misdiagnosis of STEMI /ACS due to ECG phenocopy in the Northern New South Wales Local Health District (NNSWLHD).

Results: Nine patients aged 44 to 80 years (mean 64.3 years) were included in the review. Five patients presented with chest pain, the remaining four presentations were for a fall, fever, acute kidney injury and left arm pain. All patients had at least one cardiovascular risk factor, with four patients having known ischaemic heart disease. All patients had negative troponin assays. One patient received thrombolytic therapy due to the abnormal ECG, and one patient underwent exercise stress test, which was normal. There were no complications recorded due to the ECG abnormalities. The proposed cause of the morphology change was a software issue, which could be resolved with regular program updates.

Conclusions: Our examples highlight the importance of clinician scrutiny when faced with ECG readings that are inconsistent with patient history, exam, and other front-line investigations.

766

Acceptance and Uptake of Wearable Cardiac Technologies in Older Adults: A Systematic Review and Meta-Synthesis

C. Ferguson [1,*], S. Inglis [2], P. Breen [3,8], G. Gargiulo [3,8], P. Macdonald [5,6,7], V. Byiers [4], L. Hickman [2]

[1] Western Sydney Nursing & Midwifery Research Centre, Western Sydney University & Western Sydney Local Health District, Blacktown, Australia
[2] IMPACCT, Faculty of Health, University of Technology Sydney, Sydney, Australia
[3] MARCS Institute for Brain, Behaviour & Development, Western Sydney University, Bankstown, Australia
[4] The Sutherland Hospital, Sydney East Local Health District, Sutherland, Australia
[5] Victor Chang Cardiac Research Institute, Darlinghurst, Australia
[6] University of New South Wales, Randwick, Australia
[7] Heart Lung Clinic, St Vincent's Hospital, Sydney, Australia
[8] Translational Health Research Institute, Western Sydney University, Campbelltown, Australia

Background: An array of wearable cardiac monitoring technologies have become available to consumers in recent years. A key focus of research has been on the performance, accuracy, specificity and sensitivity of devices, with limited understanding of the barriers and enablers informing acceptance or uptake of these technologies, specifically in older adults.

Objective: (i) To explore experiences and perceptions of older adults and health professionals in relation to using wearable cardiac health monitoring technologies;
(ii) To identify barriers and enablers of acceptance and uptake of these devices.

Methods: A qualitative meta-synthesis was undertaken based on the principles of Natobi and Hare's work. This meta-synthesis was conducted under several stages including: ascertaining of qualitative data, identifying relevant findings and reported the data according to the PRISMA guidelines.

Results: A total of seven studies were included. Four interrelated themes emerged: (1) Feelings of trust, safety and confidence; (2) Functionality and affordability; (3) Risk of stigmatisation; and (4) Assurance of device data.

Conclusion: This systematic review provides evidence of barriers and enablers in acceptability and uptake of wearable telemonitoring devices based on experiences of older adult, health professionals, and carers. Most significant factors that impact the uptake directly relate to the design aspects of the devices, appropriate and timely feedback, user-friendly technology and issues related to the affordability and cost. Findings highlight the need for end user engagement in the co-design and implementation of such interventions.

767

Harnessing Electronic Medical Records (eMR) for Benchmarking Quality of Care in Acute Coronary Syndrome and Beyond

C. Tam [1], J. Gullick [1], A. Saavedra [1], S. Vernon [1,2], R. Morris [1], M. Strasiotto [1], S. Kurien [1], J. Morris [1,2], M. Cretikos [4], D. Brieger [1,3,*]

[1] The University Of Sydney, Camperdown, Australia
[2] Royal North Shore Hospital, St Leonards, Australia
[3] Concord Hospital, Concord, Australia
[4] Ministry of Health, St Leonards, Australia

Background and Aims: Clinical quality indicators providing valuable information about outcomes and care variance are manually collated in resource-intensive clinical registries. In principle, *automated* collation of routinely collected data housed in eMRs could enable audit and feedback on all patients in near-to-real time.
The aims of this pilot study were to examine 1) feasibility of using eMR data to measure Australian Commission on Safety and Quality in Healthcare (ACSQHC) ACS Indicators, and; 2) to examine the usefulness of benchmarking reports with clinicians and health service managers.