Module Seven
Special Issues:
Writing Protocols

Wisconsin EMS Medical Director's Course

Module Overview

- Purpose of protocols
- Who authors protocols?
- Protocol style and content
- Protocol authorization
- CQI
- Resources

Purpose of Protocols

- Preauthorized course of care
- Rules that run the system
  - o Direct and Indirect medical control
  - o Administrative and Clinical operations
- A legal document
  - o Treat as an order or prescription
  - o Expect it to appear in court for any suit

The primary weakness of protocols is the inability to write a protocol for good judgment.

Questions to Consider

1) Is it in the State approved scope of practice?
2) Are training options available?
3) What is the mechanism for implementing protocol changes?
4) How will these changes be used?
5) How will these changes affect the system?
6) Will there be sufficient field experience to maintain skills?
7) Is a quality improvement system in place?

Who is the author?

- Medical Director is responsible for the content, appropriateness, associated education and review system of protocols
- Agency training officer should not be writing protocols *carte blanche*, with your signature as your only input

Who is the author?

- Input resources:
  - Policy & Practice Committee
  - Oversight Board
  - Specialists [Cardiology, Pediatrics]
  - Field personnel & medical control
  - Examples from other systems
  - National standards [ACLS, CPR, PALS]
- National or statewide protocols usually cannot be applied to a system without review, modification and local approval

Who is the author?

- Provider involvement in the development of protocols is essential
- Protocols are best followed when they are well-understood
- One of the best ways to understand them is to participate in their creation

Protocol Style & Content

- Assessment-based protocols are preferred to diagnosis-based protocols
  - o "Respiratory Distress" instead of "CHF"
- Line-by-line progression or Flow chart
- Orders requiring medical control contact should be set in bold or otherwise identified

Protocol Style & Content

- Each protocol should have dates of initiation and revision, and the medical director's signature
- Attempting to account for every variable results in essentially incomprehensible documents, due to length and detail

Protocol Style & Content

- "PROTOCOL"
  - Medical orders
  - Detailed
  - Precise

Examples:

- Chest pain
- Childbirth

- "GUIDELINES"
  - Flexible
  - Allows for interpretation

Examples:

- Destinations
- Multiple Casualties

Protocol Style & Content

- Write steps as if you were giving orders
- Be realistic in regards to
  - Limited manpower
  - Scene safety
  - Diagnostic capabilities
  - Time

Protocol Style & Content

Several studies demonstrate:

1) No difference in survival with or without direct (on-line) medical control
2) Less time spent in the field if not required to call
3) Providers do not feel threatened by making these decisions

*However, these studies were done in systems with tight indirect medical control, including complete review of all reports.

Protocol Style & Content

- Suggested instances requiring medical control communication:
  - ECG transmission to interpret a difficult rhythm
  - When some component of the patient evaluation, treatment or response is not following the expected course

Protocol Style & Content

- Changes in protocols should be driven by scientific research and guided by the local practice of medicine
- Good strategy is to write the protocol or revision and put it away for 30 days
  - If if still makes sense when revisited, move towards implementation

Protocol Style & Content

- Areas requiring extra attention:
  - Triage/Destination policies
    - Specialty Centers
    - Hospital Bypass
  - Tiered levels of transport
    - BLS
    - ALS
    - Aeromedical
  - Interfacility transport

Protocol Style & Content

- Areas requiring extra attention:
  - Diversion
  - On-scene physicians or non-system providers
  - Deviation from Standards
    - Medical Control authority
    - Unusual circumstances
    - Disciplinary procedures
  - Nontransport
    - Assessing competency, minors

Protocol Style & Content

- Areas requiring extra attention:
  - Field pronouncement or termination
  - Do Not Resuscitate
  - Infection control/Exposure
  - Disaster/Mass Casualty Incidents
    - Identify sources of mutual aid
    - Field triage

Protocol Style & Content

Interventions with possible significant consequences [i.e. needle cric, IV epi for anaphylaxis] should be readily identified and detailed in the decision tree, require medical control contact or be deferred to the hospital for short transport distances

Protocol Style & Content

- Recognize differences in rural versus urban systems
  - For transport times less than 15 minutes, infusions can often be deferred
- Provide instructions for circumstances when communication with medical control is lost or disrupted
  - Allow for next step in protocol or immediate transport

Protocol Style & Content

- When providers are forced to remain on scene for an extended extrication time, the medical director must decide whether *ad hoc* deviations in the protocols are allowed
- Thus far, this has been met with significant legal consequences, despite attempts to improve the patient's outcome
    - i.e. field C-section or amputation

Authorization

- Medical Director should make use of multiple resources, but the final authority and responsibility rests with him or her
- National guidelines should be evaluated in terms of local practice, and strict adherence is not imperative given community considerations [i.e. lidocaine or amiodarone]

Authorization

Local approval of protocols is necessary to:

1) Assure community agreement on level of care
2) Assure the standards of care
3) Provide the medical basis for community wide prehospital care that addresses the needs of patients in concert with all physicians and all hospitals

Recognize the essentials of negotiation

Authorization

- New/revised protocols are submitted to DHS EMS Program Coordinator who reviews:
  - o Scope of practice
  - o Standard of care
  - o Supported by adequate education and training
  - o Gross errors
  - o Typographical errors
    - ▪ MEDICATION DOSES
  - o Medical Director authorship

Authorization

- Questions regarding medical treatment or procedures on the edge of usual and customary standards are reviewed by
  - State Medical Director
  - EMS Physician Advisory Committee
- Legal questions are referred to the Office of Legal Counsel

CQI

Just do it!

Resources

Wisconsin DHS Sample Protocols

http://dhs.wisconsin.gov/ems

- Select “Info for Managers”
- Select “Sample Protocols”

As of October 2008

Resources

Maryland Medical Protocols

http://MIEMSS.umaryland.edu

Austin/Travis County EMS Protocols

http://www.ci.austin.tx.us/ems

Resources

Pediatric Protocols

Wisconsin Sample Protocols include pediatric protocols that have been reviewed by the Wisconsin EMS for Children program

Collaboration between EMS for Children and the National Association of EMS Physicians

http://www.ems-c.org -Search site for “protocols”

Resources

National Association of EMS Physicians Homepage

Position Papers

Prehospital Systems and Medical Oversight by Alexander Kuehl

American College of Emergency Physicians Homepage

Medical Direction of Emergency Medical Services

References

Prehospital Systems & Medical Oversight, 2nd ed, Kuehl AE (ed), National Association of EMS Physicians, 1999.

Continuous Quality Improvement in EMS, Polsky SS (ed), American College of Emergency Physicians, 1992.

Medical Protocols (presentation), Gonderzik T, at Paramedic Systems of Wisconsin annual meeting, 2001.