



## **CAP0004 - EMS Model Clinical Guidelines Project Final Report**

### Purpose of the Project

The **NASEMSO EMS Model Clinical Guidelines Project** was developed for the purpose of helping state EMS systems ensure a more standardized approach to the practice of prehospital patient care and to encompass evidence-based guidelines as they are developed. The guidelines are not intended to be mandatory or to determine local scope of practice. Rather, the goal is to provide a resource to clinical practice, maximize patient care, safety and outcomes regardless of the existing resources and capabilities within an EMS system. This set of clinical guidelines may be used as presented or adapted for use on a state, regional or local level to enhance patient care and benchmark performance of EMS practice. They are intended to be a core set of guidelines, at least initially, with the goal of adding more guidelines in the future.

### Getting Started

The EMS Model Guidelines Project kick-off meeting took place at the National Highway Traffic Safety Administration (NHTSA) Office of EMS (OEMS) headquarters on November 8, 2012. Dr. Carol Cunningham, one of the two Principal Investigators, presented an overview of the project and its goals. NHTSA OEMS staff posed questions and made suggestions to NASEMSO staff and Dr. Cunningham.<sup>1</sup>

Following NHTSA's acceptance of the plan of action, the Co-PIs, Drs. Cunningham and Richard Kamin, along with NASEMSO Program Manager Mary Hedges, began soliciting work group members. In addition to the seven members of the NASEMSO Medical Directors Council who comprised the core of the project work group, eight EMS-related physician organizations were invited to nominate a representative and alternate to serve on the work group. The American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Medicine (ACOEP), National Association of EMS Physicians (NAEMSP), 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 Physicians Association (AMPA)

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<sup>1</sup> The cooperative agreement was fully executed on August 20, 2012, but due to miscommunication, NASEMSO was not advised that the agreement was final until September 23, 2012; thus, the project began one month behind schedule.

nominated work group members. The Society of Academic Emergency Medicine (SAEM) was asked, but did not respond with a representative.

### First Steps: Guideline Titles and Components

The initial project work group meeting was held January 12-13, 2013, immediately following and at a nearby location to the NAEMSP Annual Meeting. The group focused on determining which clinical guidelines were to be included in the project and which elements or components were to be included in each guideline. Format of the guidelines was also a major topic at the first meeting. The work group set its monthly teleconference meeting schedule so that work would continue between the face-to-face meetings.

The first two project deliverables – List of Guidelines and Components of Guidelines – were developed and distributed to the stakeholder community for comments in early April 2013. Comments were received from 10 individuals or organizations. The feedback was compiled and reviewed by the team at the May meeting with only slight modifications made to the deliverables based upon the comments received. Work Group members divided into nine smaller groups for the purpose of developing the guidelines by topic area. These small groups met independently and communicated electronically to complete their work throughout the duration of the project.

### Drafting the Guidelines

The second face-to-face meeting of the project work group was held in Minneapolis (chosen due to its central location) on July 30 - August 1, 2013. The small groups met separately for much of the time at this meeting. Following extensive deliberation on the type of format to use, the members ultimately decided to use a Word format for the final product, primarily to enable users to easily download and edit sections. The intent was for EMS medical directors to be able to pick and choose from the guidelines and make changes as necessary for their particular systems, including distinctions between BLS and ALS guidelines. Arrangements were made to contract with Kevin McGinnis to serve as the technical writer to compile and edit the final document.

Throughout the process of drafting the guidelines, outside specialists were consulted, particularly in the pediatric specialty. Most of the work group members, including the pediatric reviewers, were able to convene in person on January 15, 2014, for an evening meeting while attending the NAEMSP Annual Meeting. The technical writer joined by teleconference and reviewed the initial effort at compiling the guidelines. Finally, on March 18, 2014, the draft EMS Model Clinical Guidelines were completed and distributed to the EMS stakeholder community. Comments were requested by April 30, 2014. Thirty-six sets of comments were received, many of which were extensive. These were compiled and distributed to the team members

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prior to the final in-person meeting in a format that followed the guideline document.

### Finalizing the Guidelines

The final face-to-face meeting of the work group was held in Arlington, Virginia, May 7-8, 2014. Every comment received was considered during the two-day meeting and many were identified for fine-tuning and/or further research. Federal partners attended this meeting and the Chair of the Data Managers Council, Paul Sharpe, was included to ensure the guideline titles either matched or could be linked to the newly released NEMSIS Version 3 protocol titles. It was decided a final editing meeting would be conducted for the technical writer, the two PIs and one additional member to help finalize the document in mid-July.

Following the editing meeting in July, the revised draft was shared with three additional technical reviewers for comments. Further work was completed based on the last round of review. The final EMS Model EMS Clinical Guidelines was approved by the NASEMSO Board of Directors on September 11 and submitted to NHTSA Office of EMS on September 17, 2014.

*Final Report prepared by NASEMSO Program Manager Mary Hedges, MPA  
September 19, 2014*