




# ECG Audit / Patient Safety

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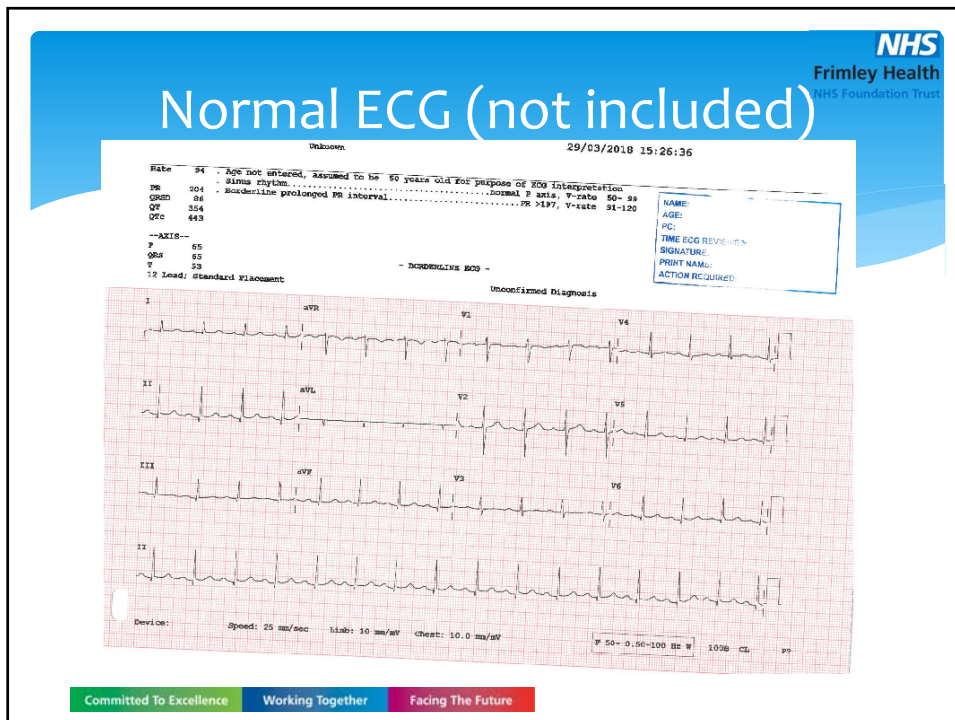
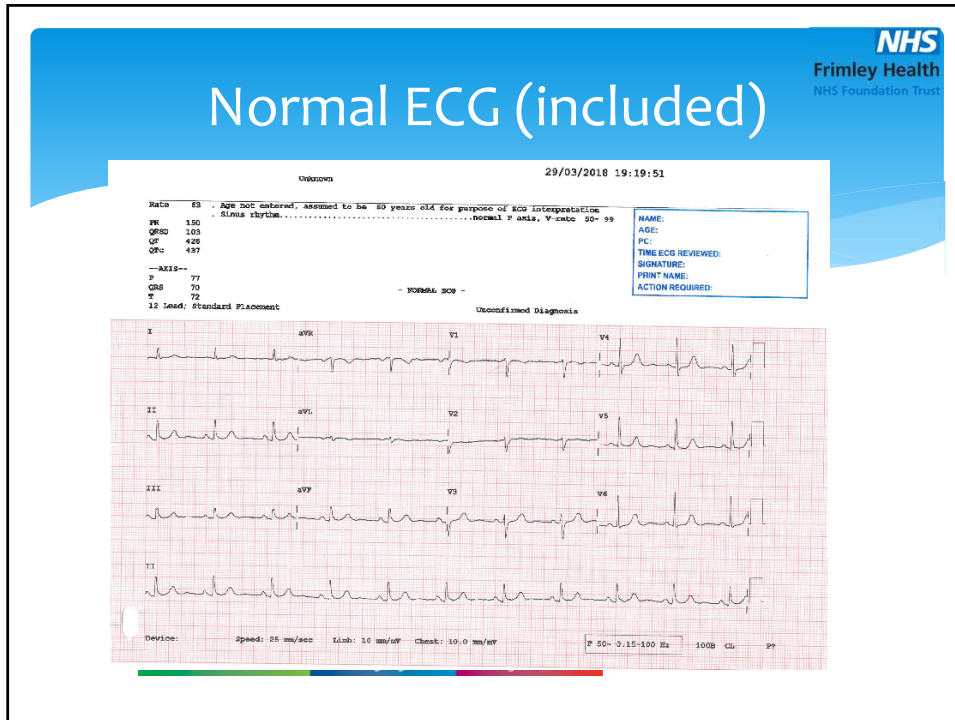
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# Aim

- \* Is electronic reading of an ECG adequate to negate the need for senior medical review, without compromising patient safety?
- \* Overarching outcome to make a change to practice and better use of clinician time

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# Methodology

- \* Retrospective audit of notes and ECG of patients who presented with chest pain over 1 week in January 2018
- \* 178= Number of patients who had chest pain as main complaint when booked in.
- \* 178= Number of notes reviewed
- \* 15= Notes discarded as notes incomplete or no ECG
- \* 163= total of patients included in audit

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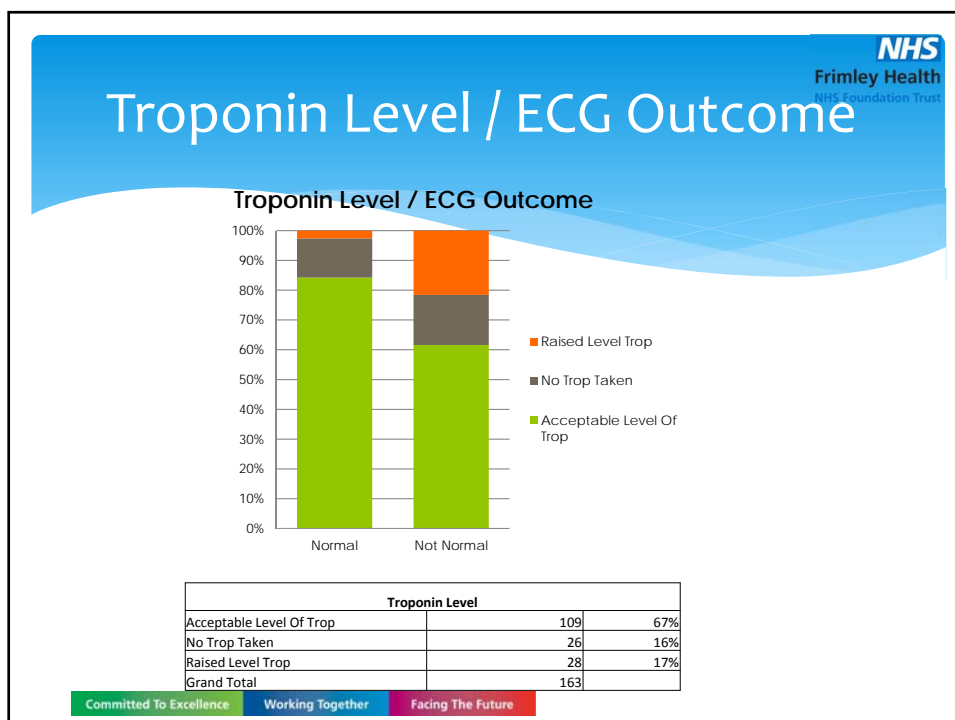
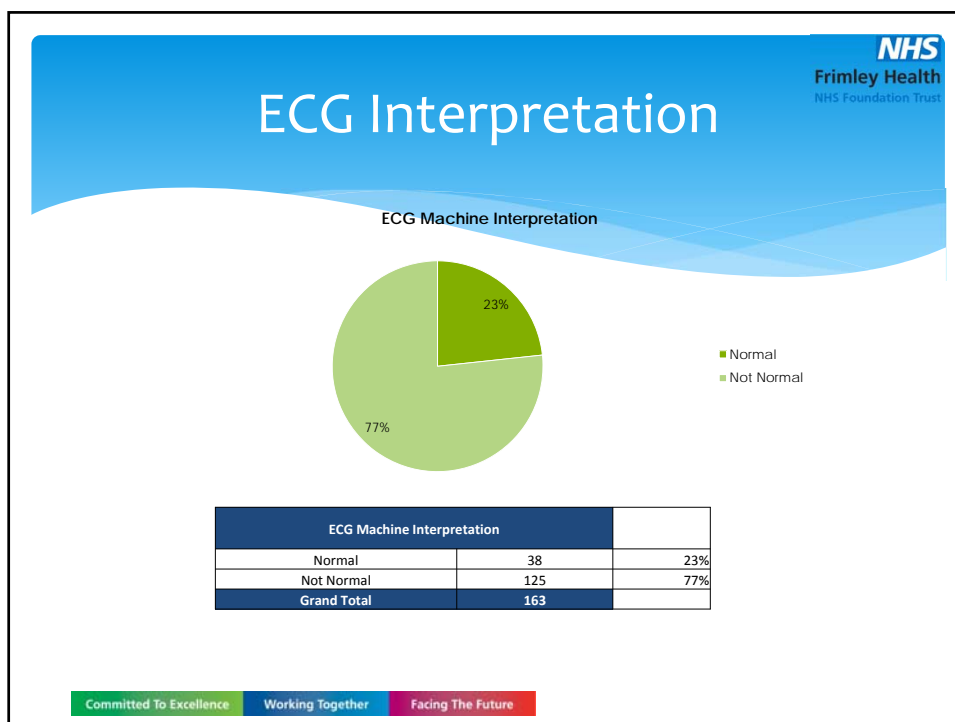


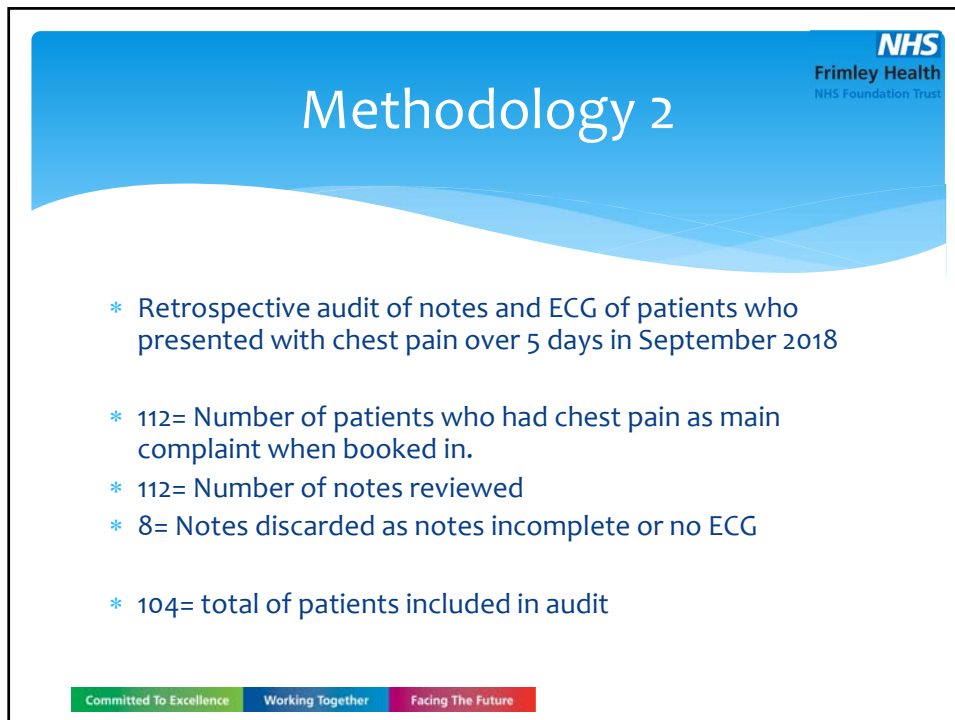
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# Findings

- \* 38 patients had a machine generated 'normal ECG' which was agreed by the clinicians auditing
- \* 37 had a normal troponin
- \* All were discharged
- \* No re-attendance within 1 week with same complaint

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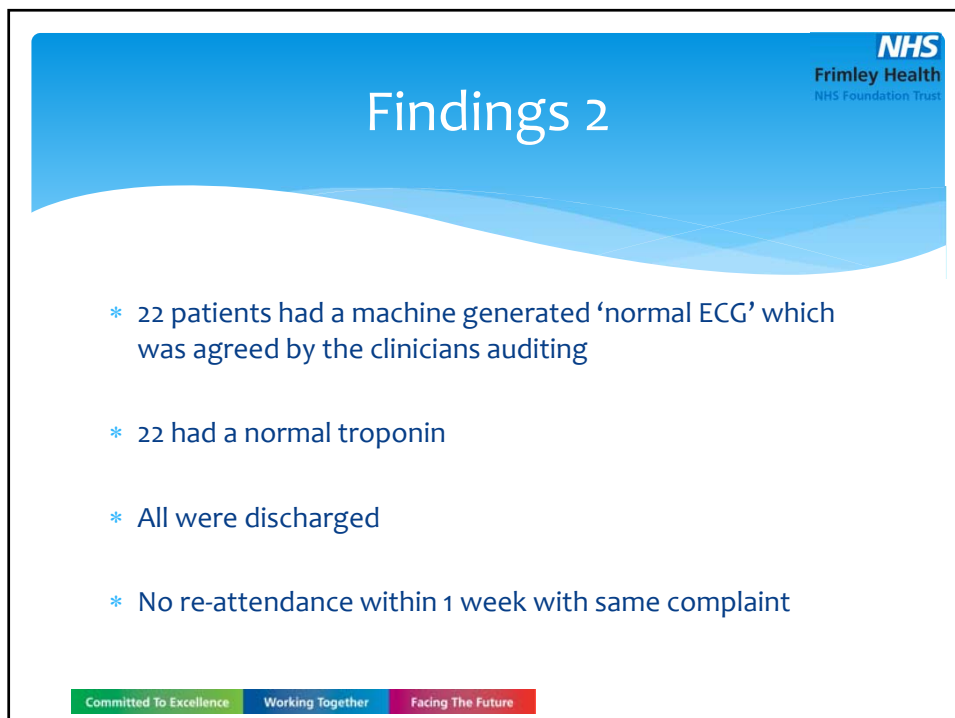


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## Methodology 2

- \* Retrospective audit of notes and ECG of patients who presented with chest pain over 5 days in September 2018
- \* 112= Number of patients who had chest pain as main complaint when booked in.
- \* 112= Number of notes reviewed
- \* 8= Notes discarded as notes incomplete or no ECG
- \* 104= total of patients included in audit

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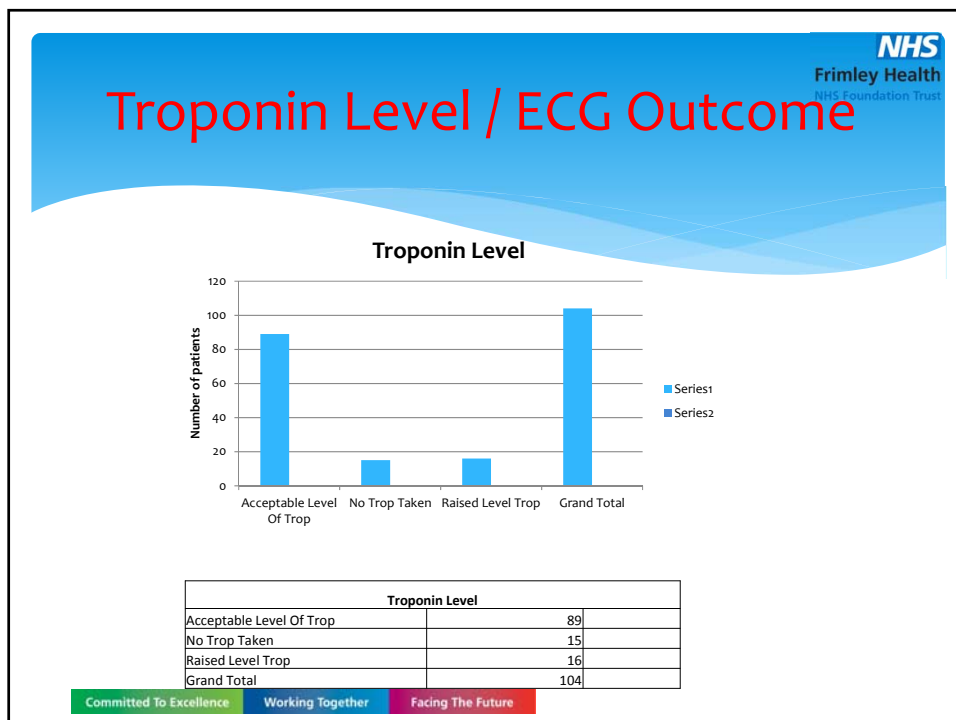
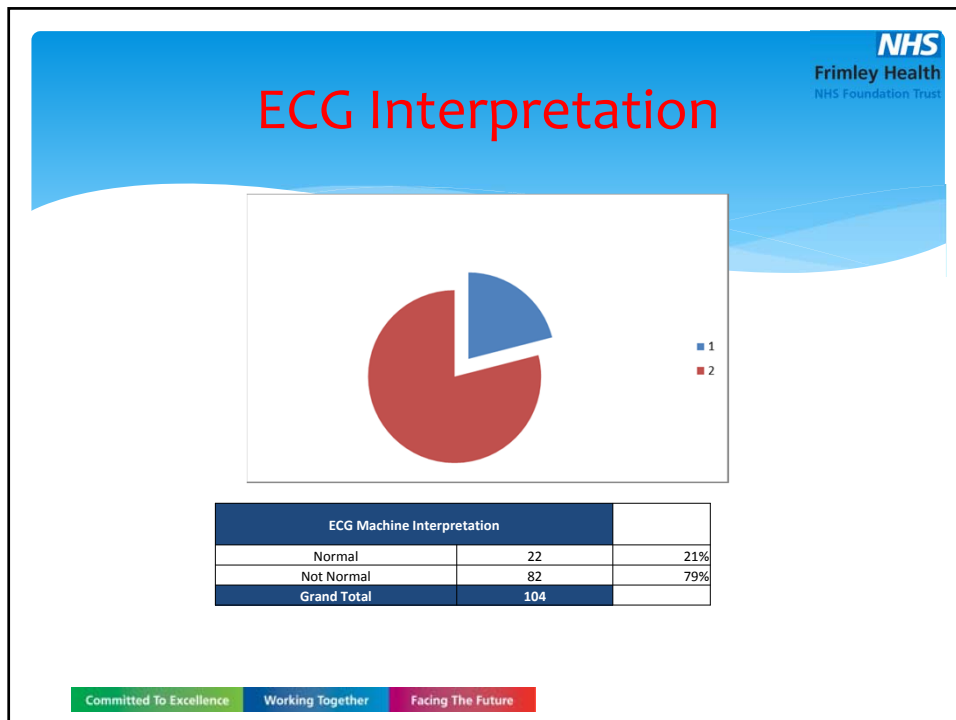



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## Findings 2

- \* 22 patients had a machine generated 'normal ECG' which was agreed by the clinicians auditing
- \* 22 had a normal troponin
- \* All were discharged
- \* No re-attendance within 1 week with same complaint

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# Incidental findings

- \* In May 2018
- \* Not one of the ECG's reviewed was timed at time of review by clinician.
- \* Difficult to then ascertain when a repeat ECG should be carried out.
  
- \* **September 2018**
- \* **64% of ECG's signed by clinician**
- \* **30% were timed**
  
- \* **Delays identified in patients having an initial ECG, dependent on mode of arrival**

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# Conclusion

- \* When a Phillips Pagemwriter ECG machine states 'normal sinus rhythm/normal ECG' this does not need to be reviewed immediately by a senior clinician.
- \* Can be reviewed when patient is assessed.
- \* No detrimental effect to the patient
- \* This can equate to saving of clinician time and unnecessary disruptions.
- \* The stamp needs to be used and ensure that the ECG is timed when it is reviewed by clinician
- \* Re-auditing should happen quarterly to ensure safety of practice

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