

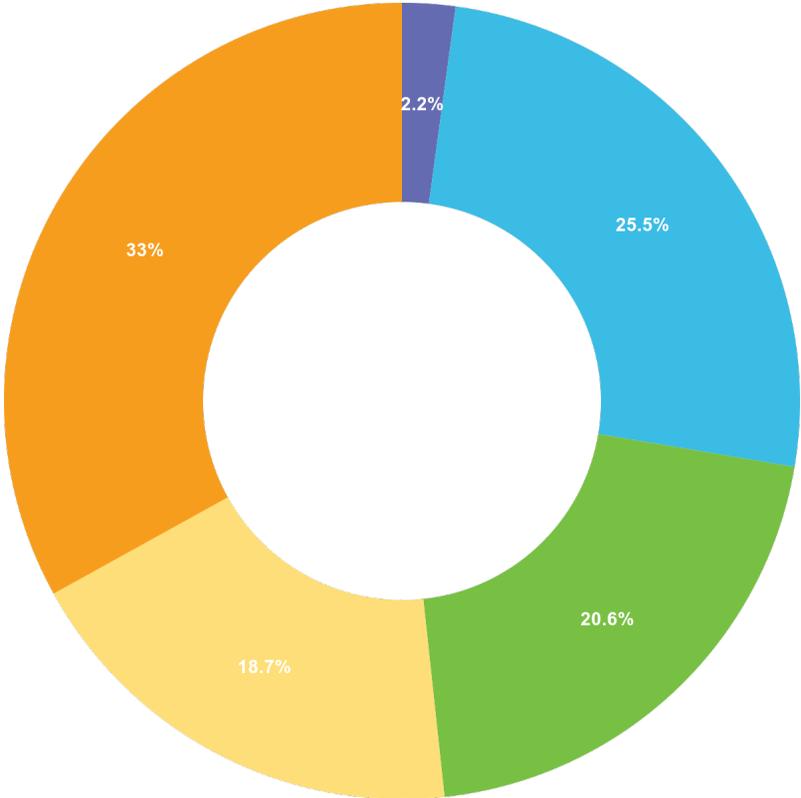


Patient safety and errors

Please provide as much detail as you're able without including confidential information. If you answer **"no" to the fourth (4th) question**, the survey will end and the survey will count for 1 CEU. For those who proceed with a "yes" response, the survey will count for 2 CEUs. Certificates will **not** be provided as a list of respondents will be maintained by the OSCT for CEU purposes.

This survey will close on September 8th at 5 pm

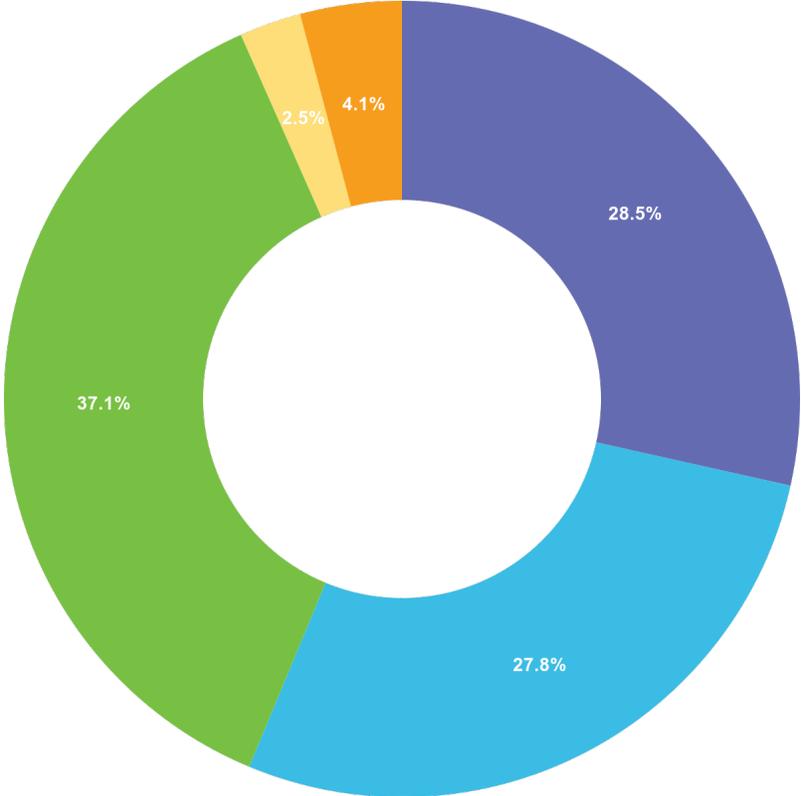
Q1 How long have you been practicing as an RCT/CVT?*



Answered: 557 Unanswered: 0

Choice	Total
<1 year	12
1-5 years	142
6-10 years	115
11-15 years	104
>15 years	184

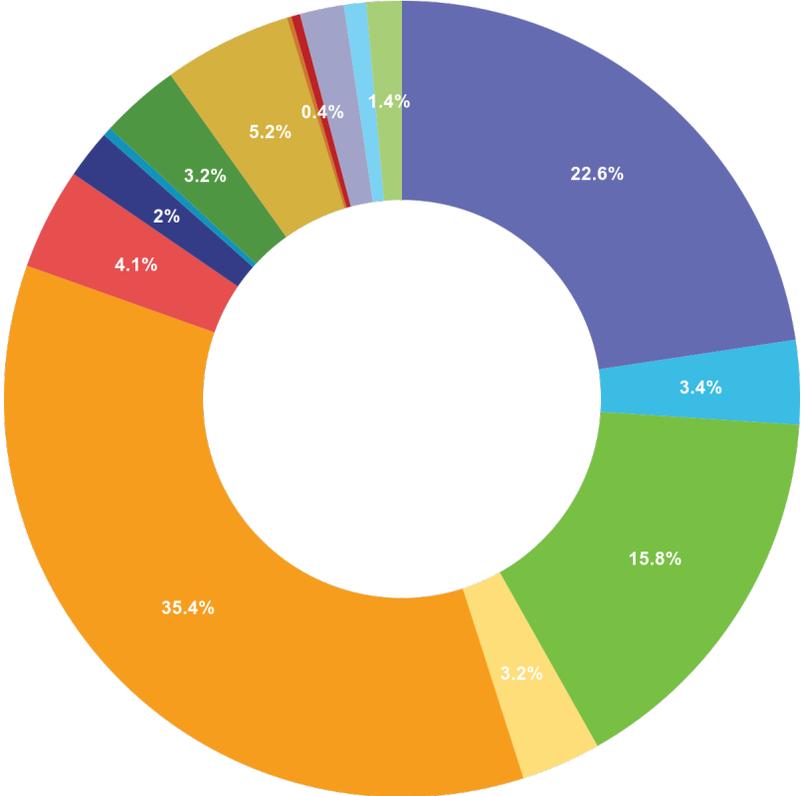
Q2 Which healthcare setting do you **mostly** work in?*



Answered: 557 Unanswered: 0

Choice	Total
Teaching Hospital	159
Community Hospital	155
Private clinic	207
Doctors office	14
Other (Please specify)	23

Q3 Which region in Ontario do/did you primarily work?*

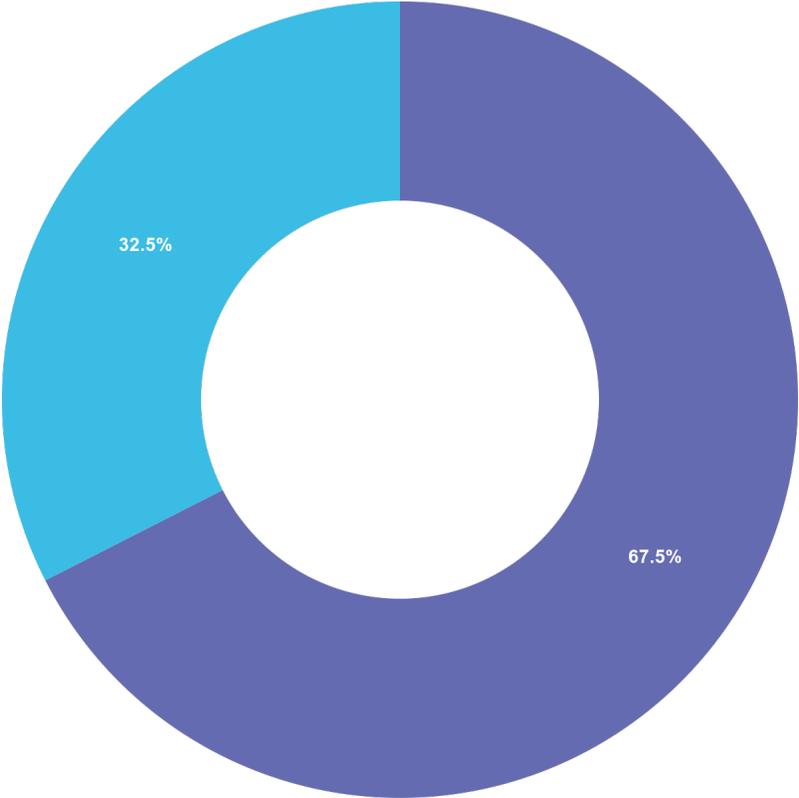


Answered: 557 Unanswered: 0

Choice	Total
Southwestern Ontario	126
Niagara Region	19
Hamilton, Halton and Brant	88
Huron, Perth, Waterloo and Wellington	18
Greater Toronto Area	197
York, Durham and Headwaters	23

Choice	Total
 Bruce, Grey and Simcoe	11
 Kawarthas and Northumberland	2
 Southeastern Ontario	18
 Ottawa Region	29
 Haliburton Highlands to the Ottawa Valley	1
 Algonquin Park, Muskoka and Parry Sound	2
 Northeastern Ontario	10
 Sault Ste. Marie and Algoma	5
 Northwest Ontario	8

Q4 Have you ever witnessed or experienced an error or adverse event from a non-RCT/
CVT performing cardiac testing?*

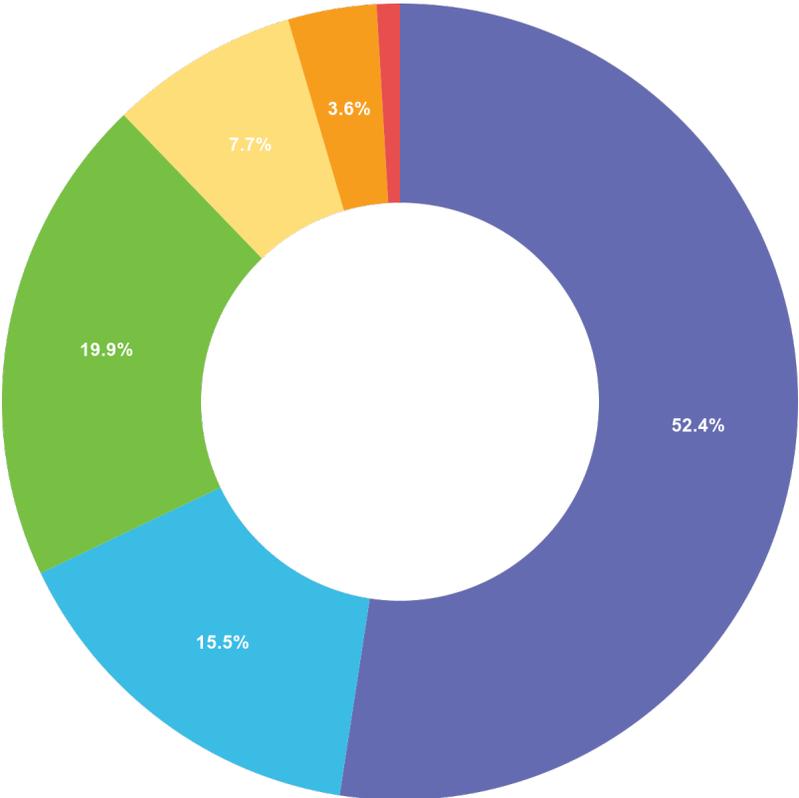


Answered: 557 Unanswered: 0

Choice	Total
Yes	376
No	181

Q5 Select which test(s) were involved:*

Select all that apply



Answered: 376 Unanswered: 181

Choice	Total
ECG	335
Stress (General/Nuclear)	99
Holter application	127
Holter Scanning	49
Cardiac Device	23

Choice



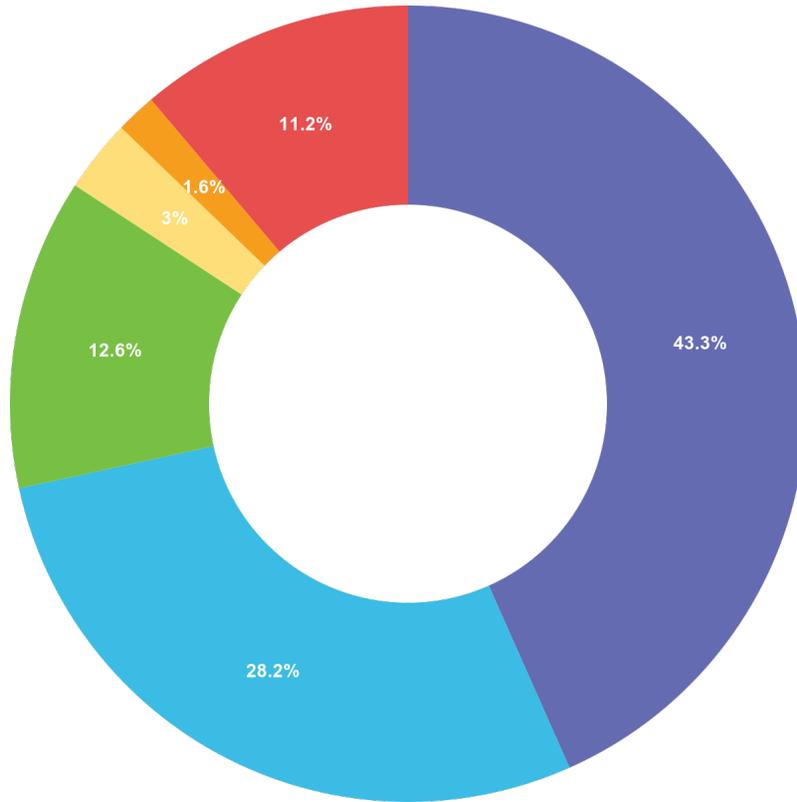
Other (please specify)

Total

6

Q6 What adverse outcomes have you observed due to errors made by non-RCTs?*

Select all that apply



Answered: 376 Unanswered: 181

Choice	Total
<input checked="" type="checkbox"/> Near miss (could have been a negative outcome but caught in time)	264
<input checked="" type="checkbox"/> Delayed treatment	172
<input checked="" type="checkbox"/> Treatment not delivered	77
<input checked="" type="checkbox"/> Patient injury	18
<input checked="" type="checkbox"/> Patient death	10

Choice

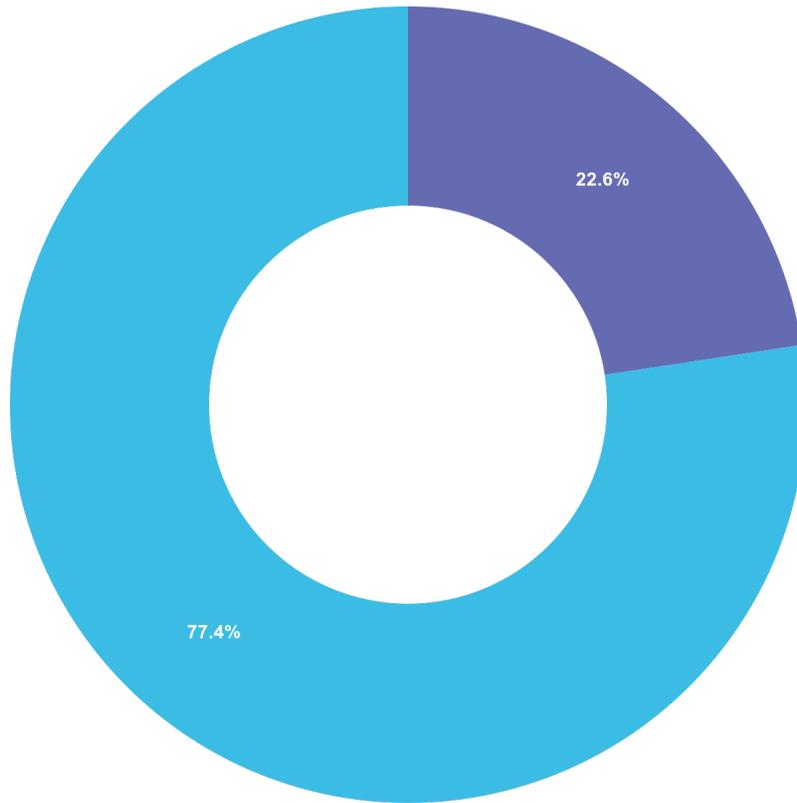
Total



Other (please specify)

68

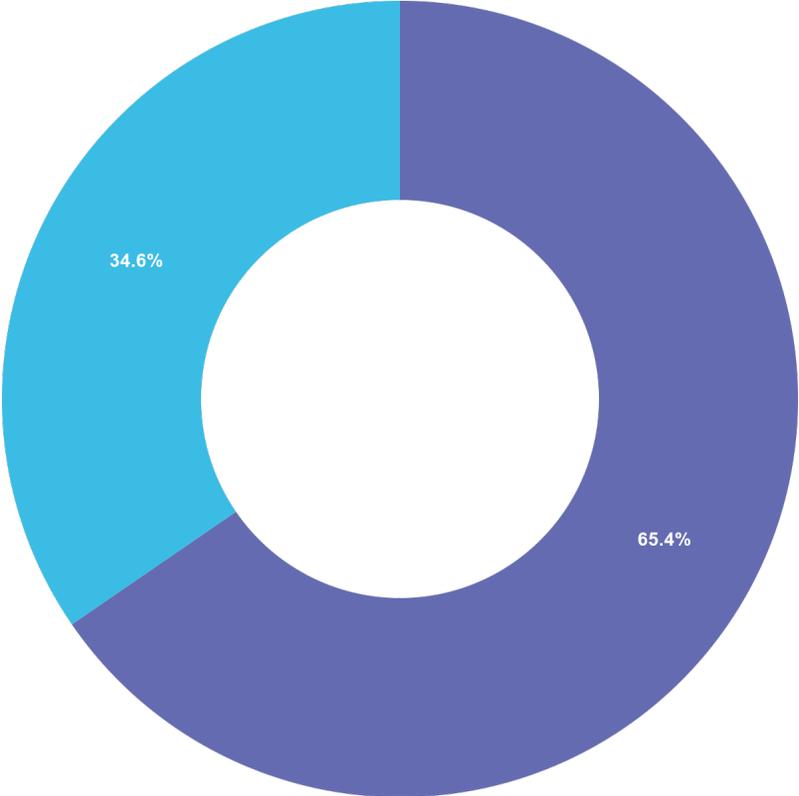
Q7 Do you believe these errors would have occurred if the test had been performed by an RCT/CVT?*



Answered: 376 **Unanswered:** 181

Choice	Total
 Yes	85
 No	291

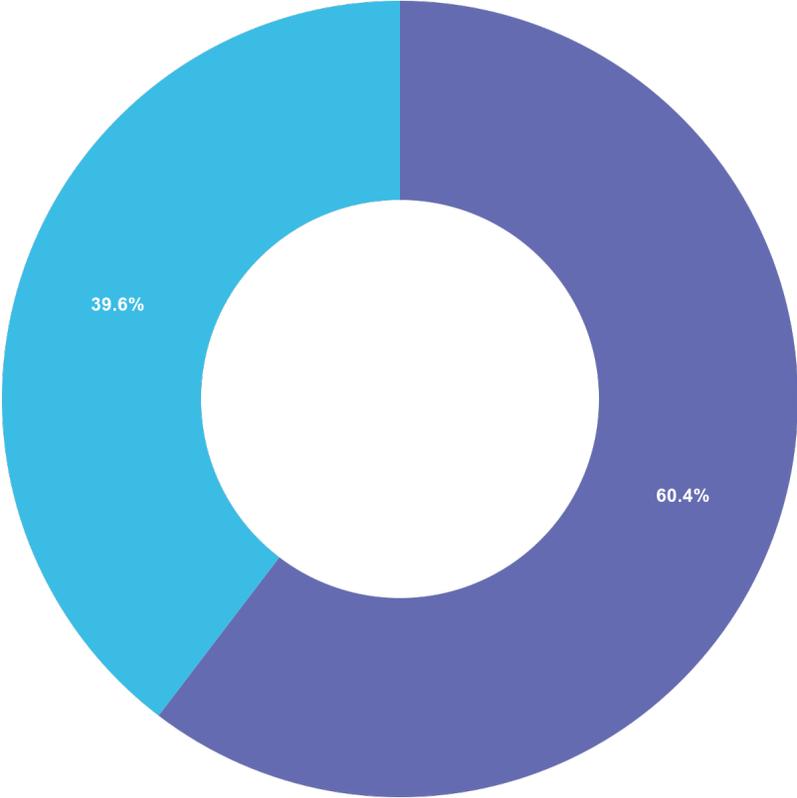
Q8 Is there a cardiologist on premises at all times during your working hours?



Answered: 376 Unanswered: 181

Choice	Total
Yes	246
No	130

Q9 Is a cardiologist present during or immediately after testing?*



Answered: 376 Unanswered: 181

Choice	Total
Yes	227
No	149

Q10 If you have more details regarding the errors you have witnessed, please detail or list them here.

Monday, September 8, 2025 at 5:49 PM UTC

- Lead reversal
 - Complete Heart Block considered only as Bradycardia
 - Artifacts considered as VTAC
 - Brugada ECG considered as STEMI/Acute MI
-

Monday, September 8, 2025 at 4:35 PM UTC

Telemetry monitored by a nurse. Claimed pt was in SVT. ECG obtained from CVT just before they were going to push adenosine on the pt. Pt was not in SVT but ecg interp said the pt was. Resident believed they were in SVT. CVT tech needed to tell resident the patient was in sinus tachycardia and not SVT. Therefore adenosine was not needed as it would not work and just cause the patient discomfort

Monday, September 8, 2025 at 2:58 PM UTC

Non-CVT Technicians (including other health care professionals) aren't able to perform or interpret ECGs. Which has often led to patient risk, delayed treatments and unnecessary extra more expensive invasive procedures to fix. Only Cardiologists and CVT Technicians can evaluate ECGs efficiently and accurately.

Monday, September 8, 2025 at 2:21 PM UTC

Nurses at the hospital putting electrodes in the wrong placements. (V1 + v2 on high chest area for example), extreme artifact in ecgs done by nurses, wrong patient info or NO PATIENT INFO

Monday, September 8, 2025 at 1:26 PM UTC

I have been working as a RCVT for 35yrs and have witnessed many errors by other health care providers (even some physicians). I 100% believe that our knowledge and experience is critical to patient care and that we deserve credit to our profession. I feel like we are not recognized for the important work we do. We need to stress the importance right for the ECG to all other modalities that we are capable of. I work along side an RT in the stress lab (which I am not discrediting) that gets paid substantially more than I do

and without trying to sound prideful, all critical situations usually fall on the Cardiac side of things. I am usually the one that has to control the scenario until the doctor and or the arrest team comes in. I wish that we all were paid equally across all modalities and that we get the recognition that I believe we deserve.

Answered: 370 **Unanswered:** 187