



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: July 1, 2013

TO: EMS Providers - ALS and EMS Aircraft

FROM: Tom Lynch, EMS Administrator
Reza Vaezazizi, MD
Medical Director

SUBJECT: ICEMA SYSTEMWIDE CONTINUOUS QUALITY IMPROVEMENT (CQI)
PROJECT: PREHOSPITAL 12-LEAD ELECTROCARDIOGRAMS (ECGs)

The ICEMA regional STEMI CQI Committee has been monitoring an increase in the “false positive” rate of STEMI ECGs. *False Positive* is defined as a positive STEMI ECG in the field (by either the machine or medic), read as not a STEMI ECG by the emergency department physician or cardiologist. A recent audit of a sampling of prehospital ECGs has revealed several potential issues contributing to this false positive rate. The ICEMA regional STEMI CQI Committee has requested that a system wide prehospital STEMI ECG project be conducted to help isolate issues associated with “false positive” ECGs ICEMA STEMI Receiving Center (SRC) cardiologists and/or emergency department physicians will be reviewing all ECGs submitted.

The purpose of this CQI project is to:

- Identify potential reasons for the increase in “false positive rates”
- Distinguish if prehospital ECG machines are misinterpreting ECGs
- Identify any educational needs.

Effective July 15, 2013, ICEMA and ICEMA Regional STEMI CQI Committee are requesting all prehospital ECGs that have: *triggered a transport to a SRC and any machine or medic interpreted STEMI ECGs* to be submitted to ICEMA on the 15th of the following month. (See attached).

If you have any questions or concerns, please contact Chris Yoshida-McMath, RN, STEMI Coordinator, at (909) 388-5803 or via e-mail at c.yoshida-mcmath@cao.sbcounty.gov.

TL/RV/RH/mae

Attachment

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ICEMA SYSTEM-WIDE CQI PROJECT: PREHOSPITAL ECGs

DESCRIPTION:

ICEMA will be reviewing 100% of prehospital ECGs that triggered a response and transport to a STEMI Receiving Center (SRC) beginning on July 15, 2013. ICEMA is asking for copies of ECGs from all prehospital providers.

ISSUE(s): Why we are doing this study?

- System-wide “False Positive” rate increasing. *False Positive* is defined as a positive STEMI ECG in the field (machine or medic), read as not a STEMI ECG by the ED MD or Cardiologist.
- Anecdotal reports from EMS, PLNs and SRC Coordinators that certain prehospital ECG machines are showing positive STEMI interpretations, when medic interprets that the ECG is not a STEMI.
- Poor diagnostic quality prehospital ECG’s.
- Difficulty capturing field ECGs in hospital patient records.

PURPOSE:

- Identify the potential reasons for increase in False Positive rates.
- Distinguish if prehospital ECG machines or medics are misinterpreting ECGs.
- Identify educational needs.

NEEDS:

- Copies of:
 - Pre-hospital ECGs that triggered a transport to a SRC.
 - STEMI interpreted ECGs (machine or medic).
- ECGs MUST have:
 - Date and Time
 - Receiving Hospital
 - O1A or ePCR Number
 - Provider Name
- Send them to ICEMA via:
 - Email: c.yoshida-mcmath@cao.sbcounty.gov
 - Fax: 909-388-5850. Please attach a cover sheet.
 - Mail: 1425 South “D” Street , San Bernardino, CA 92415-0060
 - Hand Delivery
- Due Date: The 15th of the following month.
(For example: April’s ECGs are due at ICEMA on the 15th of May.)

TIMELINE:

- Start Date: July 15, 2013