

HART recommendations to MEMS Board, MEMS Education Committee, and MEMS operations committee

December 15, 2006

Updated January 10, 2007

1) Educational Objectives: It is the recommendation to allow the educational objectives presented to be the basis for any acceptable course—these would represent the “bare minimum” required. Many courses are available and many of them have the components, educational materials, and other educational material well flushed out. These objectives should go to education and MEMS Board, and presented to MDPB. Course approval through MEMS.

2) It is also the recommendation that appropriate instructors would include the following: appropriate level ICs who are licensed through MEMS; EMS Medical Directors; ED or CCU/ICU nurses, physicians or mid-level providers; 12 lead EKG knowledge experts working through an appropriate level IC (approved through the service, regional, or state medical director); and cardiologists. This should be presented to the MDPB and MEMS Board.

3) Reciprocity is available for those who have previously received 12 lead EKG training that has met the educational components. The provider needs to have service, regional or state medical director approval for challenging the 12 lead exam and must successfully pass an appropriate 12 lead exam (a specific 12 lead exam?).

4) QI participation is mandatory for those performing 12 lead EKG services and interpretation. All supporting documents have been created by MEMS QI committee and are ready for dispersion pending “go live” date.

5) As an option, use of the 12 lead powerpoint developed by Dan Batsie and vetted by Gus Lambrew, MD and the HART committee is acceptable and is a product based at NEEMS.

6) The vision for this program is that 12 lead EKG is a mandatory standard for paramedics in the upcoming protocol updates due out in 2008.

Respectfully submitted by Steve Diaz, MD for the HART Committee