# ECG Flash: 24/7 Urgent Cardiology Advice Service

Initiative Type
Service Improvement
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Close
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Summary

ECG Flash is a Queensland Cardiac Clinical Network initiative that provides rural and

difficult-to-interpret ECGs straight to an on-call cardiologist to prompt rapid consultation.

remote clinicians 24/7 access to urgent specialist cardiology advice. When a patient presents at emergency and an ECG (Electrocardiogram) is taken, the system lets clinicians send time critical,

Key dates
Dec 2016
Jan 2019
mplementation sites
ECG Flash is currently operating at six different hub sites and 51 spoke sites across Queensland
Partnerships
Participating Queensland Health Hospital and Health Services, eHealth Queensland
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Aim

Provide rural and remote clinicians with 24/7 access to urgent specialist cardiology advice.

### **Benefits**

- 24/7 rapid access to specialist cardiology and ECG interpretation advice
- improved rates of appropriate, timely and evidence-based care for cardiac patients
- improved professional support and access to real-time and historical medical records of ECG and clinical advice
- improved access and support for exercise stress testing and holter monitoring
- ECGs are sent to specialist in the local referral hospital (hub) for consultation resulting in better continuity and coordination of care

### **Background**

During a heart attack, time equals muscle. The longer it takes to get life-saving treatment, the more likely it is the heart muscle will be permanently injured or worse – the patient could die. In 2015, an audit of Queensland hospitals showed one-third of patients presenting to Queensland public hospitals with an acute heart attack didn't receive either of the recommended life-saving treatments. This was more common at rural and remote sites where the mortality rate can be up to 25% higher.

## **Solutions Implemented**

ECG Flash is a 24/7 service linking remote clinicians to their 'hub' specialist cardiology advice – within 10 minutes or less – for urgent, clinical advice and interpretation of a patient's ECG. Remote clinicians can discuss the findings directly with the on-call cardiologist.

### **Evaluation and Results**

The Queensland Cardiac Clinical Network is monitoring the service performance including use and response times.

#### **Lessons Learnt**

A clinical champion at each hub site is key to successful implementation and sustaining the service. Some cardiologists were initially reluctant to participate due to perceived increased workload. This has not been the case due to clear clinical escalation protocols, and the model replacing many existing enquiries via less efficient methods and averting unnecessary transfers. Staff changes at rural sites requires super users and the hub site to take carriage of promoting the service.

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