APPLICATION FOR
PETITION FOR ADDITION OF NEW
DRUG/EQUIPMENT TO THE EMS INVENTORY

This form should be filled out and submitted to the Health District EMSTS Office by the 15th of the month prior to the next scheduled Medical Advisory Board Committee meeting for consideration. Please attach any materials that you consider useful in this discussion.

Agency requesting:_____

Name of drug/device requested:_____

What is the classification/action of the drug?_____

What is the proposed benefit that the addition of this drug/device will provide?_____

_____

Specify the number of patients transported per year with this problem:_____

What drug or device is currently used to manage this problem? (Provide supporting statistical data)_____

_____

What percentage of patients are benefited by the current drug/device?_____

What percentage of patients may benefit from the proposed drug/device?_____

Are you aware of any other EMS system using this drug/device in the prehospital setting? Yes _____No _____

EMS System:_____ Contact person:_____

Summarize their experience/use of the drug/device:_____

_____

_____

Manufacturer(s)/Supplier(s):_____

Is training required? Yes____ No ____ If yes, explain education program in detail on separate sheet, including projected cost of program. (Refer to back of page for "Cost Calculations".)

Any affiliation or relationship with a vendor or supplier must be disclosed.

ATTACH:

1. DRAFT PROTOCOL.
2. LIST OF OTHER AGENCIES USING DRUG/ITEM.
3. DOCUMENTATION, ARTICLES AND/OR STATISTICAL DATA ON PRODUCT EFFECTIVENESS FOR EVIDENCE-BASED REVIEW.
4. ADDITIONAL COMMENTS ON A SEPARATE SHEET.

COST CALCULATIONS

INITIAL COST

Cost per Dose/Device $_____ x

Proposed Number of Doses/Devices per Vehicle $_____ x

Number of Vehicles (per SNHD) _____ =

Total Initial Cost $_____

ANNUAL COST

Cost per Dose/Device $_____ x

Estimated Number of Doses/Devices Used Annually _____ =

Total Annual Cost $_____

TRAINING COST

Number of Personnel to Train (per SNHD) _____ x

Number of Man-Hours _____ x

Estimated Cost per Hour $_____ x

Estimated Cost of Materials $_____ =

Estimated Training Cost $_____

ADDITION OF NEW DRUG/EQUIPMENT PROCESS

1. Proposal submitted by provider agency with signatures of medical director and Fire Chief/CEO to EMSTS Office.

2. The EMSTS Office will review information provided including cost estimates, to determine if sufficient information is available to proceed.

3. The Chief Health Officer will review information submitted for consideration.

4. The Medical Advisory Board will consider proposed addition and determine:

    a. If further action/investigation of proposal is desired.
    b. If assignment of specialists to proposal is necessary (e.g. cardiologist, anesthesiologist, etc.)

5. The Drug & Device Committee will:

    a. Evaluate medical value to the community.
    b. Evaluate financial impact to the community if adopted.
    c. Review and/or modify the proposed implementation plan.
    d. Assess information provided and classify proposal based on the American Heart Association evidence-based criteria.
    e. Make recommendations for approval or rejection of proposal.

6. The EMSTS Office will review the findings of the Drug & Device Committee.

7. The Medical Advisory Board will hear the evaluation from the Drug & Device Committee along with the classification based on the American Heart Association evidence-based criteria. The Medical Advisory Board will then approve or reject implementation of the proposal.

8. The Education Committee will:

    a. Review and/or revise draft protocol.
    b. Review implementation plan including educational materials.
    c. Develop an evaluation process.

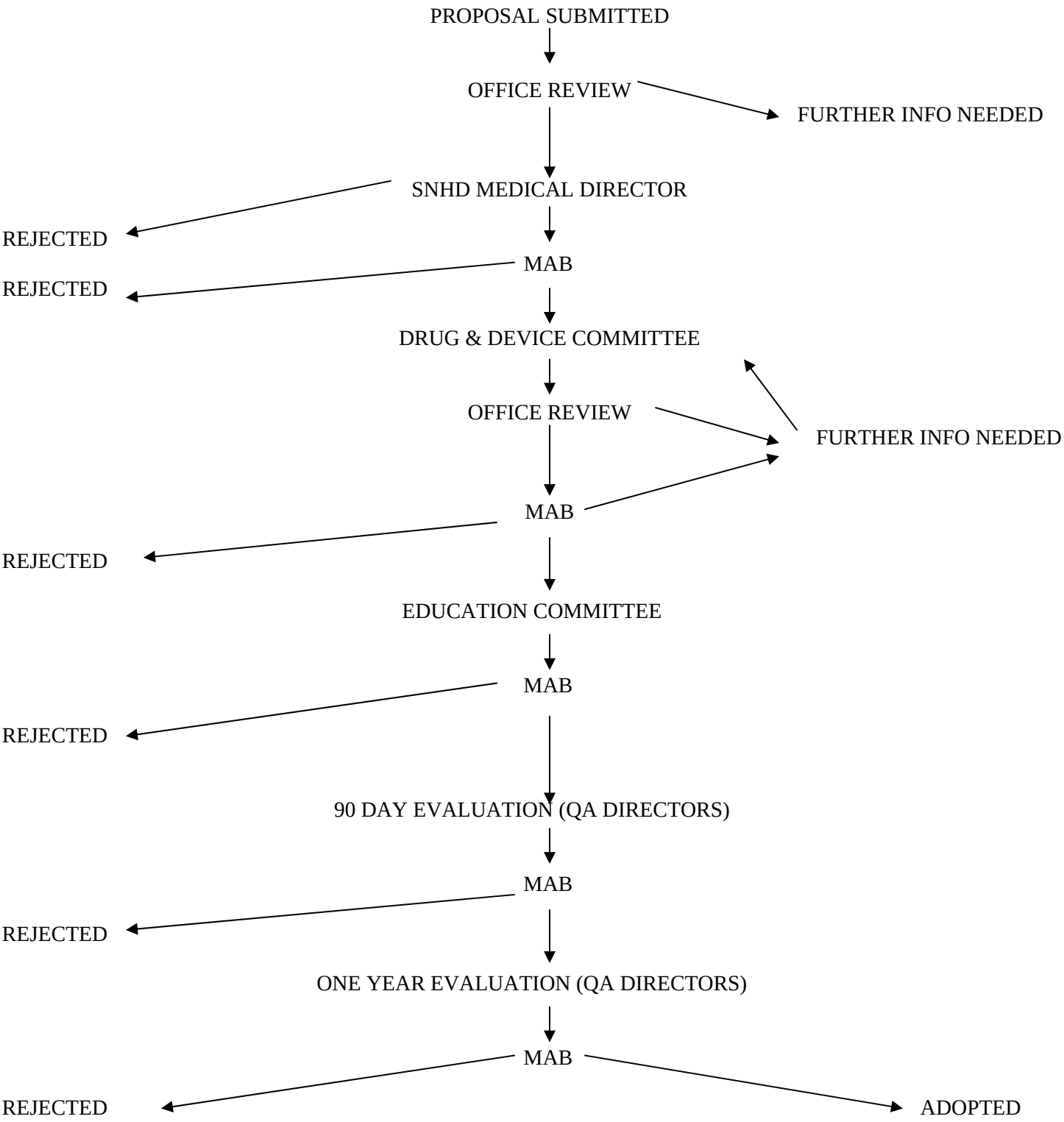
9. The Medical Advisory Board will consider drafts of protocols, educational materials and evaluation process.

10. The Quality Assurance Directors will review the preliminary finding of implementation at 90 days.

11. The Medical Advisory Board will hear the findings from the QA Directors and determine if changes are necessary.

12. The Quality Assurance Directors will review the preliminary finding of implementation at one year.

13. The Medical Advisory Board will hear the findings from the QA Directors and determine if changes are necessary.


PROPOSAL SUBMITTED
OFFICE REVIEW
FURTHER INFO NEEDED
SNHD MEDICAL DIRECTOR
REJECTED
MAB
REJECTED
DRUG & DEVICE COMMITTEE
OFFICE REVIEW
FURTHER INFO NEEDED
MAB
REJECTED
EDUCATION COMMITTEE
MAB
REJECTED
90 DAY EVALUATION (QA DIRECTORS)
MAB
REJECTED
ONE YEAR EVALUATION (QA DIRECTORS)
MAB
REJECTED
ADOPTED

DRUG & DEVICE COMMITTEE EVIDENCE-BASED GUIDELINES

1. Gather available evidence from credible sources and predetermined criteria (e.g. human studies only) and assess the power of methodology:

    a. Level 1 – Large randomized clinical trials
    b. Level 2 – Smaller randomized clinical trials
    c. Level 3 – Prospective, controlled, nonrandomized cohort studies
    d. Level 4 – Historic, non-randomized cohort or case-controlled studies
    e. Level 5 – Case series, no control group
    f. Level 6 – Animal or mechanical model
    g. Level 7 – Extrapolations from existing data, theoretical analyses
    h. Level 8 – Rational conjecture (common sense); common practice

2. Assess quality of evidence and execution of methodology:

    a. Excellent
    b. Good
    c. Fair
    d. Poor

3. Determine the proposal class/recommendation based on available information:

    a. Class I: Definite, excellent Level 1 evidence
    b. Class II: Acceptable and useful; no harm
    c. Class IIa: good supportive evidence
    d. Class IIb: Fair supportive evidence
    e. Class IIg: Historical precedent or consensus
    f. Class III: Not acceptable; may be harmful
    g. Indeterminate: Insufficient data