



RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 21, 2012

Subject: Changes to Required Equipment List – 12 Lead EKG

VTR#: 0312-01

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department should amend the list of Required Ground and Air Ambulance Equipment and Supplies to include 12-Lead EKG devices and a process for data transmission by ground and air ALS vehicles in FY 13-14.

Rationale [Background]:

This recommendation replaces VTR# 1011-01 that was tabled by the PEHSC Board of Directors at the October 2011 meeting.

Prehospital 12-lead EKGs speed the diagnosis, shorten the time to reperfusion (fibrinolytics or primary percutaneous coronary intervention [PCI]). EMS personnel should routinely acquire a 12-lead electrocardiogram (EKG) as soon as possible for all patients exhibiting signs and symptoms of ACS. The EKG may be transmitted for remote interpretation by a physician or screened for STEMI by properly trained paramedics, with or without the assistance of computer-interpretation. Advance notification should be provided to the receiving hospital for patients identified as having STEMI (Class I).ⁱ

A recent survey by PEHSC of Pennsylvania ALS agencies and regional EMS councils revealed an impressive commitment to aggressive prehospital cardiac care. Of the nearly 1700 ALS vehicles currently serving the Commonwealth, 87% of the vehicles have 12-lead capture capability and 68% are able to transmit EKG data to a receiving facility. Within the survey respondents were given an opportunity to provide their comments regarding changing the required equipment list to include 12-lead EKG. Among the respondents there was strong support for this change through their belief that prehospital 12-lead EKG is now the standard of care.

Medical Review [Concerns]:

The PEHSC Medical Advisory Committee voted unanimously to recommend this policy change to the Department and believes it demonstrates the Commonwealth's ongoing commitment in being a leader in prehospital emergency medical care.

Fiscal Concerns:

Based on the information provided by the regional EMS councils, a gap analysis indicates system-wide costs could approach \$7,000,000.00 based on 210 identified vehicles at a median cost of \$34,000.00 per vehicle. While less expensive portable 12-lead devices are available on the market, e.g. those used in a physician office or carried by personnel administering insurance physicals, we are unable to say with reasonable certainty these units are designed to withstand the rigors of the prehospital environment.

Educational Concerns:

The survey indicated that the majority of ALS agencies require their providers to complete education in basic 12-lead EKG interpretation. Agency medical directors are encouraged to provide initial and recurrent education in at least basic interpretation skills.

Plan of Implementation:

Upon acceptance of this recommendation, the Department should:

1. Issue RC/EMSIB guidance to regional EMS councils and ALS agencies to provide advance notice of the pending change to the Required Ground and Air Ambulance Equipment and Supplies in FY 13-14.
2. Identify unmet needs across the Commonwealth.
3. Consider making 12-lead EKG a statewide EMSOF priority starting FY 12-13.
4. Serve notice in the Pennsylvania Bulletin amending the list of Required Ground and Air Ambulance Equipment and Supplies to reflect the addition of 12-lead EKG for ground and air ALS vehicles.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

Concern was expressed regarding the potential cost to close the compliance gap. The estimate in this recommendation was based on a worst-case scenario using data supplied by the regional EMS councils. The gap analysis, we hypothesize, may identify ALS agencies that primarily or exclusively engage in interfacility transportation or agencies that have some, but not all units so equipped with this technology. Consistent with comments expressed in VTR# 0312-02, a question was raised regarding any HIPAA implication with transmitting a smart phone photo of the EKG to a hospital, especially if a practitioner uses their personal phone. It was also noted that in some of regions of ALS provider interpretation of the EKG is preferred by the receiving facility(s). The Board noted that more needs to be done by statewide and national physician groups, and the AHA to convince insurance plans to provide reimbursement for prehospital 12-lead EKGs.

Signed: J.R. Henry ^{PGM}
President

Date 4/2/12

For PEHSC Use Only – PA Department of Health Response

Accept: _____ Table: _____ Modify: _____ Reject: _____

Comments:

Date of Department Response: _____

¹ 2010 AHA ECC Guidelines: Circulation November 2010, pg. S790