Myocardial Infarction Registry Pilot Study
Hungarian Myocardial Infarction Register

From research to quality assurance

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https://ir.kardio.hu

A Web based study with quality assurance

Myocardial Infarction Register Pilot Study

Study population in Budapest:
II. district: 88729
III. district: 123723
IX. district: 61576
X. district 79720
XVII. district: 78250

Population in Budapest: 1 712 210

431 998 inhabitants

Budapest

POPULATION REGISTER

Szabolcs-Szatmár-Bereg county

HOSPITAL REGISTER

Participating centers in the pilot study

SOURCES OF DATA

National Statistical Office

HOSPITALS

National Health Insurance Office

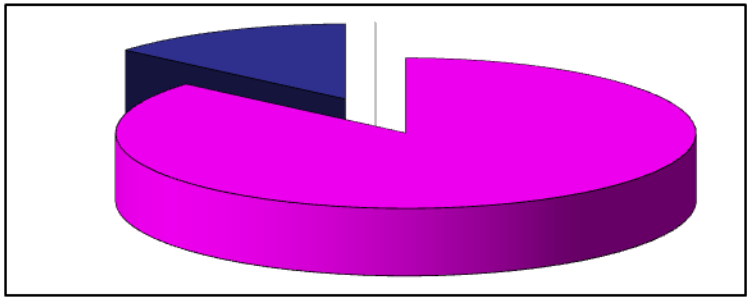
Myocardial Infarction Registry

FOLLOW UP

Myocardial Infarction Pilot Study 01.01.2010.-12.31.2011.

Number of patients:8071

Coronarography in STEMI patients



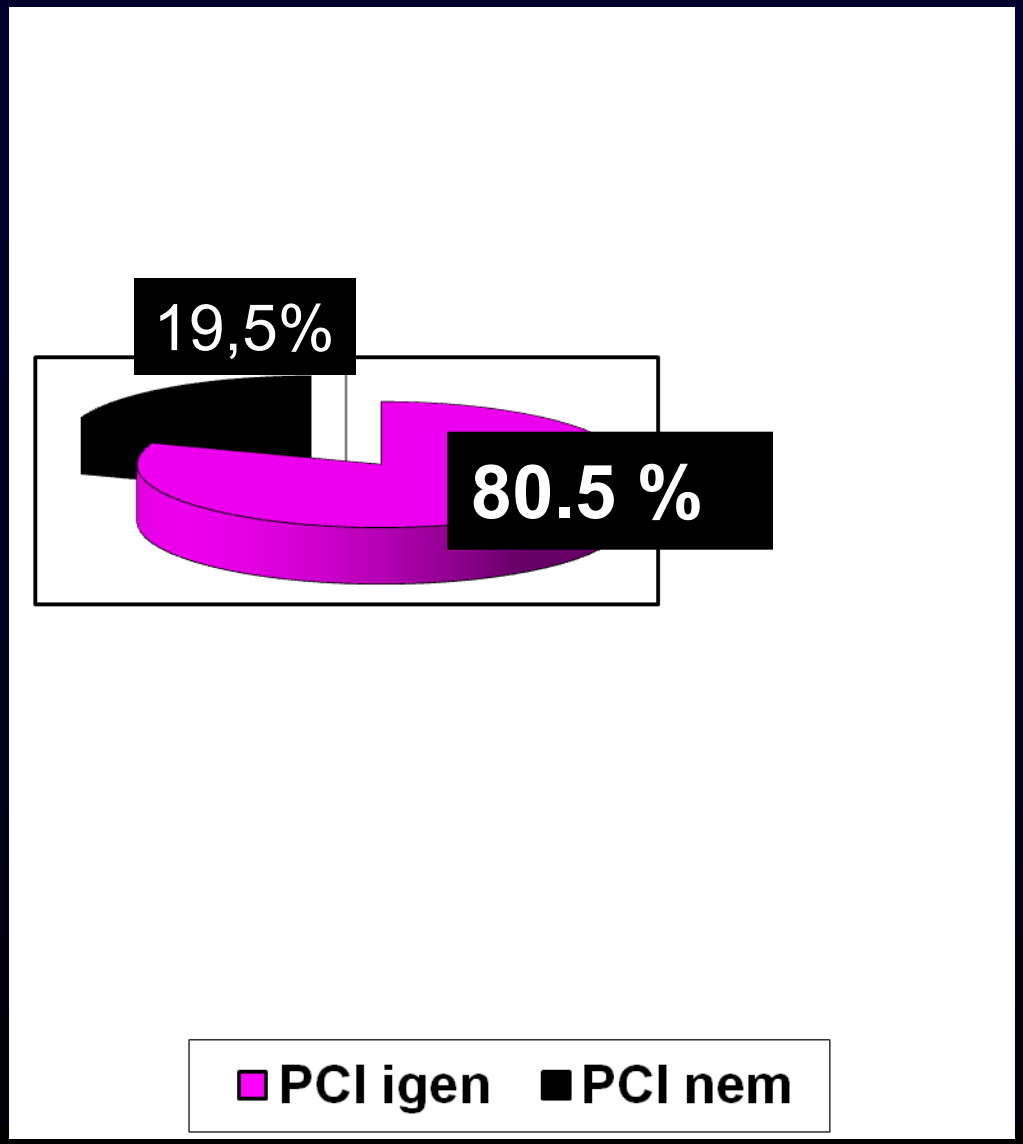
CA was perfrmed 86.3%-of STEMI pts

Hospital diagnosis

- STEMI: 53.9%
- NSTEMI: 41.8%

Primary PCI in pts with STEMI

Dia



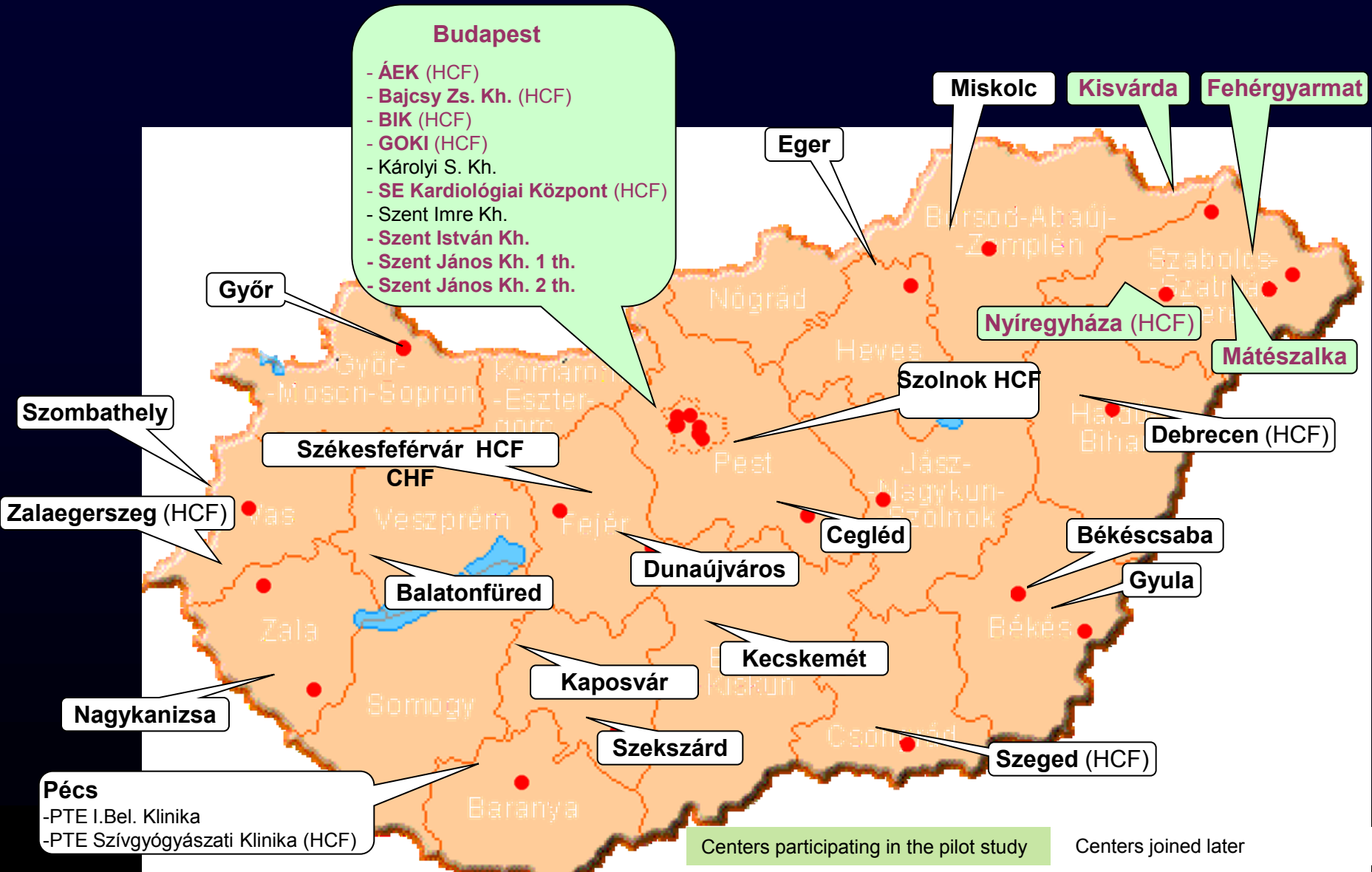
STEMI N= 4425

„Late comer”:9%

Main results of the pilot study

1. The Web based Myocardial Infarction Register Pilot Study was found feasible and it is a valuable tool to have real picture on pts care and improve the quality of care
2. The number of participating centers increased from 12 to 36.

Hungarian Myocardial Infarction Registry
01. 01. 2012.



Primary PCI for ST segment elevation myocardial infarction- an analysis of registry data

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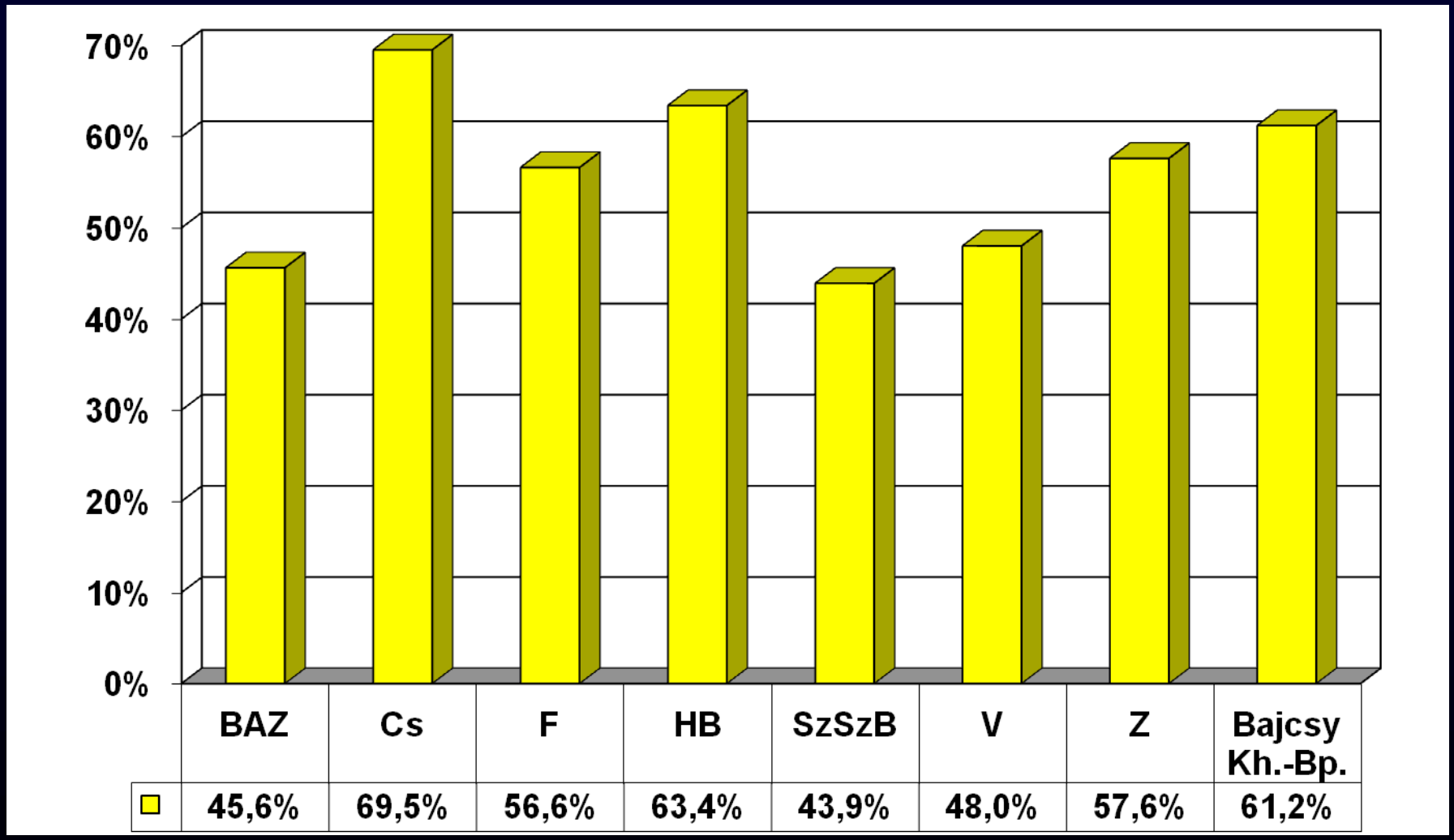
[4] Jósa András Kórház Nyíregyháza
[5]DOTE Kardiológiai Intézet
[6]Markosovszky Kórház Szombathely
[7]Zala Megyei Kórház
[8]Bajcsy Kórház, Budapest

Patients and methods

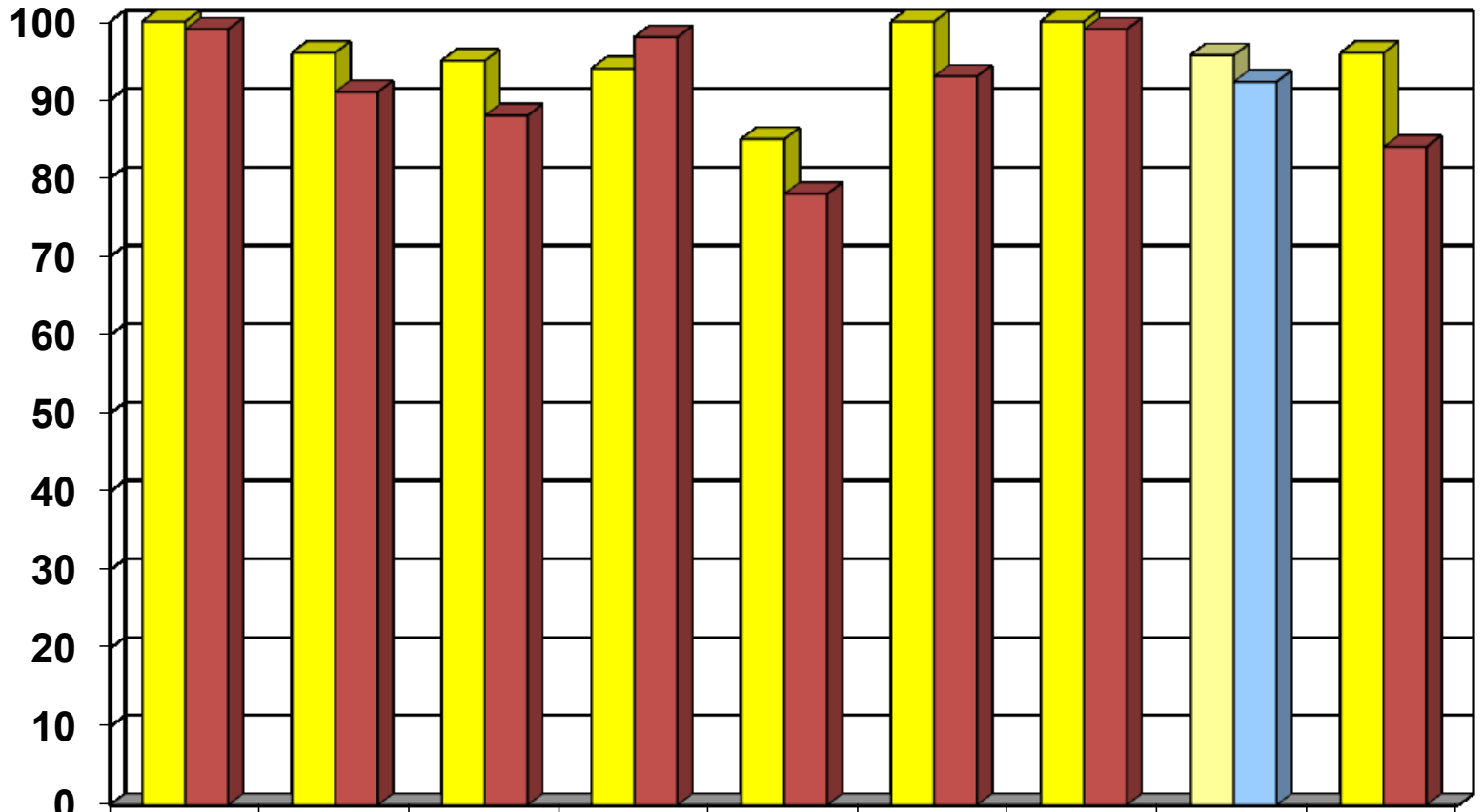
1. In the Myocardial Infarct Registry we identifed rural centres which have registered at least 200 AMI pts during the period between 01/1/2011 and 31/12/2011 and have heart cath facility.
2. The rural centres were compared to a center in the capital, which has heart cath facility without heart surgery on site
3. Data from 2397 pts have been processed: 394 pts were registered in the capital, and 2003 cases came from the countryside.

STEMI/AMI (%) in different centres



BAZ= Borsod Abaúj Zemplén county; Cs= Csongrád county F= Fejér county;
HB= Hajdú-Bihar county; SzSzB= Szabolcs-Szatmár-Bereg county; V= Vas county; Z= Zala county

Coronarography and PPCI in STEMI patients



	BAZ	Cs	F	HB	SzSzB	V	Z	average	Bajcsy kh
CA (%)	100	96	95	94	85	100	100	95,7	96
PPCI (%)	99	91	88	98	78	93	99	92,3	84

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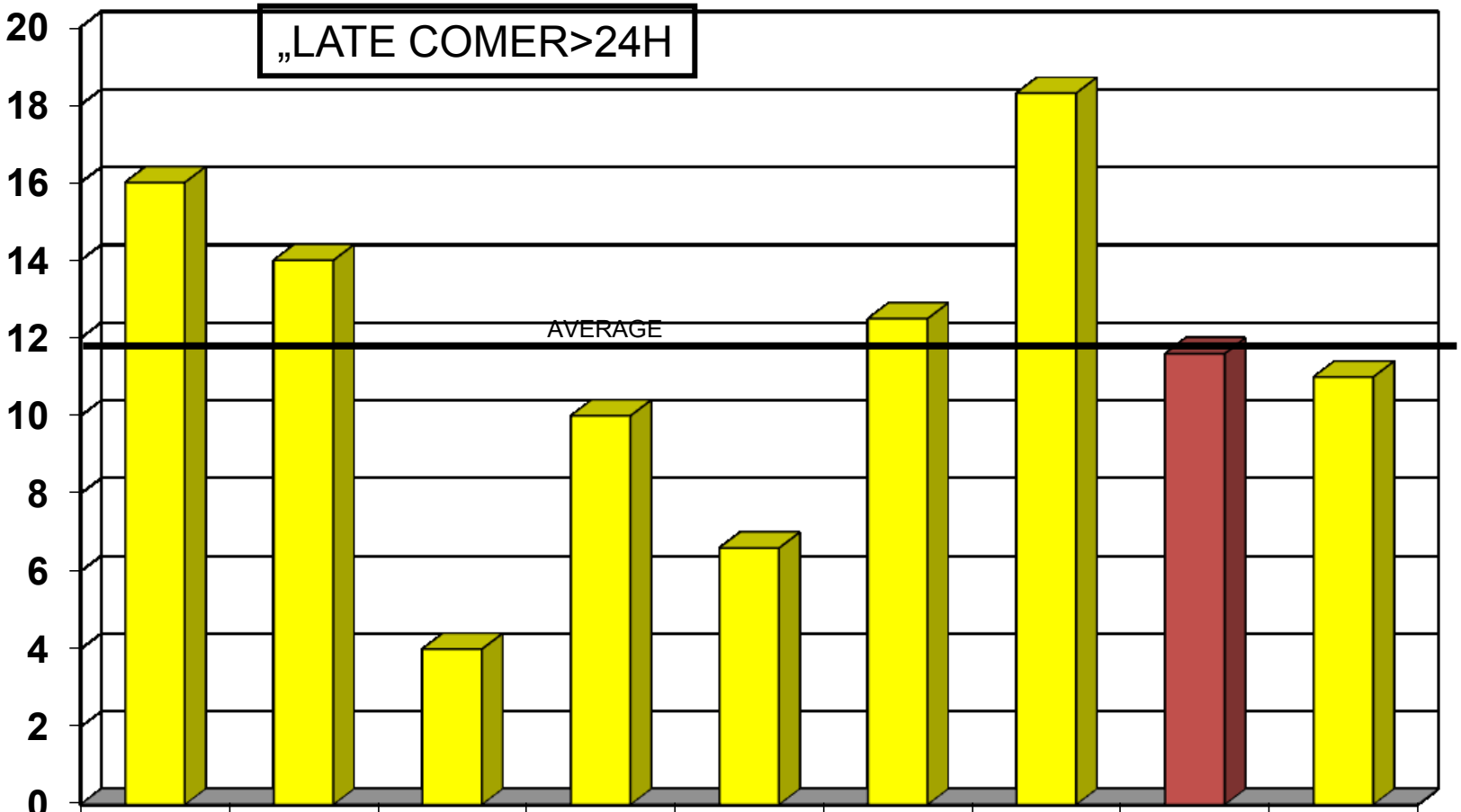
CA= coronary arteriogriography; PPCI= primer percutan coronary intervention

„Late comer” STEMI patients



	BAZ	Cs	F	HB	SzSzB	V	Z	average	Bajcsy Kh
%	16	14	4	10	6,6	12,5	18,3	11,6	11

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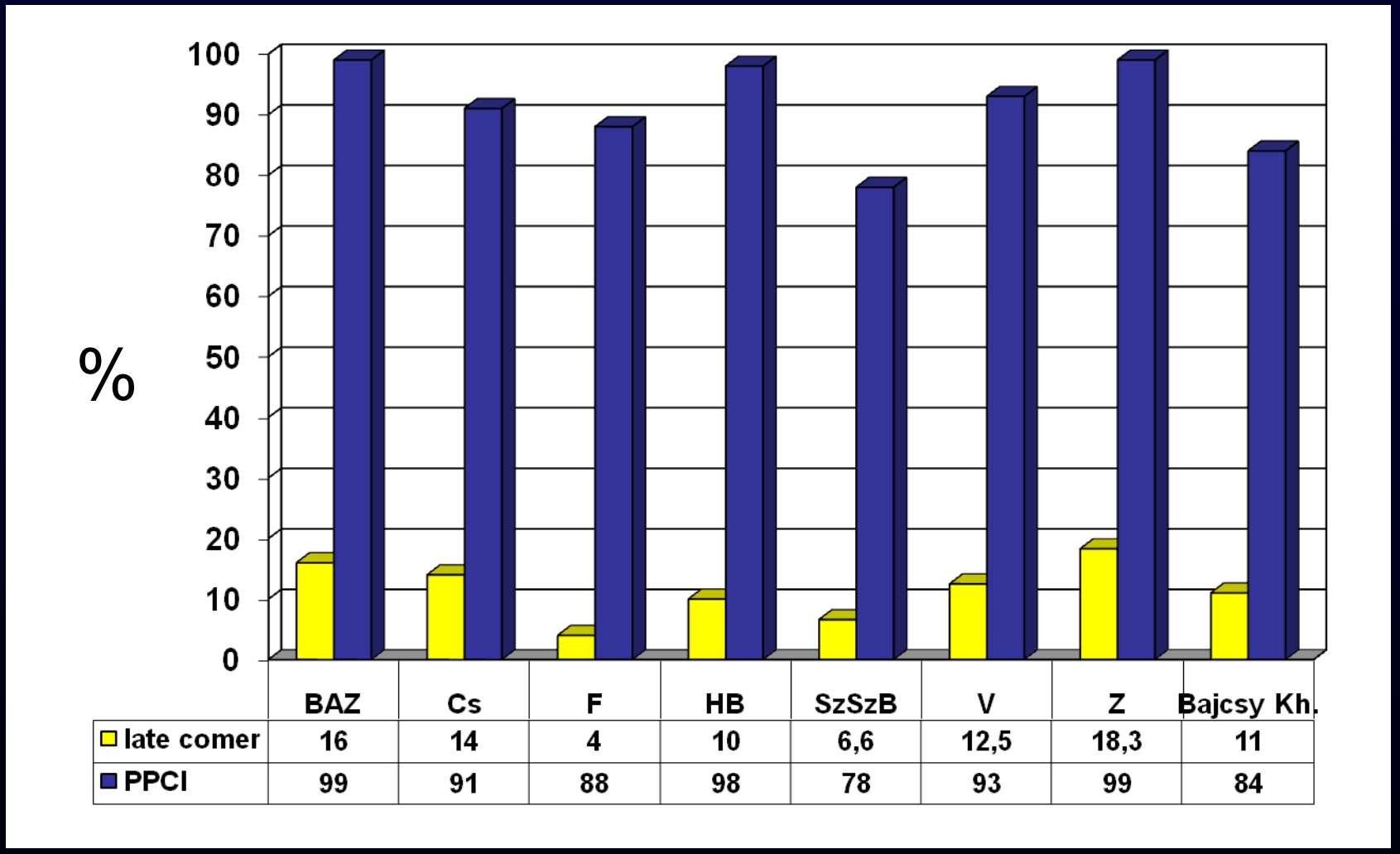
„Late comer” and PPCI



	BAZ	Cs	F	HB	SzSzB	V	Z	Bajcsy Kh.
late comer	16	14	4	10	6,6	12,5	18,3	11
PPCI	99	91	88	98	78	93	99	84

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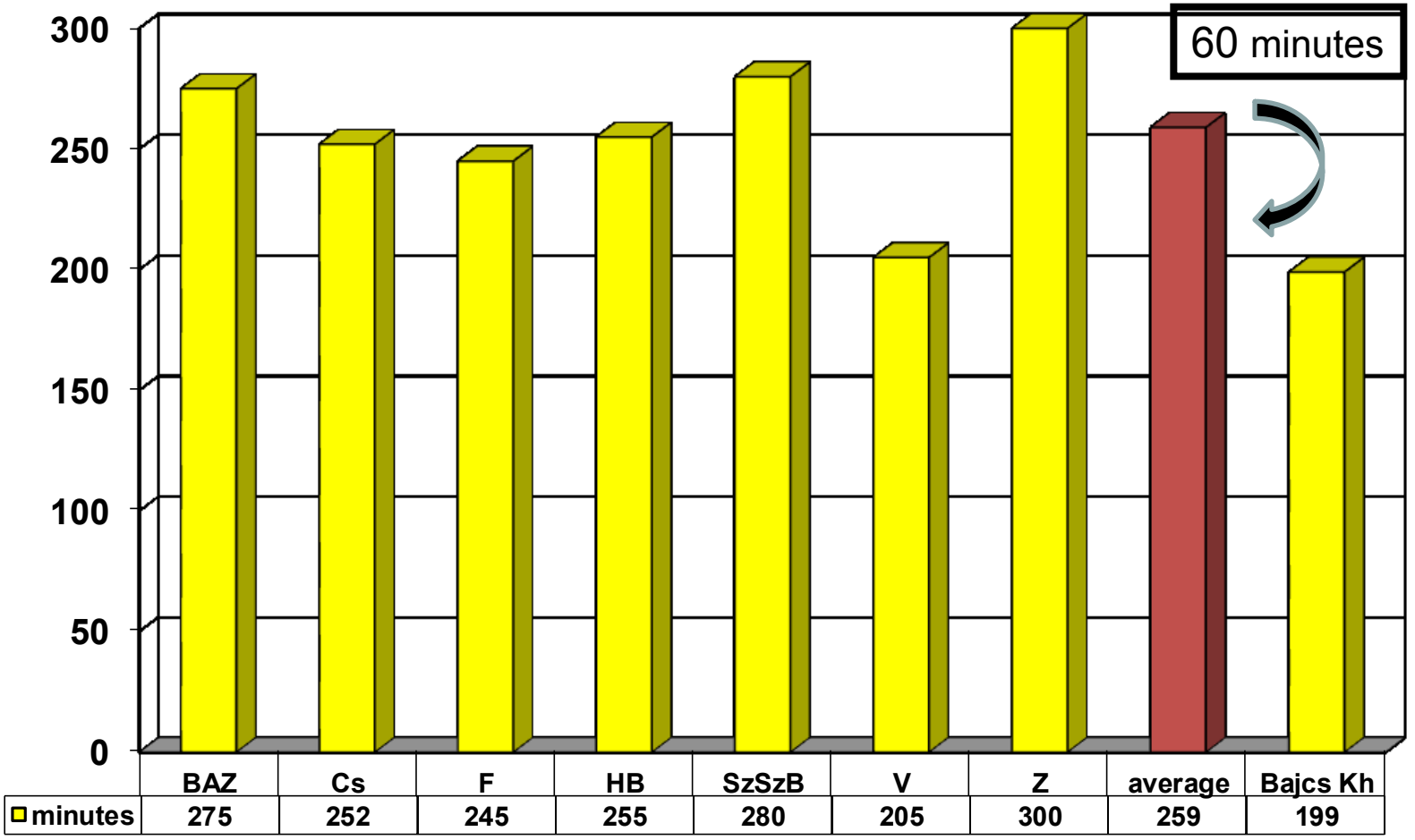
Door to ballon time

Average 54 vs. 55 minutes

Time from onset of symptoms to balloon inflation



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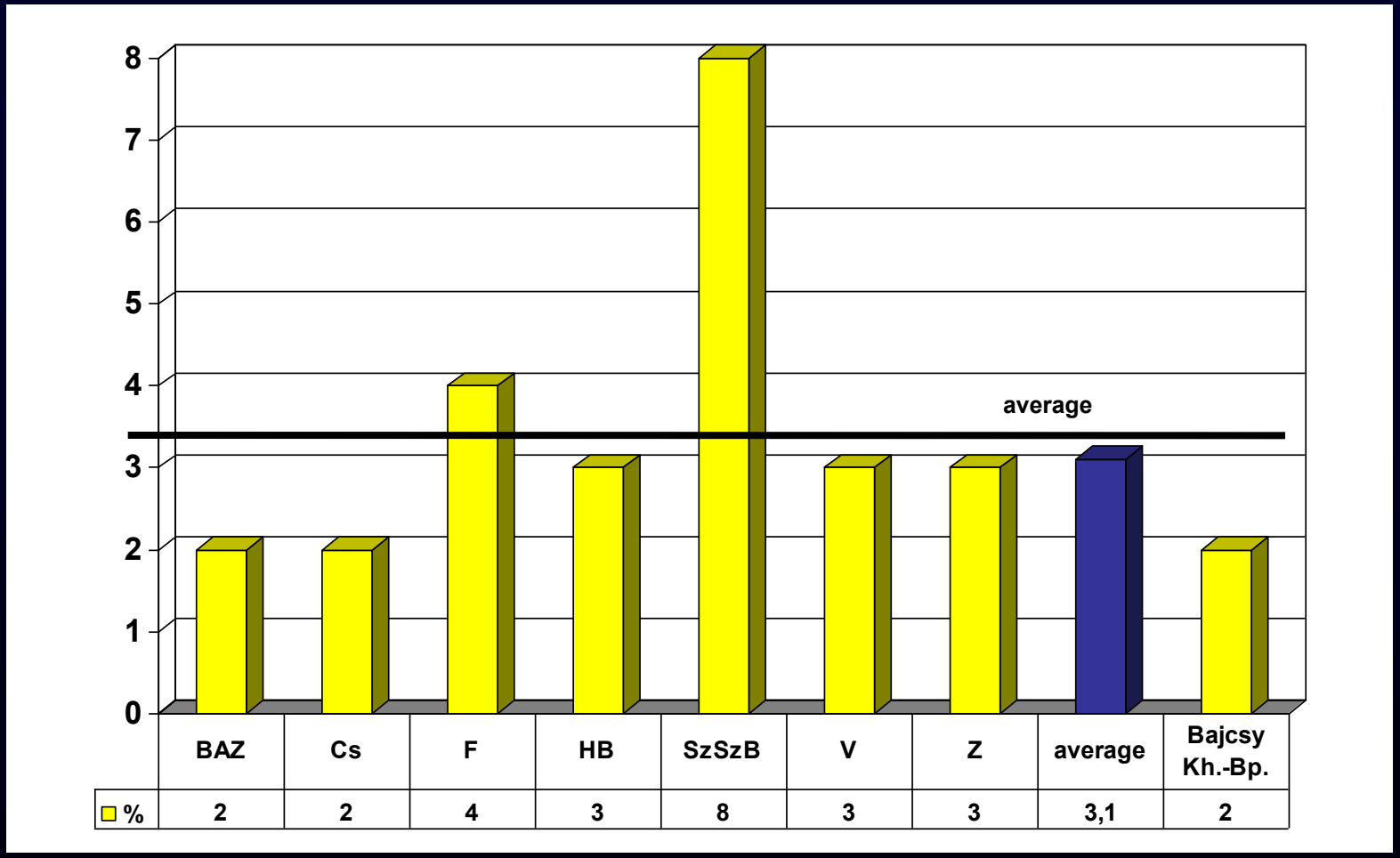
Hospital mortality



	BAZ	Cs	F	HB	SzSzB	V	Z	average	Bajcsy Kh.-Bp.
%	2	2	4	3	8	3	3	3,1	2

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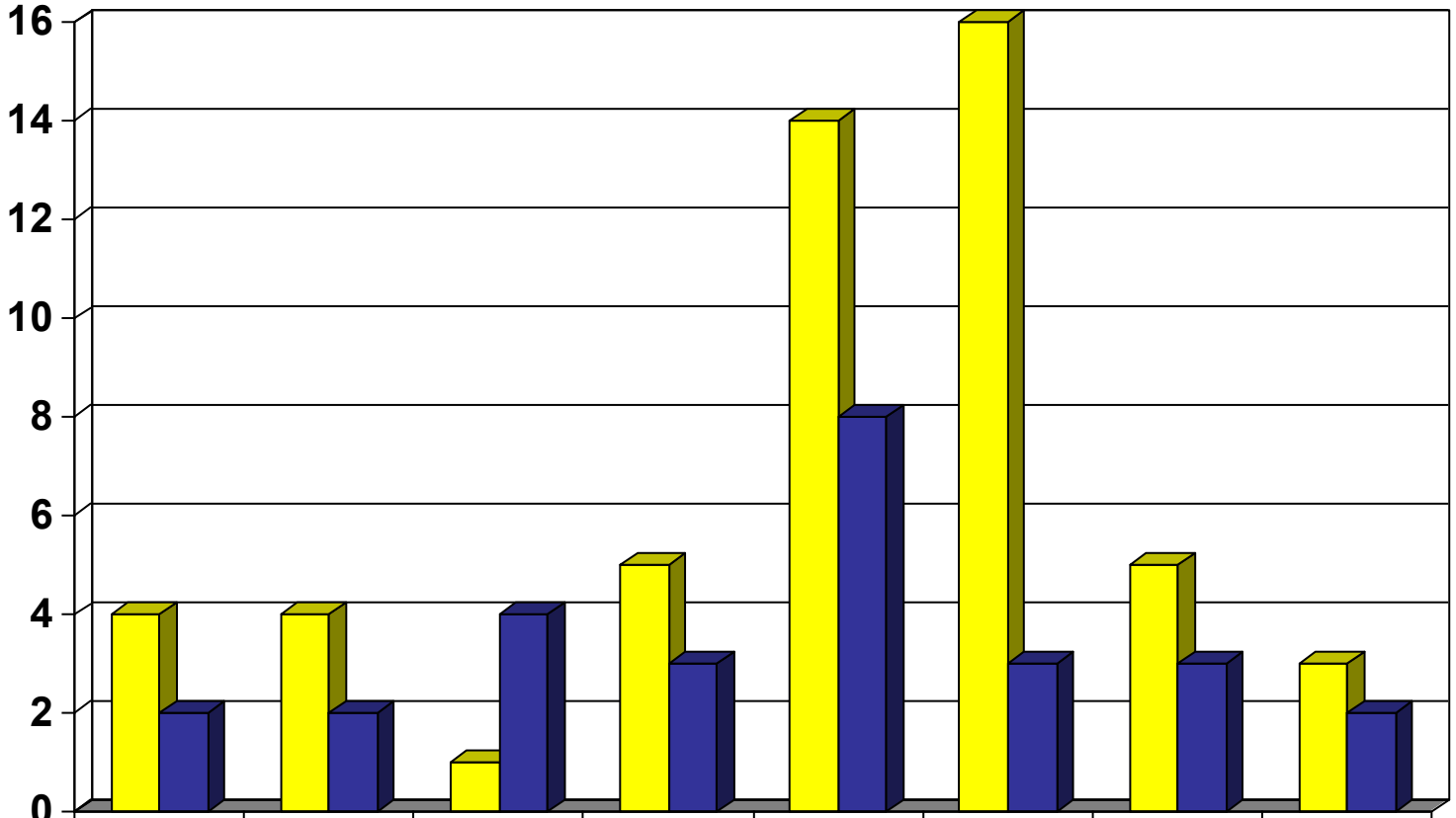
Hospital mortality and use of IABP



	BAZ	Cs	F	HB	SzSzB	V	Z	Bajcsy Kh.-Bp.
IABP (%)	4	4	1	5	14	16	5	3
Halálozás (%)	2	2	4	3	8	3	3	2

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Conclusions

1. PPCI was significantly more frequent in rural centers than in the capital (92.3% vs.84%).
2. In the countryside the median time to the reopening of the culprit vessel was 60 minutes longer than in the capital
3. No correlations were found between frequency of the late comer patients and frequency of PPCI

The program was founded

Health Scientific Counsil (ETT) 2009-2011)

MSD
ASTRAZENECA
EGIS, SERVIER, RICHTER

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SWEDEHEART

HUNGAROHEART

Yes, we can do it

Many thanks for all of you for your cooperation. Our common goal to have an effective cardiac care in Hungary. Different registries are badly needed for this, therefore we have to continue our work.