

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

Submission date 18/08/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 26/08/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 18/03/2013	Condition category Circulatory System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

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

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

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 availability 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 measure

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.

Secondary outcome measures

1. Number of ECGs
2. Staff satisfaction
3. Feasibility, measured by a questionnaire

Overall study start date

23/08/2010

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

Age group

Adult

Sex

Both

Target number of participants

800

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
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Sponsor information

Organisation

Medical University of Vienna (Austria)

Sponsor details

c/o Associate Professor Harald Herkner, MD, MSc
Clinical Epidemiologist
Department of Emergency Medicine
Waehringer Guertel 18-20
Vienna
Austria
1090

Sponsor type

Hospital/treatment centre

Website

<http://www.meduniwien.ac.at/index.php?id=372>

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

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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