PROJECT UPDATE: Statewide Implementation of an Evidence-Based Guideline

2014 Annual Meeting Report
Background

- Competitive award through NHTSA with supplemental funding through HRSA EMS for Children Program
  - Period of Performance: Sept 2012 – Sept 2015
- Co-Principal Investigators
  - Matthew Sholl, MD (ME)
  - Peter Taillac, MD (UT)
Purpose

- To support the use and further refinement of the National EBG Model Process by studying the implementation of a pain management EBG in five volunteer states with a variety of EMS organizational structures.

- Create a model toolkit for dissemination, implementation, & evaluation
  - Complete
Statewide Implementation of Toolkit Materials

1. Evidence-Based Guideline Information
   a. EBQ FAQs
   b. National EBG Model Process
   c. GRADE Process
   d. EBG & GRADE Resources
   e. Guideline
   f. Pain Scales
   g. Guideline Key Elements
   h. Guideline Data Elements
   i. Example of Pain Management Protocol

2. References
   a. Essential Articles
   b. Recommended Articles
   c. Supplemental Articles

3. Talking Points / FAQ

4. Implementing a Statewide Guideline – How To

5. Educational Resources

6. Evaluation Resources
   a. Evaluation Components
   b. Agency Adoption Assessment Tool
Project History

- **State Participants:** Arizona, Idaho, Kansas, Tennessee, Wyoming

- **Guideline:** Prehospital Protocol for the Management of Acute Traumatic Pain
  - EBG Manuscript: Gauche-Hill, et al., EBG for Prehospital Analgesia in Trauma (PEC 2014)

- **Emphasis on electronic & web-based dissemination & education**
  - LMS, webinars, etc.
Educational Tools

- NASEMSO-developed PPTs
  - Training on guideline and pain management for EMS agencies/providers (1 hr)
    - Arizona developed state-specific training
  - Training on guideline for hospital ED staff (15 min)

- Simulation Scenarios
  - 2 pediatric, 1 adult

- Pain Assessment & Treatment Self-Efficacy Tool

- Pain Scale training resources
Current Status of Project

- Toolkit has been developed and disseminated to participating states
- Training materials (PPTs) have been disseminated to participating states
- States are incorporating the training materials into their LMSs and implementing the protocol
  - One state not implementing our EBG: they already have a protocol that they like better
- We are soliciting “barriers and enablers” from states
Preliminary Findings – Barriers

- Creation of a training at a national level may not be beneficial to states who want a more “local touch”
- Need speedier release of EBGs and updates on a timely basis (perception that EBG is ‘out of date’)
- Feedback from one region: won’t use the guideline because the ‘doses are too small’
- Medics may be hesitant to use opioids due to restocking issues
- Barriers with state IT has caused delays in training implementation
- Current state protocol more ‘expansive’
Preliminary Findings – Enablers

- Strong local champion/advocate
- Mechanisms for communication & messaging with EMS services at the local/regional level
- Pre-existing model or mandatory guidelines
Quantifiable Measures

- Pre- & Post-Implementation Fentanyl/morphine use
- How many providers participated in the training module
  - Pre- & post-test scores
- How many agencies adopted guideline
  - Agency Adoption Assessment Tool provided in Toolkit
Next Steps

- Monthly conference calls with states
- Continue to gather state successes and problems with implementation (“barriers and enablers”)
- Write and publish a manuscript regarding the project and results
Questions?