Method: We undertook a retrospective audit analysing the following parameters:

- Time / Date the patient was clerked by Junior (FY1 / Trainee)
- If an admission ECG was done – Yes/No
- If yes – when (time)
- If yes – was it requested online** or performed by Junior
- If no – why?

** This Hospital offers an in-hours (0900-1630, weekdays) ECG service via the cardiac physiology department.

We Conducted 3 cycles of 1 month duration each to assess findings.

Interventions:

- Between Cycles 1–2:
  - Reminder E-mail.
- Between Cycles 2–3:
  - Further Reminder E-mail.
  - Questionnaire to understand barriers to timely admission ECGs.

Results:

Cycle 1 – 50% (8/16) patients had admission ECGs. 50% (8/16) within 2 hours.
Cycle 2 – 54% (12/21) patients had admission ECGs. 43% (9/21) within 2 hours.
Cycle 3 – 71% (17/24) patients had admission ECGs. 62% (15/24) within 2 hours.

Conclusions: We noted improvement in admission ECGs through our interventions. Reminder emails were deemed useful. Barriers identified in After-hours ECGs being done on time due to clinical priorities. We identified a potential role for ECG-trained health-care professionals. 0900-1630 ECG service deemed valuable to admitting doctors. ECG machines were reviewed and found satisfactory. Possible delays in treatment could not be analysed with data collected. Hence, there is further scope to look into outcomes of delayed/missed ECGs e.g., delayed surgery / missed or alternative diagnosis.