooth avulsion

**Universal/General Care - Carol Cunningham, Bill Gerard**
Universal/General Care
Functional Needs

**Format of Initial Guideline** – Mary will create a basic Word template using the essential components which everyone will follow for the initial writing. It was suggested that authors keep the references in a separate log for now.

**Between now and the February 11 Meeting**

- Each sub-group will meet.
- Mary will create template.
- Mary will set up Drop Box® and invite workgroup members.
- Mary will obtain GotoMeeting® account and keep master schedule of subcommittees.
- Mary will investigate contracting with a medical librarian.

**Obtaining Feedback from EMS Community / How to Review & Incorporate** –
NASEMSO has a master list of EMS stakeholder organizations which will be used when distributing information and inviting comments on the project deliverables. The group will review comments received by the EMS community on the project. It was suggested a separate email account be created to accept comments. Discussion ensued about the

amount of time required for obtaining official organizational response and feedback. It was clarified that the intent is not necessarily to get the official organization response. The grant deliverables will be sent to the organization for distribution to their members who will choose whether to respond. The list of organizations will be shared with the work group members. There was a discussion regarding the parties who will review all of the emails in the project account, and it was determined that Carol and Rich will review them and provide a summarized report to the workgroup members. An automatic response can be created that states something to the effect of "Thank you for your response. We will review and respond in the near future." The person reading them will need to group them and prepare a group response. An FAQ will be developed and posted.

**Adjournment:** The meeting adjourned at 3:15 PM.

**Next meeting:** February 11, 1:30 EST