

# WVOEMS PROTOCOL SUBMISSION Policy

WEST VIRGINIA  
Department of

**Health &  
Human  
Resources**



**BUREAU FOR PUBLIC HEALTH**  
Office of Emergency Medical Services





## Protocol Submission Policy and Procedure

**PURPOSE:** To establish standards for the submission and approval or modification and approval of West Virginia State-wide EMS protocols.

**RATIONAL:** Deciding to develop a new protocol or evaluate an existing one should be based on a rational process. Questions that should be asked and answered when considering a new drug therapy or procedure are as follows:

### Key Questions for any New Protocol

- Is the drug therapy or procedure medically indicated and safe?
- Is it within the scope of practice for the provider?
- How specifically will this protocol benefit patient care?
- What specifically is needed to implement this protocol (education/training, medical director protocol development/authorization, equipment needs, etc.)?
- How will this protocol impact operation?
- What is the opinion of providers concerning this protocol?
- Does the medical community support this protocol change?
- What are all the costs versus benefits associated with implementation and maintenance?
- What are the medical-legal implications?
- What ongoing provider involvement such as skills maintenance and continuous quality improvement is necessary?
- How will success be measured?

### Rational Protocol Development Process to Make the Right Protocol Decision

- Study the issue thoroughly
- Identify key questions
- Compare with goals
- Assess fit with system
- Cost benefit analysis
- Identify measuring tools

**Stakeholders in this process are recognized to include, but not be limited to:**

- Medical direction (on-line and off-line)
- Educators/training programs
- WVOEMS, MPCC, EMSAC
- Service directors
- Service providers
- Consumers
- Third party payers

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**POLICY:** West Virginia State-wide protocol additions, deletions, and/or modifications shall be submitted utilizing the content outlined in this policy with heavy consideration given to the content listed in the Rational section. Submissions may come from any healthcare provider or interested party.

- A. Complete the attached "Protocol Submission Template."
- B. Each application will need a sponsoring "System Medical Director" (someone from the following groups: Squad Medical Directors, State EMS Medical Director, Regional Medical Directors, or Educational Institute Medical Directors).
- C. The Protocol Submission Template will be sent to the State EMS Medical Director.

### **ESSENTIAL CRITERIA:**

- A. Clearly defined indication(s) for the proposed protocol
- B. An explanation providing the advantages and disadvantages that the Proposed Protocol will have on patients encountered by EMS and how it will impact the delivery of EMS within West Virginia
- C. Strong evidence supporting the implementation of the Proposed Protocol (as noted on the template)
- D. Fiscal impact statement
- E. A System Medical Director sponsor

### **EVALUATION:**

- A. The Protocol Submission Template will be evaluated by the State EMS Medical Director with input from subject matter experts.
- B. Once the Protocol submission has been appropriately formatted and reviewed, it will be forwarded to the WV EMS Advisory Council (EMSAC) for peer review within the Policy, Procedure, and Protocol Committee.
- C. The State EMS Advisory Council will vote to forward the protocol submission to the Medical Policy Care Committee (MPCC) for further consideration.

### Protocol Submission Policy and Procedure

- D. MPCC may choose one of the following:
  - a. Request more information/research on the proposal
  - b. Request a pilot study be performed and base a decision on the results of that study
  - c. Disapprove the submission
  - d. Approve the submission as is or with modifications.
- E. Once approved by MPCC the protocol submission will be published for 30 days of public comment unless such an immediate response is warranted under exigent circumstances.



## Protocol Submission Template

This document shall be completed as part of the requirements for submission to modify, delete, or add a new protocol the WV State-wide EMS protocols. Complete the cover sheet and attach all supporting documentation per policy to this form.

NAME of submitter:	
Certification Number (if applicable): <b>WV</b>	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
Phone Number:	
Email:	
Sponsoring Medical Director (Print):	
Phone Number:	
Email:	
<i>Both signatures below are required for this submission to be reviewed.</i>	
Agency Medical Director:	
_____	
<i>Signature</i>	
Submitter:	
_____	
<i>Signature</i>	

Submit to:  
**WVOEMS Medical Director**  
West Virginia Office of Emergency Medical Services  
350 Capitol Street  
Room 425  
Charleston WV, 25301

*Official Use Only:*

Date received by State Medical Director:	
Date Reviewed by EMSAC:	
Date Reviewed By MPCC:	
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pilot Project <input type="checkbox"/> Requested additional Information	
Posted to 30 day comment period:	
WVOEMS Medical Director Signature:	
_____	

## Protocol Submission Template

- A. EXPLANATION
- B. INDICATION
- C. SUPPORTING EVIDENCE AND LITERATURE
- D. SUPPORTING WEST VIRGINIA and/or NATIONAL DATA
- E. DEFINE AREA OF PROTOCOL CONTENT
  - 1. Patient Care Presentation
  - 2. Treatment
    - i. Basic Life Support
    - ii. Advanced Life Support
    - iii. Adult
    - iv. Pediatric
    - v. Geriatric
    - vi. Medical Command
    - vii. Algorithm
    - viii. Alerts
  - 3. Procedure/ Skill
    - i. Purpose
    - ii. Indication
    - iii. Contraindications
    - iv. Potential Adverse Effects/Complications Precautions
    - v. Procedure
  - 4. Medication
    - i. Indication
    - ii. Pharmacokinetics
    - iii. Adverse Effects
    - iv. Precautions
    - v. Contraindications
    - vi. Preparations
    - vii. Dosage
      - a. Adult
      - b. Pediatric
      - c. Geriatric
      - d. Medical Consultation
- F. FISCAL IMPACT STATEMENT COVERING THE START-UP AND MAINTENANCE COST OF THE MEDICATION, DEVICE, REPLACEMENT PARTS, AND ANY UNIQUE REQUIREMENTS TO IMPLEMENT THE PROTOCOL.
- G. IMPACT ON THE EXISTING WEST VIRGINIA STATE-WIDE EMS PROTOCOLS