

1. Introduction

Thank you for answering the following questions. Your answers will help the Project Team with our final report to NHTSA and our peer-reviewed journal article.

1. Please identify your state:

2. Please let us know who you are:

Name

EBG Project Role

2. Enablers and Barriers

Please indicate what enablers and barriers your state experienced for each of the following items (you could have had both enablers and barriers in a single area).

3. Monthly State Calls

Enabler(s):

Barrier(s):

Other comments:

4. Implementation Toolkit (the Generic Toolkit, found [here](#))

Enabler(s):

Barrier(s):

Other Comments:

5. State-specific Implementation Plan

Enabler(s):

Barrier(s):

Other Comments:

6. Pain Management Online Training

LMS Enabler(s):

LMS Barrier(s):

Local IT Department Enabler(s):

Local IT Department Barrier(s):

Training Development Enabler(s):

Training Development Barrier(s):

Other Comments:

7. From above, please indicate which was the biggest:

Enabler:

Barrier:

8. Which individuals/groups acted as enablers or barriers to the implementation of the pain management evidence based guideline within your state?

	Enabler	Barrier	n/a
Local Champion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or Regional EMS Leadership (e.g. agency director, training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or Regional Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EMS Medical Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EMS Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EMS Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EMS leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management Guideline (national version)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. From above, please indicate which was the biggest:

Enabler:

Barrier:

10. Please indicate who the 'Local Champion' was for your state.

11. Please give examples of how the following groups/individuals acted as proponents (enabler) or opponents (barrier) to the project:

Local Champion

Local / Regional EMS Leadership
(e.g. agency director, training)

Local / Regional Medical Director

State Medical Director

State EMS Medical Board

State EMS Director

State EMS Board

State EMS leadership

Hospitals

12. What additional factors not listed above acted as enablers or barriers to the success of the project within your state?

Enabler(s):

Barrier(s):

13. Were there barriers within your state specific to use of opioids in the pre-hospital environment?

No

Yes (please specify)

14. You indicated that there were barriers specific to opioids in the prehospital environment. From which groups did those barriers originate?

- State EMS Office
- State or Regional Medical Directors
- Service Medical Directors
- Service Leadership
- Hospitals
- EMS Board
- Providers
- Other (please specify)

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5. Pain Management Guideline

15. What impact, if any, did the choice of pain management and use of opioids in the guideline have in either the dissemination or implementation of this guideline?

Prehospital Protocol for the Management of Acute Traumatic Pain Guideline Key Elements:

- Documentation of pain score
- Identification of contraindications
- Administration of narcotic pain medication to patients in moderate to severe pain
- Reassessment of pain score every 5 minutes
- Re-dosing medication if still in significant pain

16. Did your state adopt the guideline, with all recommended elements (listed above)?

- Yes
- No

6. Pain Management Guideline

You indicated that your state did not adopt the full guideline. Please indicate which of the elements listed below your state chose NOT to adopt.

17. Documentation of an age specific pain score:

- FLACC
- Wong Baker Faces
- Numeric

Comments

18. Identification of contraindications to opioid pain management:

- Vital Signs
- Allergies
- GCS < 15 or mentation not appropriate for age

Comments

19. Administration of Pain Medications (Opioids):

- Intranasal
- Intravascular

Comments

20. Reassessment of pain score:

- Every 5 minutes

Please indicate what interval you used instead of 5 minutes

21. Re-Dosing of pain medication:

Half the original dose

Please indicate what dose your state used instead of half original.

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7. Implementation & Dissemination Process

Dissemination: sharing information with others but does not connote a change in behavior

Implementation: the shared information has been incorporated into an individual's practice

22. What are your general impressions of the implementation process within your state?

23. What lessons did you as a state representative learn and how would you adjust the implementation process now?

24. What could have made the implementation process smoother:

From a penetration and protocol uptake perspective?

From an ease of application perspective?

Other?

25. Please describe the mechanism by which you disseminated the guideline within your state.

8. Messaging & Communications

26. Please describe the various means by which you communicated with EMS services and providers about your state's involvement in this project and your state's interest in implementing the pain management EBG.

27. Please describe the means by which your state educated providers regarding the guideline. If there were pro's or con's regarding various methods, please explain.

28. Based on your experience with this project, if there was one message that you could give to another state about how to implement a similar protocol, what would that message be?

29. Based on your experience with this project, if there was one message that you could give to another state about how to implement an online training, what would that message be?

9. Pilot Agencies

30. Did you pilot the Pain Management Guideline Training with any agencies?

- Yes
- No

10. Pilot Agencies

31. What did you learn from the pilot (e.g., what worked, what would you do differently next time, etc.).

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11. Local Feedback

32. Did you receive any specific feedback from agencies related to the online training?

- No
- Yes (please specify)

33. Did you receive any resistance from:

Local Hospitals

Local Personnel

Patients

34. Any additional feedback for the Project Team?

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12. Thank You

Thank you for taking the time to answer these questions.