

## Background

FocusOn™ (FO) is a service provided by Medtronic Ltd. designed to triage and report cardiac device **transmissions** in order of clinical urgency using a traffic light system. The benefit of this is improved efficiency of arrhythmia detection as clinically urgent reports are given priority resulting in reduced workload on cardiac centres, particularly within implantable loop recorder (ILR) follow-up.

## Objective

This study aims to **assess** the efficiency of the **FO service** and the **clinical accuracy** of FO ILR reports.

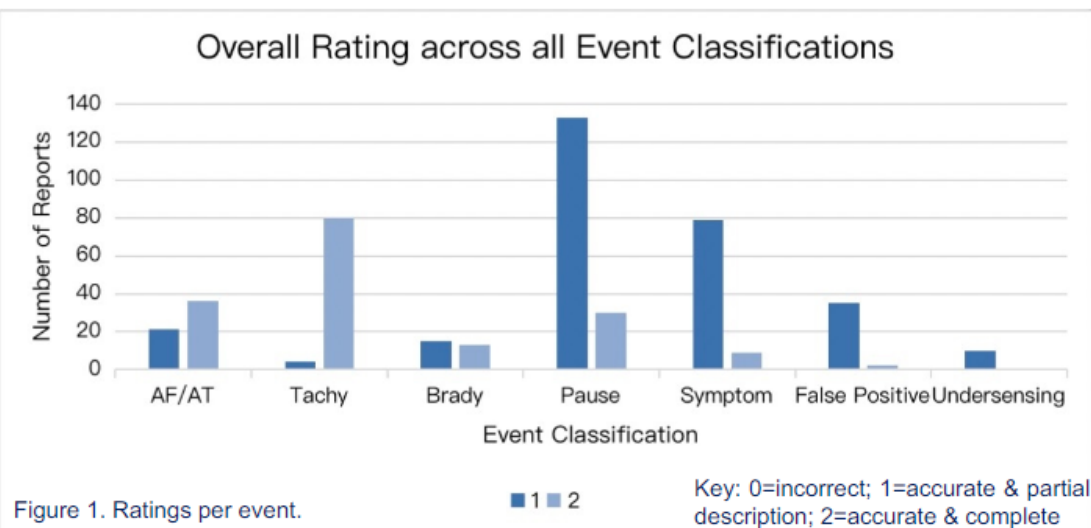
## Method

**Two hundred and twenty-seven ILR patients** with Medtronic Linq I & II devices were randomly sampled from the clinical centre's FO database. **Four hundred and seventy-one reports** were reviewed and **rated between zero and two**, within the categories: **rate, rhythm, morphology, miscellaneous details and AF description** (table 1). Additional data was collected from the time of transmission to FO and dismissal at the clinical centre to **assess time efficiency**.

None of the reports scored zero for incorrect reporting. **Sixty-four percent** of reports **scored one** for **requiring more detail** in at least one of the reporting categories. Pauses, symptoms, false positives and undersensing event classifications made up the majority of this group. **Thirty-six percent of reports** mostly including AF/AT, tachyarrhythmias and bradyarrhythmias **scored two**, **requiring none to minimal improvement** (figure 1).

The mean time from ILR transmission to FO reporting totalled eight hours and FO reporting to dismissal at the clinical centre was six hours. Totalling an **average time from transmission to clinical action of fourteen hours** (inc weekends) which is significantly shorter than **pre-FO usage** which averaged at **ninety-one hours**.

## Results



## Conclusion

The results suggest **FO is a trustworthy reporting service** as all abnormalities were appropriately highlighted within the study cohort. It also highlights the specific areas that required minimal improvement. **Amendments to the reporting detail** could see **improved reporting efficiency** and a **reduction in the demand for secondary review** by senior Cardiac Scientist. The **speed of review** was also **very impressive** further suggesting **FO service is efficient** in reviewing and escalating transmissions, **providing valuable patient benefits**. Future research into this area could see that non-clinical staff at clinical centres are utilised to assist with the workflow.

## Disclosures / Acknowledgments

CM has received speaker fees from Abbott, Boston Scientific, Biotronik, Medtronic and Phillips. CM has received consulting fees from Medtronic.

Rating	Rate	Rhythm	Morphology	Miscellaneous Details (Non conducted p waves, ectopy, duration of pause/arrhythmia, mention of onset/offset)	AF description (Average/max V-rates, burden, duration)
0	Incorrect/no mention of rate	Incorrect/no mention of rhythm	Incorrect/no description of morphology	No mention of misc details though present	No rate, burden or duration description
1	Use of words brady/tachy	Partial description of rhythms present	Partial description	Partial description of misc details	Partial description
2	Accurate average rate in bpm	Accurate description of all rhythms present	Use of words wide/narrow complex	Accurate description of misc details	Average/max V rate, burden and duration accurately described

Table 1

