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Intrahospital first medical contact (iFMC) to electrocardiogram (ECG): how to improve intrahospital delays!

Submission date	Recruitment status	[_] Prospectively registered
18/08/2010	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
26/08/2010	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
18/03/2013	Circulatory System	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Intrahospital first medical contact (iFMC) to electrocardiogram (ECG): a randomised, controlled, interventional study on an organisational level

Study objectives
Intrahospital first medical contact (iFMC) to electrocardiogram (ECG) time is influenced by implementing structural changes.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics Committee of the Medical University of Vienna approved on the 10th August 2010

Study design
Randomised controlled interventional trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Acute myocardial infarction

Interventions
The intervention is the availability of a dedicated ECG technician. In the control group no ECG technician is available. The availability of the ECG technician is randomised. There are three 8-hour ECG technician shifts per day. The shifts (morning, day, night) are equally distributed. The ECG technician rota is concealed. Clinical staff is informed about availablity of ECG technician by an alert sign at triage and registration counter. If available the ECG technician is alerted by phone. Study period is set for four weeks.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Time from arrival to ECG, defined as presentation to triage, which is called intrahospital first medical contact (iFMC). This timepoint is noted on the triagesheet by nursing staff.

Key secondary outcome(s))
1. Number of ECGs
2. Staff satisfaction
3. Feasibility, measured by a questionnaire

Completion date
23/09/2010

Eligibility

Key inclusion criteria
All patients (adults, either sex) receiving an ECG recording at the out-patient clinic of the Emergency Department (ED) at the Medical University of Vienna (MUW).

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. All patients diagnosed to have myocardial infarction transferred to CathLab by Emergency Medical Services (EMS)
2. All patients bypassing triage for different reasons

Date of first enrolment
23/08/2010

Date of final enrolment
23/09/2010

Locations

Countries of recruitment
Austria

Study participating centre
Waehringerguertel 18-20
Vienna
Austria
1090

Sponsor information

Organisation
Medical University of Vienna (Austria)

ROR
https://ror.org/05n3x4p02

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Medical University of Vienna (Austria) - Department of Emergency Medicine

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/11/2012		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes