

# Acute coronary syndromes: 2b-ECG performed within 10 minutes of arrival of ambulance

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 2b-ECG performed within 10 minutes of arrival of ambulance
<b>METEOR identifier:</b>	612032
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 12/09/2016</li></ul>

**Description:** Proportion of patients with chest pain with a 12-lead electrocardiogram (ECG) performed within 10 minutes of first clinical contact, after arrival of ambulance.

**Rationale:** Early diagnosis optimises door-to-needle time and time to other interventions. The time taken to record the first ECG is a good index of quality care. The European Society of Cardiology guidelines identify that ECG should be performed within ten minutes or less after the first clinical contact (either on arrival of the patient in the emergency department or at first contact with emergency medical services in the pre-hospital setting) and immediately interpreted by a qualified physician (Steg et al. 2012; Hamm et al. 2011).

**Indicator set:** [Clinical care standard indicators: acute coronary syndromes](#)  
[Health](#), Standard 12/09/2016

**Outcome area:** [Early assessment](#)  
[Health](#), Standard 12/09/2016

## Collection and usage attributes

**Computation description:** 'First clinical contact' is defined as the time that emergency medical services personnel arrive at the patient (Fosbol et al. 2013).

Presented as a percentage.

**Computation:**  $(\text{Numerator} \div \text{denominator}) \times 100$

**Numerator:** Number of patients with chest pain who receive a 12-lead ECG within 10 minutes of first clinical contact, after arrival of ambulance.

**Denominator:** Number of patients with chest pain attended to by ambulance.

## Representational attributes

<b>Representation class:</b>	Percentage
<b>Data type:</b>	Real
<b>Unit of measure:</b>	Service event
<b>Format:</b>	N[NN]

## Source and reference attributes

**Reference documents:**

Fosbol EL et al. 2013. The impact of a statewide pre-hospital STEMI strategy to bypass hospitals without percutaneous coronary intervention capability on treatment times. *Circulation* 127(5):604–612.

Hamm C et al. 2011. ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment-elevation. *European Heart Journal* 32:2999–3054.

Steg P et al. 2012. ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment-elevation. *European Heart Journal* 33:2569–2619.