

**Interim Protocol Development Process for
SCoP and Ministry of Health Consultation
July 28, 2010**

Purpose:

To articulate a change in the protocol development process for the interim period until this responsibility is transferred to SCoP.

Rationale:

Until September 1, 2008, the Ministry of Health (Ministry) was the regulator of paramedics drawing its authority from the *Ambulance Act* and Regulations to establish competency requirements and scope of practice for each level of ambulance attendant. Effective September 1, 2008, the *Paramedics Act* was proclaimed and sections of the *Ambulance Act* and Regulations were repealed, to enable the Saskatchewan College of Paramedics (SCoP) to regulate paramedics. The *Paramedics Act* provides authority for SCoP to set standards of practice and competency for each level of paramedic. It also includes a provision that if the College of Physicians and Surgeons of Saskatchewan (CPSS) approves any protocol, that members of SCoP must comply with that protocol. This provision ensures that the Ministry and the CPSS continue to oversee protocol approval, as the CPSS expects proposals to be forwarded for approval from the Ministry.

Framework for an Interim Protocol Development process:

An expedited process could be used in situations such as urgent/emergent situations (e.g. Pandemic) or revisions from a recognized credentialing agency (e.g. Heart and Stroke Foundation). While the timeline to implementation would be reduced, all steps in the process would need to be addressed to ensure integrity of the protocol development process. For example, consultation or additional research may be limited.

I: Principles for an Interim Protocol Development Process

- Focused on what is in the best interest of the patient and patient care
- Is systematic, well documented and widely understood.
- Provides opportunity for initial screening of proposed protocols prior to research and consultation
- Documents research, rationale and impact analysis supporting the proposed protocol.
- Utilizes an active, systematic consultation process with all stakeholders
- Recognizes the legitimate role of the SCoP, CPSS and the Ministry in the approval process
- Recognizes the employers' role in implementation
- Employs a collaborative approach to protocol development
- Consensus amongst the SCoP, PEPSC and the Ministry is the preferred mechanism for protocol development

II: Characteristics of Proposed Protocols that will be Considered for Approval

- Demonstrated need
- Evidence-based
- Feasible to implement
- Demonstrated public interest

III: Interim Protocol Development Process

SCoP should be engaged with Health in developing the ideas that go forward. The following process should be followed:

i. Proposal for a New Protocol

SCoP and the Ministry of Health will work collaboratively to proactively assess the need for protocol changes, for example, with reference to critical incident reporting, inquiries and trends in protocol implementation, or discussions with physicians, etc.

Proposals for protocol development may be submitted by physicians, health regions, employers, practitioners, the Ministry and SCoP. Proposals that come in should have some preliminary work and thinking completed.

Proponent should be encouraged to submit the following:

- a. A record of who is sponsoring the change, the summary of the proposal, when it was discussed and with whom (within the Region, service or sector).
- b. A draft protocol document.
- c. An overview of possible training implications and requirements.
- d. Results of a literature review relevant to the proposed change (Protocol GP1 may be used as a reference).
- e. Likely implications including description of benefit to patients, operational costs, and impact on working relationships and processes with other health care practitioners.

The SCoP and the Ministry will provide advice or other assistance to proponents as required.

ii. SCoP / Ministry Concept Paper

SCoP and the Ministry of Health would work collaboratively on a concept paper that is used for initial consultation on the need for, feasibility and preliminary impact analysis of a change in protocols. Preliminary training implications should be considered at this stage through consultation with SIAST. The Concept Paper will:

- summarize the proposal
- summarize potential implications, implementation costs and research
- preliminary training and implementation issues

- assess the value of the protocol relevant to the criteria
- raise questions for consultation purposes.

The Ministry and SCoP would agree on the contents of the paper before it is released for use in consulting with employer groups.

iii. Consultation Process Focused on Need, Feasibility and Impact

The particular list of individuals and agencies to be consulted will differ depending on the nature of the proposal. When the known implication of a proposal could be considered narrow, senior health region EMS managers, fire department managers; industry representatives and SIAST (or EMR trainers) should be a primary target for consultation.

In the event of broader implications, the consultation process could involve a wider range of individuals and groups. Employer groups, particularly the VPs of HR in the Health Regions and the Saskatchewan Association of Fire Chiefs, would be asked if there is a need and what are the implications. SIAST or EMR training providers would be consulted regarding full training implications. Practitioners and other health professionals may be consulted as appropriate.

The results of these consultations would be formalized either in minutes of the meetings or written responses with a limited period to respond. The feedback from the consultations would be used to determine whether the concept should be moved forward. This is not a veto for employers or any other stakeholder, but we would give serious consideration to their feedback.

iv. SCoP / Ministry Analysis and Development of the Detailed Proposal

The full proposal would be developed with input from the SCoP Education Committee and staff, the Ministry, and the proposer. The full proposal will include:

- Draft protocol
- Literature review
- Impact Analysis (operational, cost, training, etc.)
- Summary of consultation
- Assessment of merit against the criteria
- Training requirements

v. Review of Proposal by PESPC

The proposal would be reviewed by the PESPC, which would recommend adoption of the proposed change. Some revision of the proposal may be required following PESPC consideration. The SCoP Education Committee would again be involved with the Ministry at this stage.

vi. Consideration of PESPC Recommendation

The proposal recommended by the PESPC would be forwarded by the Ministry to be considered by SCoP Council and the Ministry.

vii. Sharing Recommendations with the CPSS

The proposal recommended jointly by the Ministry and SCoP Council would be forwarded to the CPSS for approval.

The protocol package receives a preliminary review by the Executive Director of CPSS. The Executive Director of CPSS reviews the material, asks any questions of the Ministry and SCoP, then, has the item added to the next agenda of the Council of CPSS. Protocols will then be considered by CPSS Council who currently meets five times a year. The Ministry and SCoP will consider CPSS questions and jointly respond.

CPSS then communicates the outcome of discussion on the proposed protocol to SCoP and the Ministry.

viii. Communication Plan

SCoP and the Ministry will communicate jointly to inform practitioners, employers and health administrators of the change and the requirements for implementation (such as training). This communication will include an effective implementation date.

Communications Plan for Protocol Implementation

Note: This is to be used when CPSS has endorsed a protocol change.

1. **Initial Notification** - a joint Ministry of Health/Saskatchewan College of Paramedics memorandum will be developed that describes the protocol change, summarizing consultation, providing snapshot of training and other resource implications, and including an *earliest* effective date that is 180 days or 1 year after this notice. An attachment would contain the core training requirements developed by the College.

Process

Ministry of Health will distribute to: membership of the PESPC; health region representatives on the EMS Working Group with the instruction that this must be shared with all region site supervisors/coordinators and contracted operators; and notification will also go to membership of the Saskatchewan Association of Fire Chiefs.

SCoP will distribute to all SCoP coordinators including those from EMS, Fire and Industrial sectors, and post to website in order to notify members. SCoP will also share with SIAST contacts and EMR training contacts (when necessary).

2. **Final notification** - a second joint memorandum will be developed describing protocol change and reminder at least 30 days prior to the earliest effective date. An attachment would contain the core training requirements developed by the College.

Process

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ix. Implementation Period

Unless developed in reaction to a serious event (e.g. a critical incident in EMS), implementation of a changed or new protocol should be staged rather than immediate. If new resources, training or other elements need to be in place 180 days to 1 year should be considered minimum.

x. Amendment of Protocol Manual

The Ministry amends the provincial protocol document on effective date of protocol change.