

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

Submission date 18/08/2010	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 26/08/2010	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 18/03/2013	Condition category Circulatory System	☐ 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

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

Primary study design

Interventional

Study design

Randomised controlled interventional trial

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 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(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