



RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 21, 2012

Subject: Reception of 12 Lead EKG Data by Medical Command Facilities

VTR#: 0312-02

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department should require all accredited medical command facilities to have the capability to receive wireless 12-lead EKG data, using various methods, in FY 13-14.

Rationale [Background]:

This recommendation replaces VTR# 1011-02 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 of Pennsylvania ALS agencies revealed that although 87% of licensed ALS vehicles have 12-lead EKG capability, only 68% are able to transmitting this data to a medical command facility. The survey also showed that of the 149 accredited medical command facilities in the Commonwealth, less than 50% are able to receive wireless 12-lead data.

During analysis of the survey data a number of different methods to receive wireless EKG data were identified, from device manufacturer driven receiving stations to leveraging smart phone technology to capture and send a digital photo of the tracing to a designated email account at the medical command facility. We also identified one region where several medical command facilities choose not to receive field EKG data, but instead relies on the ability of appropriately trained ALS providers to identify a STEMI patient.

Medical Review [Concerns]:

The MAC takes no position with regard to any particular method of data transmission and believes this should be coordinated at the regional level. The committee does however believe that every medical command facility should have some capability to receive wireless transmissions, including those facilities that may not regularly require physician review of a 12-lead tracing prior to STEMI team activation. The committee also believes procedures should exist at the medical command facility to forward STEMI data to the intended receiving facility.

Fiscal Concerns:

Given the different technologies currently employed across the Commonwealth to receive wireless 12-lead data, an analysis should be performed at the regional level to determine the fiscal impact of this recommendation.

Educational Concerns:

Any changes that may occur within a region as a result of this recommendation should be clearly communicated to ALS providers and agency medical directors by the regional EMS councils and/or medical command facility medical director(s).

Plan of Implementation:

Upon acceptance of this recommendation, the Department should:

1. Set a compliance deadline for all accredited medical command facilities.
2. Amend the medical command facility accreditation requirements to include this element.
3. Provide available financial assistance, if available, to medical command facilities to achieve compliance.

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:

The board recommended that facilities identify a "process" to receive 12-lead data and discussed the potential difficulty associated with receiving data from different devices. Dr. Reihart commented that the MAC takes no position on how data transmission/reception is accomplished. One method, taking a photo of the EKG with a smart phone and sending it to the receiving facility, drew questions from the Board regarding HIPAA compliance, especially when a practitioner utilizes their personal phone. A regional director noted that software patches are available for proprietary software makes receiving data from multiple devices fairly inexpensive. Dr. Reihart also commented that MC facilities should coordinate compliance with this requirement with the regional EMS council.

Signed: J.K. Henry ^{OBM}
President

Date 4/2/12

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

Comments:

Date of Department Response: _____