

RACI Matrix in Brief for FICEMS- June 2018 UPDATE

**Evidence-Based Practice and Quality Committee**

<b>Goal 2: Data-driven and evidence-based EMS systems that promote improved patient care quality</b>	
<b>Objective 2.1:</b> Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process	
<b>Task</b>	<b>Brief Status Update</b>
1) Brief FICEMS on the status of EBG development and implementation. (E.g. EBG Model Guidelines and Implementation, National Strategy and Publications)	<ul style="list-style-type: none"> <li>• <b>Opioid Misuse &amp; Abuse:</b> NHTSA’s Office of EMS has awarded a Cooperative Agreement to the National Association of State EMS Officials, in partnership with the American College of Emergency Physicians and the National Association of EMS Physicians to develop an evidence-based guideline for prehospital treatment of suspected opioid overdose; this guideline will include recommendations for both patient care and provider safety. The project has an actively involved Technical Expert Panel that is providing guidance on developing recommendations in response to the project’s key questions. The project is scheduled for completion in March of 2019.</li> </ul> <p>NHTSA has awarded an interagency agreement to AHRQ for a systematic review comparing the effectiveness and harms of opioid and non-opioid agents for the management of moderate to severe pain in the prehospital setting. This review will be used to support a future revision to the prehospital pain management guidelines.</p> <ul style="list-style-type: none"> <li>• <b>Field Triage Guidelines.</b> NHTSA’s Office of EMS is planning a revision of the Field Triage Guidelines. In support of this , two literature syntheses have been conducted by AHRQ’s Evidence-based Practice Center Program with funding from NHTSA’s Office of EMS. The first of these reviews, examining level of consciousness as a predictor of the need for tertiary trauma care has been completed and posted on the AHRQ website; the second review on respiratory and circulatory system predictors was published in April 2018. In addition, NHTSA’s Office of EMS has awarded a Task Order to procure and analyze linked State EMS-trauma databases to identify other predictors of severe injury in the absence of physiologic derangement; that project is expected to be completed in September 2018.</li> </ul>
2) Identify mechanisms to disseminate EBGs to stakeholders, e.g. AHRQ’s National Guidelines Clearinghouse	<ul style="list-style-type: none"> <li>• As mentioned above, the systematic review for the Prehospital Management of Opioid Overdose has been posted on the AHRQ website and a related paper will be published in the Annals of Emergency Medicine. It is anticipated that the EBG developed from this and other reviews will be posted on AHRQ’s National Guidelines Clearinghouse.</li> <li>• The cooperative agreements for both the Naloxone evidence-based guideline and the revision of the Field Triage Guidelines include developing strategies for guideline dissemination.</li> </ul>

<p>3) Update FICEMS regarding research including NIH research and emergency care networks including NIH-OECR, EMSC, and other initiatives.</p>	<p><b><u>EMSC Pediatric Emergency Care Research Network (PECARN) Prehospital EMS Research Update</u></b></p> <p>HRSA’s EMS for Children program funds the infrastructure for the Pediatric Emergency Care Applied Research Network (PECARN) , a collaborative research network that has 18 Hospital Emergency Department Affiliates, 9 EMS agency Affiliates, and a data coordinating center. The 9 EMS agency Affiliates have about 65,000 pediatric runs annually. Some updates :</p> <ul style="list-style-type: none"> <li>• The CHaMP Research Education website has videos to guide investigators in various aspects of conducting prehospital research. URL: <a href="https://www.mcw.edu/Emergency-Medicine/Research/CHaMP.htm">https://www.mcw.edu/Emergency-Medicine/Research/CHaMP.htm</a></li> <li>• All sites but two that are located in a state that does not yet transmit data to NEMSIS have secured data use agreements to allow agency specific NEMSIS data for research purposes. Many are also working to link their EMS and ED patient record data.</li> <li>• The EMS Affiliates have been implementing pilot projects individually and in small groups but also are proposing multi-site research concepts and vetting them through the PECARN steering committee. Two projects moving along include effectiveness of EMS Interventions for Pediatric Respiratory Illnesses and Standardized Midazolam Dosing for Pediatric Seizures in EMS.</li> </ul>
<p>6) Explore options for developing performance measures that support EBG implementation, e.g. through the ORHP for FLEX grants and CAHs</p>	<ul style="list-style-type: none"> <li>• <b>EMS quality performance measures:</b> Following the completion of the EMS Compass project, NHTSA’s office of EMS awarded a follow-on Cooperative Agreement to the American College of Emergency Physicians (ACEP) and the National EMS Quality Alliance to assist them with developing a sustainable mechanism for facilitating consensus on EMS quality performance measures and to provide tools to measure and improve trauma care. The National EMS Quality Alliance has been established to continue this work. <a href="http://www.nemsqa.org/about/">http://www.nemsqa.org/about/</a></li> <li>• <b>Emergency Medical Services for Children (EMSC) Targeted Issues grant: Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States (PEGASUS)</b> This project improved the evidence-base for pediatric prehospital care utilizing the National Prehospital Evidence-Based Guideline (EBG) Model Process. A multidisciplinary project team developed pediatric-relevant EBGs for airway management, allergic reactions, spinal care and shock after a thorough review of the medical literature, including an evaluation using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. In addition to these four guidelines, the PEGASUS project implemented five previously created guidelines on asthma, bronchiolitis, croup, seizures, and pain management in the City of Houston Fire Department EMS system as well as the EMS protocols of several states in New England, designed to ensure standardized evidence-based care for pediatric emergencies.</li> </ul>

	<ul style="list-style-type: none"> <li>• All of the evidence-based guidelines that have been created with the National Prehospital Evidence-Based Guideline Model Process have been integrated into version 2 of the NASEMSO Model Clinical EMS Guidelines, and each of these guidelines received input from a pediatric emergency medicine physician through collaboration with membership from the AAP and/or NAEMSP.</li> <li>• Two articles funded as part of the PEGASUS TI grant were published in an early online version of Prehospital Emergency Care this year. Both of these articles focus on assessing health outcomes after making changes to prehospital protocols for children for asthma (Nassif et al) and anaphylaxis and seizures (Marino et al). <ul style="list-style-type: none"> <li>o Nassif A, Ostermayer DG, Hoang KB, Claiborne MK, Camp EA, Shah MI. Implementation of a Prehospital Protocol Change for Asthmatic Children. Prehospital Emergency Care. Published online in January, 2018. PMID: 29351496: <a href="http://www.tandfonline.com/eprint/gSchYuJkZQPrBjwSWriA/full">http://www.tandfonline.com/eprint/gSchYuJkZQPrBjwSWriA/full</a></li> <li>o Marino MC, Ostermayer DG, Mondragon JA, Camp EA, Keating E, Fornage LB, Brown CA, Shah MI. Improving Prehospital Protocol Adherence Through a Bundled Educational Intervention. Prehospital Emergency Care. Published online in January, 2018. PMID: 29364730: <a href="http://www.tandfonline.com/eprint/fGbesERVVrcKEBAPVHPN/full">http://www.tandfonline.com/eprint/fGbesERVVrcKEBAPVHPN/full</a></li> </ul> </li> </ul>
<p>6) Support improvements in responses to active shooter situations/ other trauma resulting from implementation of external hemorrhage control EBG.</p>	<p><b>Stop the Bleed activities:</b> Updates from the National Center for Disaster Medicine &amp; Public Health (NCDMPH) . Recent publications:</p> <ul style="list-style-type: none"> <li>• Goolsby, C. Strauss-Riggs, K., Klimczak, V., Gulley, K., Rojas, L., Godar, C. Raiciulescu, S., Kellermann, A., Kirsch, T. Brief, Web-Based Education Improves Lay Rescuer Application of a Tourniquet to Control Life-Threatening Bleeding. Academic Emergency Medicine Education &amp; Training. April 2018; 2(2): 154-161. Epub ahead of print February 27, 2018, DOI: 0.1002/aet2.10093</li> <li>• Goolsby, C., Jacobs, L., Hunt, R., Goralnick, E., Singletary, E., Levy, M. Goodloe, J., Epstein, J., Strauss-Riggs, K., Seitz, S., Krohmer, J., Nemeth, I., Rowe, D., Bradley, R., Gestring, M., Kirsch, T., Stop the Bleed Education Consortium: Education Program Content &amp; Delivery Recommendations. Journal of Trauma and Acute Care Surgery. January 2018;8 4(1): 205-210. doi: 10.1097/TA.0000000000001732. Epub ahead of print 2017 Oct 25.</li> <li>• Website : <a href="https://stopthebleed.usuhs.edu/">https://stopthebleed.usuhs.edu/</a></li> </ul> <p><b>Department of Defense:</b> The recently published DoD Instruction 1322.24 makes TCCC the standard for battlefield trauma care in the US military. It also mandates that all US service members receive training in TCCC. TC3 program would be taught DoD wide versus some people getting it. The DoD is currently working to ensure that all TCCC training is done using Joint Trauma System/CoTCCC – approved curricula to eliminate the inaccurate messaging that has been noted to occur in some TCCC training courses</p>

	<p>The DoD is developing a new TCCC for All Service Members course. The content is To Be Determined by an ad hoc working group, but it will likely be a somewhat longer and more detailed military counterpart to the Stop the Bleed course. The challenge will be to get all 4 services to agree on the content. Coming up: 2018 roll out of the TCCC for Medical Personnel curriculum. The new curriculum incorporate the recent TCCC changes on extraglottic airways and management of suspected tension pneumothorax. The current proposed changes to TCCC that are being developed are Advanced Resuscitative Care (to include resuscitation with whole blood and REBOA in selected casualties) and updated tourniquet recommendations.”</p>
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<p><b>Goal 1: Coordinated, regionalized, and accountable EMS and 911 systems that provide safe, high-quality Care</b></p>	
<p><b>Objective 1.1: Identify and promote the development and use of EMS performance measures and Benchmark</b></p>	
<p>Task</p>	<p>Brief Status Update</p>
<p>Support the development and use of EMS performance measures and benchmarks.</p>	<ul style="list-style-type: none"> <li>• CDC continues to support 9 state health departments in improving outcomes for stroke patients by improving quality along the care continuum – inclusive of pre-, in-, and post-hospital care – via the Paul Coverdell National Acute Stroke Program (2015-2020). Specifically within pre-hospital/EMS, the Coverdell program has developed 8 standardized stroke performance measures to support improved patient hand-off at the emergency room.</li> </ul>

<p><b>Goal 4: EMS systems that are sustainable, forward looking, and integrated with the evolving health care system</b></p>	
<p><b>Objective 4.4: Apply lessons learned from military and civilian incidents to the EMS community</b></p>	
<p>Task</p>	<p>Brief Status Update</p>
<p>Support the Dissemination and Implementation of the NASEM Report, “A National Trauma System Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury”</p>	<p>No new update</p>