Establishing a Process to Define the Life Cycle and Stewardship of Position Statements and Resource Documents of the Association

APPROVED by NAEMSP Board of Directors: 14 June 2015

As discussed during the meeting of the Standards & Clinical Practices Committee that occurred on 21 January 2015 at the annual NAEMSP conference in New Orleans, LA, the Standards & Clinical Practices Committee has identified a need to develop a formalized process to track and sustain the organization’s Position Statements and associated Resource Documents.

This need is based on the understanding that as the science that guides the principles of our practice evolves, the documents that establish the positions of the Association must also evolve in order to ensure that these documents reflect advancements in our knowledge and understanding of the practice of EMS medicine and that they continue to reflect the position of the Association over time. The importance of maintaining Position Statements and Resource Documents that are contemporary both with the day’s scientific evidence and the Association’s beliefs is underscored by the acknowledgement that these documents are critical to the development of federal, state, and local EMS policy. In short, these are living documents that must be nurtured in order for them to be sustained and for them to be useful in the development of policy that has a direct impact on the practice of EMS medicine at many jurisdictional levels.

The existing policy, *National Association of EMS Physicians Standards and Clinical Practice Committee Policy on Development of Position Statements and Resource Documents*, currently defines the processes involved with initial development and approval of Position Statements and Resource Document. The following policy is offered to the Association by the Standards and Clinical Practice Committee with the intent to establish the processes that will define the life cycle of documents that are produced by the NAEMSP standing committees and that are subsequently approved by the Association. This policy is intended to define the timing of automatic and ad-hoc document review, to define the mechanisms to be used to review documents, to establish a set of standardized recommendations for action to be taken on revised documents, and to establish the role
of previous and potential new authors in the development of documents at various stages in the document life cycle.

**Defining a time-based automatic review threshold**

The development of position statements and resource documents are time-intensive undertakings, often requiring several months of work by the authoring team. It is important that the Association define a threshold for automatic review of documents. The time threshold for automatic review should not be so short as to become cumbersome to the document authorship process, but should also not be so long as to allow a document to become obsolete with regard to the day’s evidence or to come into conflict with the contemporary position of the Association. It is the opinion of the Standards & Clinical Practices Committee that a threshold of 5 years from the date of a document’s first (or subsequent) publication is a reasonable and workable threshold to trigger automatic review of the currency of a document.

**Defining an unscheduled review trigger**

The Standards & Clinical Practices Committee recognizes that, in special circumstances, new evidence may be introduced into the body of science involving EMS Medicine that could either compel the Association to significantly alter their position on a specific topic, or is felt by the Association to be important to incorporate into an existing Resource Document prior to reaching the predefined 5-year review threshold. In the case where such compelling evidence becomes available and is recognized by the Association, the Association may request that the committee initially responsible for authorship of the document initiate the review process and make recommendations to the Association of how the document’s lifecycle should be allowed to progress. Requests for unscheduled review should be formally initiated by the President of the Association and be directed to the Chairperson of the committee responsible for original authorship of the document.

**Defining the review process**

When a document reaches an age sufficient to trigger the automatic review threshold, or an unscheduled review is requested by the Board, the document will be
referred by the Association’s Board and standing Chair of the Standards & Clinical Practices Committee back to the committee responsible for initial development of the document. The committee will then refer the document back to the primary and secondary authors of the document and ask them to perform a review of the document and make recommendations for how the document should progress through its lifecycle. In the event the primary and secondary authors are unavailable or are unwilling to perform the review, the chair of the committee maintaining initial authorship of the document will either ask for volunteers from within the committee or will appoint members of the committee to perform the review. A group of standardized, pre-established *document review outcome recommendations* will be used by the reviewers to define the next stage of the document’s life cycle.

**Defining the review outcomes**

**Rewrite/Replace**– major changes to the document are required in order to reflect the existing science and contemporary position of the Association

**Revise**– minor changes to the document are required in order to correct an error or to reflect a minor to moderate change in the evidence and the scope of the document

**Retain/Reaffirm** – the document does not require any changes to reflect the existing science and contemporary position of the Association and may remain as previously published. The document is reaffirmed as being consistent with existing science and position of the Association.

**Retire** – the document has become obsolete; is no longer needed to support the development of EMS policy at a federal, state, or local level; or the document’s position has been so thoroughly adopted into EMS policy so as to have become standard and ubiquitous throughout the field of EMS medicine, however the document continues to have historical significance.

**Repeal** – a document has come into significant conflict with the contemporary position of the Association but is felt to have historical value. Such documents are felt to be important to retain in the anthology of documents but must be clearly delineated as being out of date and in direct conflict with current practice or Association
Position and of historical interest only. Documents that are repealed, ideally, will also have a new document developed that reflects the day’s evidence and contemporary position of the Association.

**Document stewardship**

Even documents that are rewritten/replaced, retired, or repealed should remain in the anthology of documents maintained electronically and made available for public consumption by the Association via it’s website. Documents that befall such fate should be clearly defined as to their version and date of publication and should be listed in a fashion as to make them clearly subordinate to the most current and related Document. It is important to document the history of the science and positions of the Association with regard to specific topics, both for the inherent historical value of preserving the history of the specialty as well as to illustrate the evolution of the practice of EMS medicine over time.

The document life cycle stages are illustrated in the figure at the end of this document.

**Defining the role of previous and potential authors**

In the event that the document reviewers recommend an action that would require revision or replacement of an existing document, the initial primary and secondary authors will be provided the right of first refusal for involvement in the document revision process or the creation of a new position statement and/or resource document. The committee chair should also query the committee’s membership to identify additional potential authors.

In summary, the processes described here will establish document Lifecycle and Stewardship standards for Position Statements and Resource Documents generated by the Association and the Association’s Committees. These standards and processes are necessary to ensure the currency of guidance that is distributed by the Association through various media. Adoption of these standards and processes will provide for sustainability of works of authorship by the Association’s membership and will improve the ability of the Association to provide leadership and foster excellence in the subspecialty of EMS Medicine.
NAEMSP Standards & Clinical Practices Committee
Position Statement and Resource Document Life Cycle

Concept Development
1 – 2 MONTHS*

Position Statement & Resource Document Development
2 – 12 MONTHS*

Board Approval
2 – 12 MONTHS*

1 – 2 MONTHS*
POSITION STATEMENT PUBLISHING
Prehospital Emergency Care & NAEMSP Website

1 – 6 MONTHS*
RESOURCE DOCUMENT PUBLISHING
Prehospital Emergency Care (or other journal) & NAEMSP Website

REVIEW
1 – 3 MONTHS

REWIND

Rewrite/Replace
Revise
Retain/Reaffirm
Retire
Repeal

5 YEARS MANDATORY AUTOMATIC REVIEW THRESHOLD

UNSCHEDULED REQUEST FOR REVIEW

*Except for the 5 year automatic review threshold, all other intervals listed in this diagram are estimated. Attempts should always be made to complete each phase in the Life Cycle in an expeditious manner.