

Marquette[™] 12SL Algorithm

Connected Clinical Excellence

Clinical decision support for your ECG

Since its introduction in 1980 the Marquette[™] 12SL ECG analysis program has been consistently refined and improved in order to offer our customers the best possible clinically validated decision support to achieve faster accurate diagnosis.

- Exceeds current standards¹ for 12- and 15-lead measurements and analysis
- Provides accurate, validated measurements of heart rate, axis, intervals, and durations
- Offers automated second opinion minimizing time spent over-reading ECGs
- Offers ECG analysis including those for atrial arrhythmias, pace detection, and QT measurement
- Offers quick quality check of ECGs (Hook-up advisor)
- Offers gender and age-driven criteria for acute MI; utilized in pre-hospital defibrillators to identify clinically significant changes and expedite patient care in time-critical environments
- Dedicated paediatric criteria
- Supporting decisions on ECG across the care continuum





Serial Comparison

The Marquette Serial Comparison Program indicates changes in the ECG from the previous ECG of the same patient. It utilizes interpretive statements, ECG measurements and waveform comparison techniques to maximize accuracy in the detection of clinically significant changes. Serial comparison requires the MUSE ECG management system.

Benefit:

• Consistent validated¹ analysis and comparison ensures reproducibility and objectivity for increased efficiency in the process.



Paediatric Analysis

12 Age groups applied to ECG analysisLess than one day oldAt least a day old but not more than 2 days3 to 6 days old1 to 3 weeks old1 to 2 months old3 to 5 months old6 to 11 months old1 to 2 years old3 to 4 years old5 to 7 years old8 to 11 years old

12 to 15 years old

Children are not the same as adults and neither are their ECGs. Increased right ventricular size, increased heart rate and narrower complexes would lead to different interpretation in an adult ECG. To take this into account, if an age of less than 16 years is entered the Marquette 12SL program employs paediatric criteria. In addition the possibility to apply 15 leads allows different positions to cater for the differences in paediatric anatomy.

Benefit:

 Accurate paediatric specific measurement and interpretation validated by independent study with over 1.100 paediatric ECGs.¹





Gender-specific criteria

Just like children, adult men and women are also different and this difference extends to the ECG. Marquette 12SL with Gender- Specific interpretation applies criteria for evaluating the ST segment and T-wave of the ECG waveform, improving sensitivity to acute myocardial infarction in women and enhancing diagnostic confidence.

Benefit:

- Improves the sensitivity for detection of acute anterior MI from 42% to 48% in women under 60 years of age.²
- 25% relative improvement in detection of acute inferior MI in women under 60 years of age without sacrificing the high specificity already maintained by the program.³

QT Algorithm

It is well recognized that the identification of prolonged QT is important as the condition can result in serious arrhythmia and Sudden Cardiac Death.⁴ However, it can be difficult to measure QT accurately due to factors such as ECG noise, difficulty defining the end of the T wave, and requiring corrections for heart rate. GE has concentrated its efforts in helping to minimize these challenges through the Marquette 12SL program. The QT is measured from a median complex reducing the influence of noise, it is also measured from global fiducial points from all 12 simultaneous leads.



By using all leads of the median complex to define the end of ventricular repolarization, Marquette 12SL offers accuracy and consistency in QT measurement

Benefit:

- Consistent, reproducable and accurate measurement and interpretation
- Offers multiple QT correction factors including Bazett, Framingham, and Fridericia STEMI / ACS



Hookup Advisor

Marquette Hookup Advisor enables high quality ECGs by measuring impedance plus the signal quality of the ECG leads.

- The easy to understand red-yellow-green signal indicates the quality of the ECG.
- The Hookup advisor not only takes skin contact through impedance into consideration, but also looks at the ECG signal and electrode motion or noise coming from movement, AC or muscle tremor.

Benefit:

• The system indicates the cause of interference, so that the root cause can be eliminated without using higher filters.



Right Ventricular Involvement (RVI)

Right Ventricular Involvement (RVI) is associated with a significantly greater risk of in-hospital mortality and major in-hospital complications.⁵ Following the AHA/ACC standards⁶ Marquette 12SL will call out from the regular 12-lead ECG that RV involvement should be considered.

Benefit:

- Reduced risk of death shock and arrythmias through improved diagnosis on the 15-lead ECG on the basis of an ST-segment elevation in the right precordial leads (e.g. lead V4R)⁷
- Marquette 12 SL is guiding the user on when to consider RVI and apply 15-leads
- Validated on a multi-site database of over 1.300 chest pain ECGs.



Because treatment of infarction may vary with right ventricular involvement, recording of additional right-sided precordial leads during acute inferior wall, left ventricular infarction is recommended. Routine recording of these leads, in the absence of acute inferior infarction, is not recommended. (Circulation 2007).⁸

Pace Statements Acute Coronary Syndrome

2011

Pace Statements

Bipolar pacing has lead to a reduction of pulse amplitudes and width.⁹ Therefore it is necessary to detect pacemaker pulses at a sampling rate that is much greater than is required for conventional ECG analysis. In conjunction with the CAM HD, GE's high-definition ECG acquisition module, the Marquette 12SL program is able to identify a biventricular paced rhythm.

- The pacemaker annotation channel will then be shown in the MUSE[™] ECG management system
- Validation of pacemaker detection in three different studies¹

Benefit:

• Marquette 12SL provides analysis for detecting bi-ventricular pacemakers, identifying the underlying rhythm, in addition to the chamber(s) being paced



Acute Coronary Syndrome (ACS) Tool

The Marquette 12SL ACS tool* increases sensitivity for ST-Elevated MI or Acute Ischemia in patients suspected of having an acute cardiac event. The tool heavily weighs the finding of ST elevation with reciprocal ST depression. This is a very important and highly-specific indicator of STEMI and ACS that has been found to "identify patients who stand to benefit most from early interventional strategies."¹⁰

A study evaluated on over 1,900 clinically correlated ECGs¹ from patients suspected of having ACS showed that the ACS tool:

Benefit:

- Improved the sensitivity of emergency physicians' interpretation of acute myocardial infarction by 50% and cardiologists' interpretations by 26%, with no loss of specificity¹¹
- Improved the sensitivity of emergency physicians' acute ischemic syndrome interpretation by 53% while maintaining a specificity of 91%¹¹



ECG Recording - why quality matters...

The outcome of the ECG measurement and interpretation improve with the quality of the ECG recording and processing. Therefore the AHA/ACC established ECG standards and recommendations to improve the accuracy and usefulness of the ECG in practice.¹²

Recommendations on electrode positioning

• Electrodes must be positioned in accordance with AHA recommendations. If any of the electrode need to be sited in non-standard positions the recording must be labelled with this information to avoid misinterpretation of altered ECG waveforms.^{12,13,14}



Benefit:

- Hook-up advisor indicates the quality of the ECG with an easy-to-understand red-yellow-green signal
- Suspect arm lead reversals are indicated, but not considered in the interpretation
- Tools and training materials support correct positioning

Recommendations of filtering

- To avoid distortion of the ST segment the low-frequency cut-off should be no higher than 0.67 Hz in "auto" mode, or 0.05Hz in "manual" mode.⁸
- To prevent the loss of high frequency information the high frequency cutoff should be no lower than 150 Hz in adults and adolescents.⁸



Benefit:

- Hookup Advisor will list the cause of interference is indicated to remove root-cause potentially avoiding the need of filtering
- Flexible filter settings allow permanent and ad-hock changes to filter if needed

Clinically validated ECG measurement and interpretation

The IEC Standard 60601-2-25:2011¹⁶ defines the validation requirements:

Measurement accuracy

• Rhythm interpretation accuracy must be tested on at least 1.500 ECGs, 100 with Afib

Diagnostic interpretation accuracy

- Accuracy must be validated via non-ECG data
- Performance information shall be disclosed in accompanying documents and readily available to customers who want to know the information

The Marquette 12SL ECG analysis program is continually refined through the following processes¹:

- Regular clinical input continuous input is gathered from some of the world's top consulting cardiologists and physicians.
- Clinically correlated databases GE utilizes different databases during the development and validation processes to enhance program accuracy.
- Beyond clinically-correlated databases GE measures its analysis program performance on a large database of ECGs (>50,000). This process challenges the program with multiple diseases and varying degrees of abnormality. ECGs with changed analysis results due to program modification can be further investigated with expert confirmation.

Disclosure of Accuracy/ Marquette **Confirmation**¹ **12SL** ICE 60601-2-51 in product specificationperformance standard for ECG analysis Measurement Accuracy via CSE database Stabiliy of measurements in presence of noise - CSE recordings Rhythm interpretation accuracy on over 1.500 ECGs by cardiologist, includes at least 100 ECGs with artrial fibrillation Accuracy of conduction abnormalities by cardiologist Accuracy of LVH, RVH, old infarction via CSE database (NEJM 1991) STEMI confirmed by cardiac enzymes & clinical outcome Acute ischemia via longitudinal clinical outcome Accuracy of QT measurement by core lab and drug dosage Independent evaluation: articles where inventor/vendor >30

is not an author



Benefit:

• Improved program accuracy, which helps clinicians to improve patient care.





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Imagination at work

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* The 12SL ACS algorithm is not available in all GE Healthcare ECG devices. Contact your GE Healthcare Representative for more details.