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## Scst ambulatory ecg guidelines

Objectives: Diagnostic ambulatory electrocardiogram (CETA) monitoring is widely used to assess syncope/collapse. In Europe, two sets of practice guidelines [National Institute for Health and Clinical Excellence (NICE) and European Society of Cardiology (ESC)] provide recommendations for optimal selection of AECG devices. However, it is not clear whether the CGAs selected by practising physicians are based on published guidelines. This study examined the use of CETA by emergency department (ED) physicians and cardiologists in two European countries: Germany (D) and the United Kingdom (UK). Methods and results: A quantitative survey was undertaken involving 177 respondents (DE: Uk 33, Germany 40; Cardiology: United Kingdom 54, Germany 50). The choice of AECG technology varies by specialty. For example, among emergency departments, despite patients with daily symptoms, 20% (UK), 31% (D) of respondents chose a CETA other than holter monitor. Conversely, when monitoring infrequent events, 15-30% (United Kingdom and D) indicated the choice of 24-48 h Holter, 15-30% (UK and D) a conventional event recorder, and only ~50% choose an inseparable heart monitor (ICM). Among cardiologists, 6% (UK), 10% (D) would not choose a Holter for daily symptoms, but for infrequent symptoms, ~80% would choose A D (UK and D). However, many cardiologists (UK and D) persist with holters for infrequent events despite the repeated failure of this technology to provide a diagnosis. Conclusions: In assessing syncope/collapse, most British and German physicians and cardiologists use CETAs according to the guidelines, but a substantial minority deviate from the recommendations of the CETA guidelines. An electrocardiogram (ECG) is a simple test that can be used to check heart rate and electrical activity. Sign up for our scst e-news newsletter and get the latest news directly to your no-current box. You can unsubscribe at any time. Consensus evidence-based guidelines promote safe and effective clinical practice The Society for Cardiological Science and Technology believes in three key objectives aimed at developing and reviewing consensus clinical and/or technological guidelines for the practice of cardiac sciences Linking guidelines from other professional organizations and institutions to represent the interests of cardiac science by CSTS To provide position statements on aspects of cardiac science associated with standards of clinical practice Standards Committee The Society for Cardiological Science and Technology Standards Committee was formed in the fall of 2011 to undertake key activities in the development of guidelines; Research on aspects of cardiac science Ministerial accreditation; and provide manufacturers with link information on clinical equipment in cardiac science. The strength of the Standards Committee lies in the health professionals who train it The Society of Cardiological Sciences and and welcomes the interest and involvement of members of the health profession. We require members of the cardiac science profession and other health professions to be involved in drafting and criticizing the guidelines. If you are interested, please contact Harriet Walters, Chair of the Standards Committee, by email at [admin@scst.org.uk](mailto:admin@scst.org.uk). December 2005 Affiliate Update - Society for Cardiological Science and Technology December 19, 2005 Affiliates Group Newsletter - Society for Cardiological Science and TechnologyThe Society for Cardiological Science and Technology (SCST) was founded in 1948, the same year as the National Health Service. Its main objective was to supervise the education and training of staff working in the technical aspects of cardiology. Nearly 60 years later, Csth continues to provide advice, training and examinations to health professionals working in many aspects of this rapidly evolving and increasingly complex specialty. The CSST has an elected Council and an education committee made up of both Board members and education experts co-opted among the members. THE SCST representatives play an active role in a number of other professional groups, including the British Society of Echocardiography (BSE), Heart Rhythm UK and the British Cardiac Society (BCS) Peer review Group.SCST has played a key role in supporting and promoting the academic development of its members, first through the introduction of the National Certificate of Medical Physics and Physiological Measurement, and then with a higher national certificate. In 2002, the BSc (Hons) diploma in clinical physiology (cardiology) was introduced as an entry-level qualification. This degree in clinical physiology is now available in England, Wales and Northern Ireland. You will notice that there is a notable exception, no diploma is yet available in Scotland. Despite vigorous representation by a working group on clinical physiology to the Scottish executive, progress is painfully slow and sometimes backward. This obviously puts departments in Scotland at a huge disadvantage because they are not able to train new employees unless they are prepared to send them to universities in England. CSTHS works closely with higher education institutions to ensure that the degree remains appropriate for the cardiac physiologist's work role. The Society manages professional competency reviews and clinical practice results assessments on behalf of each University. In order to facilitate the growing number of examinations, the CSTS has trained 70 new reviewers this year and wants to hear from other cardiac physiologists interested in joining this team. Over the past decade, CSTS has played an increasingly important role in a number of groups, such as the BCS Council, Department of Health committees, workforce review groups, the Clinical Physiology Registration Board, the Institute of Physiology the Federation of Health Scientists and the National Working Group on Professional Standards, to name a few. CSTHC provided job profiles for the Agenda for Change process and began working on the Knowledge and Skills Framework (WSF). The CSHC Guidelines Development Group recently released new guidelines on the registration of the ECG and is reviewing the guidelines for exercise tolerance tests and outpatient registration of the ECG. Currently, one of the key focus of the CSST is to ensure that the petition for legislative regulation is passed smoothly during the consultation period and in the parliamentary process. All this is expected to happen in 2006 if no major obstacles have reached the parliamentary calendar. The cardiac physiologist of 2005 undertakes very different roles from the technicians of previous years. They are the health scientists for cardiology. Csth considers that its goal in the 21st century is to ensure professional representation at the highest levels of the NHS and to ensure that training and education are appropriate to support staff development. This objective is reflected in the ability of professions to respond to changes in service needs while continuing to provide the highest quality cardiac care for patients. Add Comments An electrocardiogram (ECG) is a recording of the electrical activity of the heart and is used to diagnose cardiovascular disorders. ECG's remote interpretation consulting services provide expert analysis of ECGs to support clinical decision-making. Services can receive and interpret ECGs - as well as other information - using telephone and digital methods. This information session describes 6 services available in the UK (see Table 1). There are three main types of ECG: 12-lead ECG: the standard diagnostic test used in primary care for a number of cardiovascular disorders. Ten electrodes are placed on the skin of the chest and limbs to measure the electrical activity of the heart from 12 angles. The signal is recorded for about 10 seconds. ECG holter/ambulatory: A monitor is worn for a period ranging from one day to one week, to record cardiac activity. The number of leads varies from manufacturer to manufacturer. Loop and Event Monitoring: Captures unusual cardiac activity over longer periods, in some cases up to 4 years. An ECG of any type can be interpreted by a qualified health professional or by dedicated software. The services of this all offer interpretation by expert staff in remote locations. The ECG is transmitted from a primary care centre to the service provider. This can be done automatically from devices provided by the services (see regulatory information). Alternatively, ECGs can be downloaded from the internet using a software platform or web page, or sent by email. A cardiac technician, cardiac nurse, consultant cardiologist or consultant cardiologist such as an electrophysiologist interprets the ECG. Holter records, loop and event event can be performed live. The signal can be transmitted continuously to allow the interpreter to monitor the activity in real time. The interpreter returns a report with his ECG interpretation or recommendations to the patient's primary care clinician within an agreed time frame. All 6 services in this information session can receive registered ECGs using any existing device. Three of these services are also able to provide third-party devices. Five of the six services in this information session are based in the UK. Smart Telecardiology is based in India and offers interpretation worldwide. UK-based services all support transmission using the N3 broadband network (with a messaging NHS.net). Table 1 summarizes the ECG's remote interpretation services included in this briefing. Other similar technologies may be available but are not included (for example, if they have not been identified or if the company has chosen not to participate). Table 1 Summary of Remote ECG Interpretation Services ECG's remote interpretation counselling services can provide diagnostic reports faster than with standard care. The interpretation takes between 15 minutes and 2 days and does not need a person to go to the hospital for an appointment. This can be particularly useful for specific populations, such as those living in rural areas, people working abroad and prisoners. Interpretation of ECGs often requires in-depth knowledge and ongoing practice, so that ECGs that are difficult to interpret are often referred to secondary care. The use of ECG remote interpretation services can reduce the number of unnecessary referrals to secondary care and the number of misdiagnoses. A standard 12-lead ECG should be offered to: Other types of ECG may be taken in the above circumstances, if a 12-lead ECG is inconclusive. After taking an ECG, the practitioner can either: interpret the results and treat the person himself; refer the person to an NHS consultant or refer the person for emergency treatment. Referral to a consultant cardiologist or NHS electrophysiologist may take between 2 and 18 weeks and the patient must go to the hospital. ECG automated interpretation services are related technologies that use algorithms to interpret ECGs that are automatically downloaded to cloud networks or virtual private networks (VPNs). General practitioners or primary care nurses take ECGs from people suspected of diseases Remote interpretation of ECG would replace referral to a consultant NHS cardiologist or secondary care electrophysiologist. A general practitioner, nurse or health care assistant would record the GCT and then forward the results to a remote location for interpretation. The counselling service would then send a report to the gp or nurse, with a treatment recommendation. Training may be required for GPs to learn how to transmit registered ECGs and to receive reports. Table 2 Remote Remote Control Cost Interpretation consultation services Standard care is provided to the NHS for the interpretation of the ECG, either for emergency care or to an outpatient unit in cardiology. The unit cost per attendance for a hospital emergency department is £138 and for an outpatient appointment in cardiology is £156 (Ministry of Health and Social Care 2016). It is estimated that 34.7 ECGs per 1,000 patients are registered each year in the practices of general practitioners (Wolff et al., 2012). Assuming that a general practitioner practice sends all registered ECGs to an interpretation service, then the likely use is about 35 ECG per 1000 patients. Table 3 NHS Use of Interpretation Advice As long as services are consistent with NHS communication networks such as the N3 network or the health and social care network, no changes to the current infrastructure are required. No published reports on the impact of technology adoption on resources have been found. Broomwell Healthwatch provided the results of 3 audits of pilot studies conducted in Lancashire and Cumbria. Greater Manchester and Greater Birmingham. Savings were estimated based on referrals to secondary care that were avoided in 61-65% of cases. In Greater Birmingham, 1,934 verification forms were returned and the estimated savings of 97,672 euros. In Greater Manchester, 2,377 referrals from secondary care were prevented out of 3,732 ECGs, saving costs estimated at 358,927 euros. MEOMED also provided the results of a number of pilot studies (see Table 5). It estimated that its service could save a CCG of 60 practices between 730,000 and 1.816 million pounds per year. Year.