

RACI Matrix in Brief for FICEMS- December 2020

Evidence-Based Practice and Quality Committee

Goal 2: Data-driven and evidence-based EMS systems that promote improved patient care quality	
Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process	
Task	Brief Status Update
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"> ● Prehospital Airway Management Systematic Review: Development of an airway management EBG was one suggestion NHTSA heard from stakeholders in response to a prehospital trauma Request for Information from the Federal Interagency Committee on EMS. NHTSA signed an interagency agreement with the Agency for Healthcare Research & Quality (AHRQ) in Dec. 2019 to support the development of an evidence-based guideline for prehospital airway management comparing the airway management interventions bag valve mask, supraglottic airway, and endotracheal intubation and how benefits and harms differ based on patient characteristics, techniques and devices used, and characteristics of emergency medical services personnel. AHRQ contracted with the Evidence Based Practice Center at Oregon Health Science University (OHSU) to complete the review. Nancy Carney, PhD (OHSU), is the principle investigator. The draft report has been peer-reviewed and revised, will be posted for public comment in December 2020. The Prehospital Airway Management systematic review protocol has been posted at: https://effectivehealthcare.ahrq.gov/products/prehospital-airway-management/protocol ● Revised Field Trauma Triage Evidence Based Guideline: The Field Triage Guidelines have been widely adopted by US trauma systems to support decision making by EMS providers in transport destination determinations for injured patients. The goal has been to ensure that seriously injured patients are transported to trauma centers with the appropriate resources to provide optimal care for these patients, while not overloading the higher-level centers with patients with minor injuries; thus, minimizing under triage with manageable levels of over triage within the trauma system. The last version was completed in 2011 with support from the Centers for Disease Control and Prevention and NHTSA. NHTSA awarded an agreement for this effort to the American College of Surgeons (ACS) in Sept. 2019. The ACS has assembled a Technical Expert Panel who will utilize a supplemental literature review completed by an Agency for Healthcare Research and Quality Center of Excellence, Pacific Northwest Evidence-based Practice Center at the Oregon Health & Science University. Mark Gestring, MD FACS (University of Rochester Medical Center), and Eileen Bulger, MD FACS (Harborview Medical Center) are principle investigators. ACS will work to develop the EBG and draft a final manuscript for publication, a model EMS protocol, performance measures, and training materials. ACS is working on a draft Stakeholder Feedback Tool to collect perspectives of EMS agencies on the EBG. ● Prehospital Pain Management Evidence Based Guideline: In May, 2020, NHTSA signed a cooperative agreement with the National Association of State EMS Officials (NASEMSO) to fund the development of an evidence-based guideline for the pharmacologic management of acute pain by EMS in the

	<p>prehospital setting. Before this, NHTSA, in partnership with the Agency for Healthcare Research and Quality (AHRQ), funded an extensive literature review on the topic. The principal investigator is George Lindbeck, MD. NASEMSO is working now to develop the EBG, a model EMS treatment protocol, performance measures, and training materials. The technical expert panel has been meeting regularly on the project. A draft manuscript is anticipated in the Spring of 2021. Details can be found on the project webpage: https://nasemsso.org/projects/prehospital-pain-management-ebg/</p> <ul style="list-style-type: none"> ● EMS Education Standards Update: Updating the initial EMS Education Standards published in 2009, this project is led by the National Association of EMS Educators (NAEMSE), in collaboration with other organizations and members of the EMS community. The proposed format will combine the Education Standards and Instructional Guidelines into one document and adds a resources section (appendices) to help guide EMS publishers and educators. The period of performance for this contract was extended to March 2021. The final draft of proposed revisions to the National EMS Education Standards is now available for public comment. Members of the EMS community and the public are invited to review the document and provide feedback to the team leading the effort by Monday, December 14, https://emseducationstandards.redflashgroup.com/
<p>2) Identify mechanisms to disseminate EBGs to stakeholders</p>	
<p>3) Update FICEMS regarding research including NIH research and emergency care networks including NIH-OECR, EMSC PECARN, and other initiatives.</p>	<p>New Publication from EMSC National EMS Data Center: <i>Ely M, Edgerton EA, Telford R, Page K, Hemingway C, Vernon D, Olson LM. Assessing Infrastructure to Care for Pediatric Patients in the Prehospital Setting. Pediatric Emergency Care. 2020;36(6): e324-e331</i> This article describes a survey of 5,000 EMS agencies in 32 states that found for pediatric patients: Availability of off-line medical direction increased between years (78% in 2010 to 85% in 2013), was lower for basic life support (BLS) (63% and 72%) than advanced life support (ALS) agencies (90% and 93%), and was generally higher in urban than rural or frontier locations. On-line medical direction was consistently available (90% both years) with slight increases for BLS agencies (87% to 90%) and slightly greater availability for urban and rural compared with frontier agencies. The majority of agencies carried most recommended pediatric equipment; however, less than one third of agencies reported carrying all the equipment. Agencies with off-line medical direction, on-line medical direction, and with both off-line and on-line medical direction were respectively 1.69, 1.31, and 2.21 times more likely to report carrying all recommended equipment. https://journals.lww.com/pec-online/Abstract/2020/06000/Assessing_Infrastructure_to_Care_for_Pediatric.14.asp</p>
<p>4) Explore options for developing performance measures that support EBG implementation, e.g. through the ORHP for FLEX grants and CAHs</p>	

5) Support improvements in responses to active shooter situations/ other trauma r/t implementation of external hemorrhage control EBG.	
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Goal 1: Coordinated, regionalized, and accountable EMS and 911 systems that provide safe, high-quality Care	
Objective 1.1: Identify and promote the development and use of EMS performance measures and Benchmark	
Task	Brief Status Update
Support the development and use of EMS performance measures and benchmarks.	The HRSA EMSC program is funding a National Pediatric Readiness Quality Initiative through a Targeted Issues grant to Dr. Kate Remick in University of TX-Austin. The initiative operationalizes ED pediatric readiness improvement efforts by providing a free web-based platform to document the pediatric patient care experience and track care metrics among like emergency care facilities. The metrics focus on the process of care as well as common clinical conditions managed in the emergency department. The focus is to better understand the care provided in general and community emergency departments including Critical Access Hospitals. Little if any data exist on how children receive care in these settings, and it is where most children seek emergency care. Clinical quality metrics will focus on head trauma, seizures, respiratory complaints, vomiting and behavioral health. More information is available at www.nprqi.org or by emailing nprqi@austin.utexas.edu .

Goal 4: EMS systems that are sustainable, forward looking, and integrated with the evolving health care system	
Objective 4.4: Apply lessons learned from military and civilian incidents to the EMS community	
Task	Brief Status Update
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”	